

NSU

Florida

Tampa Bay
Regional Campus
**NOVA SOUTHEASTERN
UNIVERSITY**

Health Professions Division
Pallavi Patel College of Health Care Sciences
Department Of Occupational Therapy
Entry-Level Doctor of Occupational Therapy Program



2019-2020 DOCTORAL RESIDENCY MANUAL

“That occupation is as necessary to life as food and drink.

That every human being should have both physical and mental occupation.

That all should have occupations which they enjoy, or hobbies. These are the more necessary when the vocation is dull or distasteful.

Every individual should have at least two hobbies, one outdoor and one indoor.

A greater number will create wider interests, a broader intelligence.

That sick minds, sick bodies, sick souls, may be healed through occupation.”

Dunton (1919)



“Anything that we have to learn to do we learn by the actual doing of it... We become just by doing just acts, temperate by doing temperate ones, brave by doing brave ones.”

Aristotle Nicomachean Ethics, Book II, p.9

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TABLE OF CONTENTS

Letter from the Doctoral Residency Coordinator	5
Overview	
Mission Statement for Nova Southeastern University	6
Mission and Philosophy of Occupational Therapy Department	9
Occupational Therapy Code of Ethics	9
OTD Curriculum	19
Department Course Sequence	25
Course Descriptions	32
Part 1 – Doctoral Residency Experience and Policies	
Student Policies for Doctoral Residency Experience	39
Student Documentation Requirements	41
Attendance	42
Cancellations	46
Doctoral Residency	48
Disciplinary and Appeals Policies	48
Part 2 – Student Documentation Requirements	
Student Health Information	51
Medical Insurance	52
CPR and HIV/AIDS Training	52
Fingerprinting and Background Check	49
Contract Review	54
Confidentiality of Student Information	54
Part 3 — General Information for the Mentor	
Online Electronic Library	56
Continuing Education Courses	56
Multiple Mentors	57
Non-Occupational Therapy Professionals as Mentors	57
Supervision of a Group of Students	57
Provision of a Student Orientation at the Facility	58
Provision of Expectations by the Facility	59

Part 4 - Communication and Student Evaluation

Communication between Student and Academic Faculty	62
Documentation of Communication	63
Communications with Clinical Sites	63
Contact Info	63

Part 5 – Glossary of Terms

Glossary of Terms	64
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Part 6 - Appendices

Appendix A: Educational Objectives	67
Appendix B: Doctoral Residency Discussion Form	68
Appendix B2: Doctoral Residency Outline & Discussion Form	70
Appendix C: Mentor Agreement	73
Appendix D: Site Confirmation Form	75
Appendix E: Sample Contract	77
Appendix F: OTD Residency Log & Journal	84
Appendix G: Doctoral Residency Assessment Midterm	86
Appendix H: Mentor Evaluation of Doctoral Resident	95
Appendix I: Doctoral Resident Evaluation of Mentor	97
Appendix J: Verification of Receipt/Review of Doctoral Residency Manual	99
Appendix K: Health Insurance Policy Form	100
Appendix L: OTD 16-Week Doctoral Residency Plan	102
Appendix M: OTD Department Contact List	108

*This document is updated at the start of each academic year



Welcome to the occupational therapy clinical education program at Nova Southeastern University, Tampa Bay Regional Campus (NSU Tampa Bay). The Department of Occupational Therapy published this manual to familiarize students and mentors with the doctoral experiential component of the NSU entry-level Doctor of Occupational Therapy (OTD) program, which we refer to as doctoral residency. The manual includes information, guidance and official forms intended for use by faculty, students and mentors to navigate the collaborative process towards successful completion of the doctoral residency required for graduation.

The NSU Tampa's OTD curriculum provides extensive clinical education opportunities for students. The program offers a unique educational design which integrates 3-week Level I Fieldwork experiences within three intervention courses so that students can enrich didactic learning with observation, participation, and reflection. Additionally, the curriculum also requires two 12-week full time Level II Fieldwork experiences during which each student has the opportunity to apply theoretical constructs to evaluation and intervention learned in the classroom to a variety of settings. Finally, the entry-level OTD student spends the last 16 weeks of clinical education in a doctoral experiential, or residency facility to provide skills in one of eight focus areas required by accreditation. The faculty at NSU believes that the sequence of didactic courses capped by fieldwork and residency components prepares NSU Tampa OTD program graduates to enter the profession with knowledge and advanced skills for competent practice, professional leadership, and to remain contemporary in occupation-based practice in a variety of contexts for an ever-changing world.

Our mentors are an integral component of the OTD educational program. Our students benefit greatly from the expertise and knowledge of the residency mentor as they increase their competence and go on to lead the profession and community through their contributions in educational leadership, community and profession service, life-long learning, scholarship and research. Thank you for your continued involvement and support of the NSU Tampa Bay OTD program.

Sincerely,

Thomas Decker

Thomas Decker, OTD, OTR/L
Assistant Professor & Doctoral Residency Coordinator

NSU

Florida

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**NOVA SOUTHEASTERN
UNIVERSITY**

Guiding Principles, Mission & Vision Statements & Code of Ethics



VISION & MISSION STATEMENTS

Nova Southeastern University



NSU's Vision is that by 2020, through excellence and innovations in teaching, research, service and learning, Nova Southeastern University will be recognized by accrediting agencies, the academic community, and the general public, as a premier private not-for-profit university of quality and distinction that engages all students and produces alumni who serve with integrity in their lives, fields of study, and resulting careers.

The **Core Values** of NSU's Vision 2020 embraces academic excellence, student centeredness, integrity, innovation, opportunity, scholarly research, diversity, and community. **Academic Excellence** is the provision of the highest quality educational and learning experiences made possible by academically and professionally qualified and skilled instructional faculty and staff, opportunities for contextual learning, state-of-the-art facilities, beautiful surroundings, and effective resources necessary to support learning at the highest level. Additionally, academic excellence reflects the successful relationship between engaged learners and outstanding instructional faculty and staff.

Innovation is the creative and deliberate application of teaching, research, scholarship and service for effective education, and the development of useful products or processes providing a value added to the community. **Opportunity** fosters the possibility for anyone associated with NSU to acquire an education or an educational experience through creative, yet sound pedagogical programs. **Research/Scholarship** products are disseminated and evaluated through intellectual discourse, application, assessment, and other mechanisms of the relevant peer community.

Diversity includes, but is not limited to, race, ethnicity, culture, religion, philosophy, gender, physical, socioeconomic status, age and sexual orientation. Differences in views, interpretations and reactions derived from diversity are important. **Diversity** enriches a learning environment focused on preparing individuals to live and work in a global society.

NSU is a **community** of faculty staff, students and alumni that share a common identity and purpose who engages with the university's external community through diverse services, clinical programs, and community-based research and resources. Our community extends into professional, intellectual, as well as geographical domains that both support and are the focus of our educational mission.

The **Mission** of Nova Southeastern University, a private, not-for-profit institution, is to offer a diverse array of innovative academic programs that complement on-campus educational opportunities and resources with accessible distance learning programs to foster academic excellence, intellectual

inquiry, leadership, research, and commitment to community through engagement of students and faculty members in a dynamic, life-long learning environment.

NSU Health Professions Division



The **Mission** of Nova Southeastern University Health Professions Division is to train primary care health practitioners in a multidisciplinary setting, with an emphasis on medically underserved areas.

The institutional premise is that health professionals should be trained in a multidisciplinary setting and, whenever possible, with integrated education. The university trains students in concert with other health profession students so that the various disciplines will learn to work together as a team for the good of the public's health. During their didactic work, students share campus facilities and, in some cases, have combined classes. In their clinical experiences, they work together in facilities operated by the university.

Furthermore, the division aims to educate health care practitioners who will eventually increase the availability of health care in areas of Florida that suffer from health care shortages. The division aims to alleviate some of these shortages by exposing the entire student body to the needs, challenges, and rewards of rural, underserved urban and geriatric care. Existing curricula require all students to attend ambulatory care clerkships in rural or urban areas, or both, making Nova Southeastern University strongly oriented toward a pattern of training its students in areas geographically removed from the health center itself, and to the care of indigent and multicultural population groups. In doing this, it developed training programs that address the primary care needs of the region's most medically underserved populations.

Mission of the Pallavi Patel College of Health Care Sciences

In the spirit of improving and maintaining optimum health conditions in the community, the College of Health Care Sciences prepares professionals with essential skills. These skills are necessary for the diagnosis, treatment, and prevention of diseases; for the support of the populace in maintaining proper health and safety; for the management of rehabilitative processes; and for the education of the community. The College of Health Care Sciences endeavors to train both graduate and undergraduate professionals in the arts of improving the quality of life in the community.



NSU Tampa's Entry-Level Doctor of Occupational Therapy Program (OTD) blended program is exemplary in promoting leadership, life-long learning, service, evidence-based reflective practice, and scholarship for professional excellence in occupational therapy.



Through its innovative curricular design and delivery model, the NSU OTD program has a **Mission** of preparing qualified students to become successful occupational therapy practitioners, managers, and leaders as generalists with beginning specialization in a selected practice area. The program prepares students with knowledge and skills for competent entry-level occupation-based practice, professional leadership, and the drive to remain contemporary in

a variety of contexts for an ever-changing world, armed with doctoral level of expertise and clinical reasoning applied to clinical specialization, research, theory explorations, program and policy development, administration, advocacy and/or education. As part of our **Vision**, our departmental **Mission** will seek to lead the profession and community through its contributions in educational leadership, community and professional service, life-long learning, and scholarly endeavors.

PRACTICE STANDARDS

Adherence to the Occupational Therapy Code of Ethics and Core Values by the NSU Tampa faculty members, OTD students and Fieldwork Educators alike is of utmost importance by university policy as well as the integrity of the OTD curriculum.

Occupational Therapy Code of Ethics and Ethics Standards (2015)

PREAMBLE

The 2015 *Occupational Therapy Code of Ethics and Ethics* (Code) of the American Occupational Therapy Association (AOTA) is designed to reflect the dynamic nature of the profession, the evolving health care environment, and emerging technologies that can present potential ethical concerns in research, education, and practice. AOTA members are committed to promoting inclusion,



participation, safety, and well-being for all recipients in various stages of life, health, and illness and to empowering all beneficiaries of service to meet their occupational needs. Recipients of services may be individuals, groups, families, organizations, communities, or populations (AOTA, 2014b).

The Code is an AOTA Official Document and a public statement tailored to address the most prevalent ethical concerns of the occupational therapy profession. It outlines Standards of Conduct the public can expect from those in the profession. It should be applied to all areas of occupational therapy and shared with relevant stakeholders to promote ethical conduct.

The Code serves two purposes:

1. It provides aspirational Core Values that guide members toward ethical courses of action in professional and volunteer roles, and
2. It delineates enforceable Principles and Standards of Conduct that apply to AOTA members.

Whereas the Code helps guide and define decision-making parameters, ethical action goes beyond rote compliance with these Principles and is a manifestation of moral character and mindful reflection. It is a commitment to benefit others, to virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage. Recognizing and resolving ethical issues is a systematic process that includes analysis of the complex dynamics of situations, weighing of consequences, making reasoned decisions, taking action, and reflecting on outcomes. Occupational therapy personnel, including students in occupational therapy programs, are expected to abide by the Principles and Standards of Conduct within this Code. Personnel roles include clinicians (e.g., direct service, consultation, administration); educators; researchers; entrepreneurs; business owners; and those in elected, appointed, or other professional volunteer service.

The process for addressing ethics violations by AOTA members (and associate members, where applicable) is outlined in the Code's Enforcement Procedures (AOTA, 2014a).

Although the Code can be used in conjunction with licensure board regulations and laws that guide standards of practice, the Code is meant to be a free-standing document, guiding 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 document. Resources can include, but are not limited to, ethics committees, ethics officers, the AOTA Ethics Commission or Ethics Program Manager, or an ethics consultant.

Core Values

The profession is grounded in seven long-standing Core Values: (1) Altruism, (2) Equality, (3) Freedom, (4) Justice, (5) Dignity, (6) Truth, and (7) Prudence. *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).

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.

Principles and Standards of Conduct

The Principles and Standards of Conduct that are enforceable for professional behavior include (1) Beneficence, (2) Nonmaleficence, (3) Autonomy, (4) Justice, (5) Veracity, and (6) Fidelity. Reflection on the historical foundations of occupational therapy and related professions resulted in the inclusion of Principles that are consistently referenced as a guideline for ethical decision making.

Beneficence

Principle 1. Occupational therapy personnel shall demonstrate a concern for the well-being and safety of the recipients of their services.

Beneficence includes all forms of action intended to benefit other persons. The term *beneficence* connotes acts of mercy, kindness, and charity (Beauchamp & Childress, 2013). Beneficence requires taking action by helping others, in other words, by promoting good, by preventing harm, and by removing harm. Examples of beneficence include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, helping persons with disabilities, and rescuing persons in danger (Beauchamp & Childress, 2013).

Related Standards of Conduct

Occupational therapy personnel shall

- A. Provide appropriate evaluation and a plan of intervention for recipients of occupational therapy services specific to their needs.
- B. Reevaluate and reassess recipients of service in a timely manner to determine whether goals are being achieved and whether intervention plans should be revised.
- C. Use, to the extent possible, evaluation, planning, intervention techniques, assessments, and therapeutic equipment that are evidence based, current, and within the recognized scope of occupational therapy practice.

- D. Ensure that all duties delegated to other occupational therapy personnel are congruent with credentials, qualifications, experience, competency, and scope of practice with respect to service delivery, supervision, fieldwork education, and research.
- E. Provide occupational therapy services, including education and training, that are within each practitioner's level of competence and scope of practice.
- F. Take steps (e.g., continuing education, research, supervision, training) to ensure proficiency, use careful judgment, and weigh potential for harm when generally recognized standards do not exist in emerging technology or areas of practice.
- G. Maintain competency by ongoing participation in education relevant to one's practice area.
- H. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the services are no longer beneficial.
- I. Refer to other providers when indicated by the needs of the client.
- J. Conduct and disseminate research in accordance with currently accepted ethical guidelines and standards for the protection of research participants, including determination of potential risks and benefits.

Nonmaleficence

Principle 2. Occupational therapy personnel shall refrain from actions that cause harm.

Nonmaleficence "obligates us to abstain from causing harm to others" (Beauchamp & Childress, 2013, p. 150). The Principle of *Nonmaleficence* also includes an obligation to not impose risks of harm even if the potential risk is without malicious or harmful intent. This Principle often is examined under the context of due care. The standard of *due care* "requires that the goals pursued justify the risks that must be imposed to achieve those goals" (Beauchamp & Childress, 2013, p. 154). For example, in occupational therapy practice, this standard applies to situations in which the client might feel pain from a treatment intervention; however, the acute pain is justified by potential longitudinal, evidence-based benefits of the treatment.

Related Standards of Conduct

Occupational therapy personnel shall

- A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.
- B. Avoid abandoning the service recipient by facilitating appropriate transitions when unable to provide services for any reason.
- C. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues, students, research participants, or others.
- D. Avoid any undue influences that may impair practice and compromise the ability to safely and competently provide occupational therapy services, education, or research.
- E. Address impaired practice and when necessary report to the appropriate authorities.
- F. Avoid dual relationships, conflicts of interest, and situations in which a practitioner, educator, student, researcher, or employer is unable to maintain clear professional boundaries or objectivity and critical analysis.

- G. Avoid exploiting any relationship established as an occupational therapy clinician, educator, or researcher to further one's own physical, emotional, financial, political, or business interests at the expense of recipients of services, students, research participants, employees, or colleagues.
- H. Avoid bartering for services when there is the potential for exploitation and conflict of interest.

Autonomy

Principle 3. Occupational therapy personnel shall respect the right of the individual to self-determination, privacy, confidentiality, and consent.

The Principle of *Autonomy* expresses the concept that practitioners have a duty to treat the client according to the client's desires, within the bounds of accepted standards of care, and to protect the client's confidential information. Often, respect for Autonomy is referred to as the *self-determination principle*. However, respecting a person's autonomy goes beyond acknowledging an individual as a mere agent and acknowledges a person's right "to hold views, to make choices, and to take actions based on [his or her] values and beliefs" (Beauchamp & Childress, 2013, p. 106). Individuals have the right to make a determination regarding care decisions that directly affect their lives. In the event that a person lacks decision-making capacity, his or her autonomy should be respected through involvement of an authorized agent or surrogate decision maker.

Related Standards of Conduct

Occupational therapy personnel shall

- A. Respect and honor the expressed wishes of recipients of service.
- B. Fully disclose the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention; and any reasonable alternatives to the proposed intervention.
- C. Obtain consent after disclosing appropriate information and answering any questions posed by the recipient of service or research participant to ensure voluntariness.
- D. Establish a collaborative relationship with recipients of service and relevant stakeholders, to promote shared decision making.
- E. Respect the client's right to refuse occupational therapy services temporarily or permanently, even when that refusal has potential to result in poor outcomes.
- F. Refrain from threatening, coercing, or deceiving clients to promote compliance with occupational therapy recommendations.
- G. Respect a research participant's right to withdraw from a research study without penalty.
- H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communications, in compliance with applicable laws, including all aspects of privacy laws and exceptions thereto (e.g., Health Insurance Portability and Accountability Act, Family Educational Rights and Privacy Act).
- I. Display responsible conduct and discretion when engaging in social networking, including but not limited to refraining from posting protected health information.

- J. Facilitate comprehension and address barriers to communication (e.g., aphasia; differences in language, literacy, culture) with the recipient of service (or responsible party), student, or research participant.

Justice

Principle 4. Occupational therapy personnel shall promote fairness and objectivity in the provision of occupational therapy services.

The Principle of *Justice* relates to the fair, equitable, and appropriate treatment of persons (Beauchamp & Childress, 2013). Occupational therapy personnel should relate in a respectful, fair, and impartial manner to individuals and groups with whom they interact. They should also respect the applicable laws and standards related to their area of practice. Justice requires the impartial consideration and consistent following of rules to generate unbiased decisions and promote fairness. As occupational therapy personnel, we work to uphold a society in which all individuals have an equitable opportunity to achieve occupational engagement as an essential component of their life.

Related Standards of Conduct

Occupational therapy personnel shall

- A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy.
- B. Assist those in need of occupational therapy services to secure access through available means.
- C. Address barriers in access to occupational therapy services by offering or referring clients to financial aid, charity care, or pro bono services within the parameters of organizational policies.
- D. Advocate for changes to systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy services.
- E. Maintain awareness of current laws and AOTA policies and Official Documents that apply to the profession of occupational therapy.
- F. Inform employers, employees, colleagues, students, and researchers of applicable policies, laws, and Official Documents.
- G. Hold requisite credentials for the occupational therapy services they provide in academic, research, physical, or virtual work settings.
- H. Provide appropriate supervision in accordance with AOTA Official Documents and relevant laws, regulations, policies, procedures, standards, and guidelines.
- I. Obtain all necessary approvals prior to initiating research activities.
- J. Refrain from accepting gifts that would unduly influence the therapeutic relationship or have the potential to blur professional boundaries, and adhere to employer policies when offered gifts.
- K. Report to appropriate authorities any acts in practice, education, and research that are unethical or illegal.

- L. Collaborate with employers to formulate policies and procedures in compliance with legal, regulatory, and ethical standards and work to resolve any conflicts or inconsistencies.
- M. Bill and collect fees legally and justly in a manner that is fair, reasonable, and commensurate with services delivered.
- N. Ensure compliance with relevant laws and promote transparency when participating in a business arrangement as owner, stockholder, partner, or employee.
- O. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.
- P. Refrain from participating in any action resulting in unauthorized access to educational content or exams (including but not limited to sharing test questions, unauthorized use of or access to content or codes, or selling access or authorization codes).

Veracity

Principle 5. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.

Veracity is based on the virtues of truthfulness, candor, and honesty. The Principle of *Veracity* refers to comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information (Beauchamp & Childress, 2013). Veracity is based on respect owed to others, including but not limited to recipients of service, colleagues, students, researchers, and research participants.

In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive. When entering into a therapeutic or research relationship, the recipient of service or research participant has a right to accurate information. In addition, transmission of information is incomplete without also ensuring that the recipient or participant understands the information provided.

Concepts of veracity must be carefully balanced with other potentially competing ethical principles, cultural beliefs, and organizational policies. Veracity ultimately is valued as a means to establish trust and strengthen professional relationships. Therefore, adherence to the Principle of Veracity also requires thoughtful analysis of how full disclosure of information may affect outcomes.

Related Standards of Conduct

Occupational therapy personnel shall

- A. Represent credentials, qualifications, education, experience, training, roles, duties, competence, contributions, and findings accurately in all forms of communication.
- B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.

- C. Record and report in an accurate and timely manner and in accordance with applicable regulations all information related to professional or academic documentation and activities.
- D. Identify and fully disclose to all appropriate persons errors or adverse events that compromise the safety of service recipients.
- E. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, research participants, or the public.
- F. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.
- G. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.
- H. Give credit and recognition when using the ideas and work of others in written, oral, or electronic media (i.e., do not plagiarize).
- I. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program or educational institution.
- J. Maintain privacy and truthfulness when utilizing telecommunication in delivery of occupational therapy services.

Fidelity

Principle 6. Occupational therapy personnel shall treat clients, colleagues, and other professionals with respect, fairness, discretion, and integrity.

The Principle of *Fidelity* comes from the Latin root *fidelis*, meaning loyal. *Fidelity* refers to the duty one has to keep a commitment once it is made (Veatch, Haddad, & English, 2010). In the health professions, this commitment refers to promises made between a provider and a client or patient based on an expectation of loyalty, staying with the patient in a time of need, and compliance with a code of ethics. These promises can be implied or explicit. The duty to disclose information that is potentially meaningful in making decisions is one obligation of the moral contract between provider and client or patient (Veatch et al., 2010).

Whereas respecting Fidelity requires occupational therapy personnel to meet the client's reasonable expectations, the Principle also addresses maintaining respectful collegial and organizational relationships (Purtilo & Doherty, 2011). Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. Practitioners, educators, and researchers alike must consistently balance their duties to service recipients, students, research participants, and other professionals as well as to organizations that may influence decision making and professional practice.

Related Standards of Conduct

Occupational therapy personnel shall

- A. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated or permitted by relevant laws.

- B. Address incompetent, disruptive, unethical, illegal, or impaired practice that jeopardizes the safety or well-being of others and team effectiveness.
- C. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.
- D. Avoid using one's position (employee or volunteer) or knowledge gained from that position in such a manner as to give rise to real or perceived conflict of interest among the person, the employer, other AOTA members, or other organizations.
- E. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.
- F. Refrain from verbal, physical, emotional, or sexual harassment of peers or colleagues.
- G. Refrain from communication that is derogatory, intimidating, or disrespectful and that unduly discourages others from participating in professional dialogue.
- H. Promote collaborative actions and communication as a member of interprofessional teams to facilitate quality care and safety for clients.
- I. Respect the practices, competencies, roles, and responsibilities of their own and other professions to promote a collaborative environment reflective of interprofessional teams.
- J. Use conflict resolution and internal and alternative dispute resolution resources as needed to resolve organizational and interpersonal conflicts, as well as perceived institutional ethics violations.
- K. Abide by policies, procedures, and protocols when serving or acting on behalf of a professional organization or employer to fully and accurately represent the organization's official and authorized positions.
- L. Refrain from actions that reduce the public's trust in occupational therapy.
- M. Self-identify when personal, cultural, or religious values preclude, or are anticipated to negatively affect, the professional relationship or provision of services, while adhering to organizational policies when requesting an exemption from service to an individual or group on the basis of conflict of conscience.

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Adopted by the Representative Assembly 2015AprilC3.

Note. This document replaces the 2010 document *Occupational Therapy Code of Ethics and Ethics Standards (2010)*, previously published and copyrighted in 2010 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 64, S17– S26.

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Curriculum

Entry-Level Doctor of Occupational Therapy

Department of Occupational Therapy *Doctor of Occupational Therapy (OTD) Program*

Philosophical Foundation, Core Beliefs and Occupation:

The Department of Occupational Therapy views occupation and occupational performance as the core constructs for organizing curriculum, community interactions, teaching-learning processes, and student outcomes for successful practice as occupational therapists. Occupation is a core construct of the curriculum. In Aristotle's words, *"anything that we have to learn to do, we learn by the actual doing of it....."* Occupation is a



complex process of doing, being and/or becoming; it is a medium for learning by doing and for developing roles of habit and reason. It provides a foundation, and primary focus for all matters associated with departmental functioning. The courses in the OTD curriculum promote clinical decision-making, problem-solving, and reflective practice at all levels of interaction with clients and populations, from initial examination to outcomes assessment. Students' clinical competency must measure up to both the basic sciences and reflective clinical skills prior to their assignment to any full-time fieldwork education and doctoral residency.

"Anything that we have to learn to do we learn by the actual doing of it..... We become just by doing just acts, temperate by doing temperate ones, brave by doing brave ones."

Aristotle Nicomachean Ethics, Book II, p.9



The following statements further identify the critical aspects of occupation to the OTD program:

- Occupation as a product is the group of activities and tasks humans need, want and/or are obliged to do for participation in life
- Occupation involves a continuing process of adaptation
- Characteristics of occupation include, but are not limited to the following:
 - Basic human need
 - Determinant of health
 - Source of meaning
 - Source of purpose
 - Source of choice and control
 - Source of balance and satisfaction
 - Source of pleasure
 - Source of restoration
 - Source and means of adaptation
 - Means of productivity
 - Means of organizing time
 - Means of organizing materials and space
 - Therapeutic medium

Beliefs about Occupational Therapy

The program's philosophy is consistent with the profession's core values of altruism, equality, freedom, justice, dignity, truth and prudence. It is embedded in our belief that occupational therapy is a health profession that optimizes participation in life. We believe that occupational therapy:

- integrates knowledge from the art and sciences
- provides a holistic and balanced perspective for practice to meet client needs
- promotes well-being through engagement in occupation
- incorporates client-centered assessment and intervention based on strengths, needs and goals, to facilitate occupational performance

Beliefs about Human Beings

- Humans are unique in nature and influence their own occupational performance
- Humans are considered open systems who are influenced and changed through interactions with the human and non-human environment
- Humans have their own unique values, goals, desires, culture etc. which influence their occupational performance
- Humans have the right to make personal choices, engage freely in society and self-determine their life path
- Humans adapt their habits, routines and roles throughout their life course
- A human beings' strengths and needs are an integral part of his/her meaningful occupations

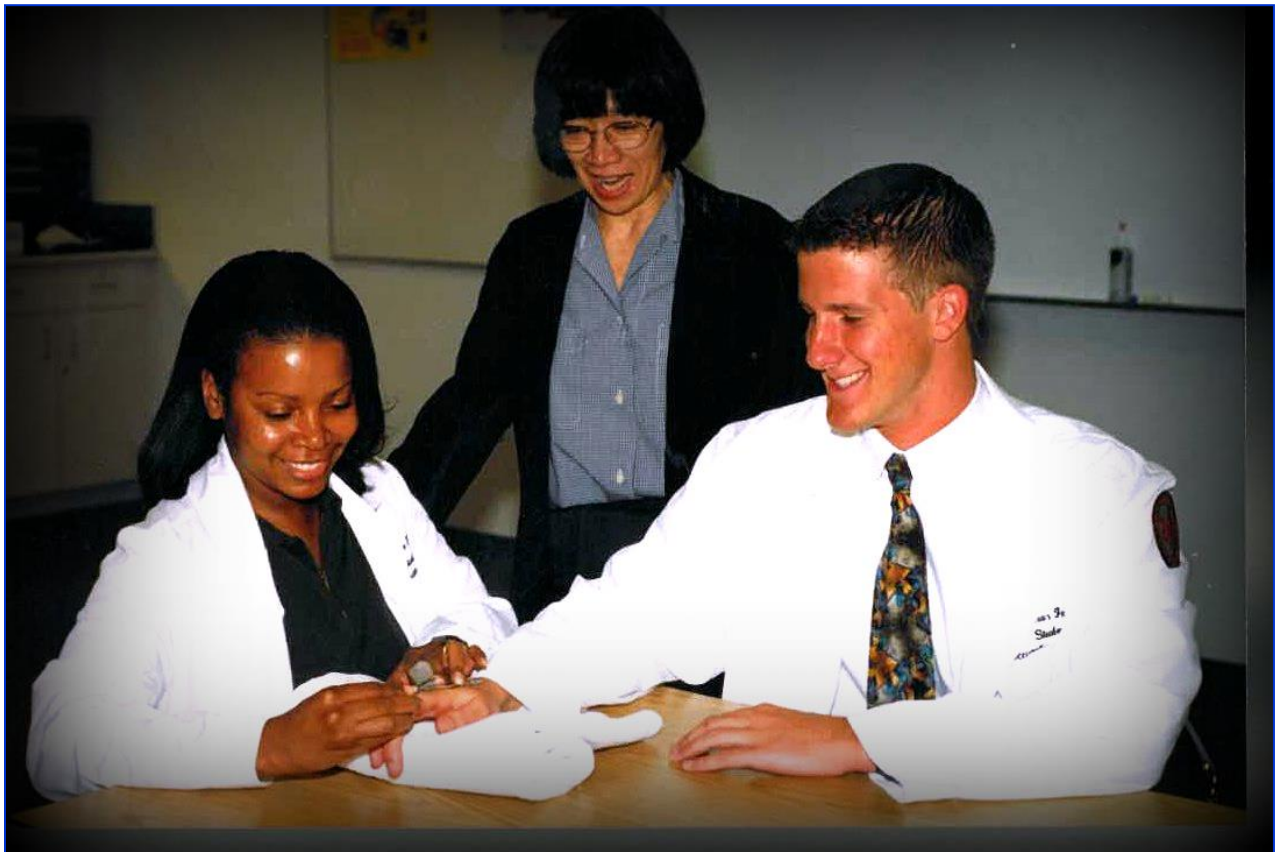


What Occupational Therapy Practitioners Do

Occupational therapy practitioners provide services to people across the lifespan to promote and/or develop meaningful engagement in their chosen or developmental occupations, through various evidence-based approaches in aging, children and youth, disability and rehabilitation, mental health, work-related programs, and other emerging areas of practice including advocacy, leadership, policy making, education and research. Occupational therapy services may include, among others, customized treatment programs to improve performance of daily activities in the home, workplace, and community; home and job site evaluations and adaptations; performance skills assessments and treatment; production and usage education for adaptive and other technology; guidance and education to family members and caregivers; advocacy and leadership for underserved individuals and groups; research and education.

Educational Philosophy

The Department of Occupational Therapy views teaching and learning processes as systematic efforts that facilitate engagement of student, teacher and subject (Hooper, 2005). The departmental philosophy regarding teaching and learning is grounded in William Perry's Scheme of Intellectual and Ethical Development (Perry, 1970) that describes how students develop knowledge in progressive phases, as well as in other cognitive theories that emphasize how guided learner experiences build on previous knowledge and experience (Bruner, 1971; Dewey, 1938; Vygotsky, 1926). Learning progresses through complex ways of thinking and doing to help students develop skills such as critical thinking, reasoning, concept development and reflection for lifelong learning. Dewey (1933), in particular, drew on the ideas of classical educators such as Aristotle, Plato and Confucius in seeing reflection as a problem solving process that links various ideas together with previous ones in order to resolve an issue. The process in turn allows the learner to absorb (read, hear, feel), do (activity), and interact (socialize), (Wetterbrock & Nabeth, 2011).



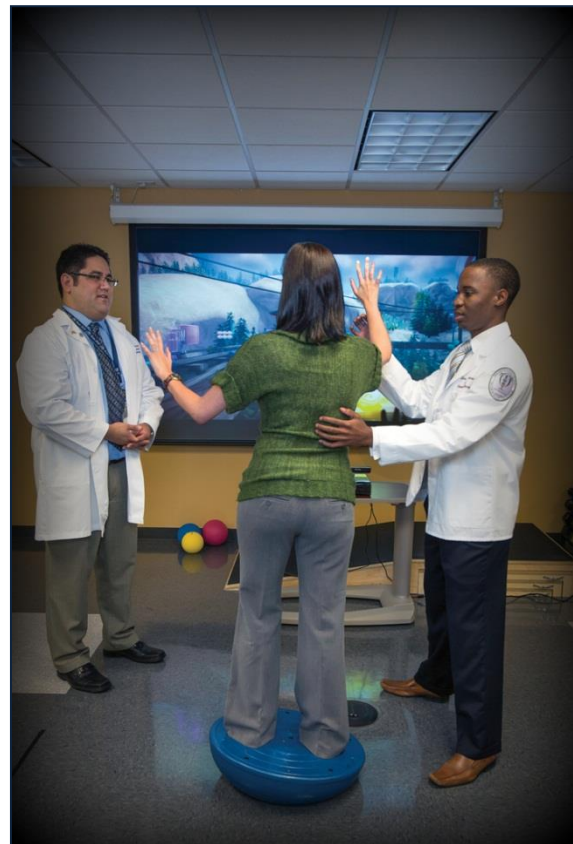
A subject centered approach described by Palmer (1998), creates a community of learning centered around a central subject for aligning faculty and students. The core subjects, occupation and occupational performance, form the focus of learning and general processes within a hybrid of face to face and distance academic environment (Simonson, Smaldino, & Albright, 2011). Subject centered education promotes dynamic involvement of the learner with peers, faculty, and the core subject, as

knowledge is constructed, or built together in context with teacher-student virtual and real time interaction, allowing for richness, recursion, relations, rigor and reiterative reflection (Doll, 1933).

- Richness refers to the depth of the curriculum, and a process that facilitates multiple layers of meaning and possibilities of interpretation.
- Recursion is the reflective interaction of the student with the environment, others, culture and with one's own knowledge.
- Relations allows for making connections with the understanding that individual perceptions are part of a larger cultural, economic and global milieu.
- Rigor refers to fostering understanding of the complexity of uncertainty and critical interpretation of what comes out of occupational chaos.
- Reiterative reflection is the ultimate process of looking at revisiting richness, recursion, relations, and rigor of information as they apply in the didactic and clinical aspects of each experience during the doctoral transformation.

In addition to these educational philosophies and approaches, the Department believes in the following regarding teaching and learning:

- Occupational therapy education focuses on preparing future practitioners to facilitate change in individuals and groups for optimal occupational performance.
- Occupational therapy education includes student skill development for evaluation and treatment, using evidence based resources, critical thinking, problem solving, and faculty expertise.
- Occupational therapy utilizes a wide knowledge base from arts and sciences for practice.
- Self-efficacious learning leads to lifelong learning.
- Learning is best achieved when there is a fit between teaching approaches and strategies, learning style and stage, and content/subject and teaching/learning technologies.



Framework for Curriculum Design

The Person-Environment-Occupation-Performance (PEOP) model by Christiansen and Baum (2005) provides a unifying concept for the overall curriculum. We define occupational performance as a

process that includes the “doing of activities, tasks, and roles” and serves as a way of integrating an individual with their particular societal roles in various environments (Christiansen & Baum, 2005, p. 244). Occupational performance is a result of the person and environment interaction, or, in which roles and task are carried out, i.e., a human being in place while knowing and doing (Rowles, 1991). Likewise, the curriculum wraps itself around the Occupational Therapy Practice Framework (OTPF) to reiterate the profession’s core beliefs in the “relationship between occupation and health and its view of people as occupational beings, (AOTA, 2008)”

Each course intentionally considers and applies the PEOP – OTPF relationship with all course content and objectives as the major unifying curricular thread. Courses are logically sequenced to facilitate students’ comprehensive knowledge and application of this relationship and its application to occupational therapy practice. The following course sequences weave into the curriculum for the entry level Doctor of Occupational Therapy (OTD) program designed to meet current ACOTE Standards for Doctoral Occupational Therapy Education, and provide consistency throughout the curriculum. While following the teaching exemplar in Doll’s perspective of postmodern curriculum (i.e., rich, recursive, rigorous, relational, and reiteratively reflective), the courses fit into a curriculum sequence below:

- Basic Sciences
 - ANAT 5420: Anatomy
 - ANAT 5423: Neuroanatomy
- Foundations in Occupation
 - OTD 8101: Introduction to Didactic, Clinical, and Research Project Experiences
 - OTD 8102: Foundations of Occupational Therapy
 - OTD 8103: Kinesiology in Occupations
- Occupation Science & Technology
 - OTD 8141: Development of Occupation Across the Life Span
 - OTD 8142: Occupational and Contextual Analysis
 - OTD 8143: Therapeutic Use of Self
 - OTD 8244: Innovations and Technology in Occupational Therapy
- Occupational Interventions
 - OTD 8151: Human Conditions and Occupations I
 - OTD 8152: Human Conditions and Occupations II
 - OTD 8271: Occupational Therapy Interventions I, Children and Youth
 - OTD 8272: Occupational Therapy Interventions II, Children and Youth
 - OTD 8273: Occupational Therapy Intervention III, Physical Disabilities
- Evidence Base & Exploration
 - OTD 8161: Evidence in Occupational Therapy Practice/Qualitative Design
 - OTD 8262: Research Design/Quantitative Methods— Proposal/IRB



- OTD 8262L: Research Design-Lab-IRB
- OTD 8263: Research Project I-Implementation)
- OTD 8363L: Research Project I-Lab- Data Analysis/Interpretation
- OTD 8464: Research Project II-Dissemination, Reflections and Exit Colloquium
- Leadership & Globalization
 - OTD 8281: Business of Practice and Management
 - OTD 8282: Professional Leadership



- Clinical Competence
 - OTD 8291: Level I Fieldwork Experience, Occupational Therapy Interventions I— Psychosocial and Community
 - OTD 8292: Level I Fieldwork Experience, Occupational Therapy Interventions II, Children and Youth
 - OTD 8293: Level I Fieldwork Experiences, Occupational Therapy Interventions III—Physical Disabilities
 - OTD 8391 Level II Fieldwork Experience
 - OTD 8392 Doctoral Certification and Introduction to Residency
 - OTD 8493 Level II Fieldwork Experience
 - OTD 8494 Doctoral Residency
- Doctoral Transformation
 - OTD 8311: Occupational Science
 - OTD 8312: Wellness in Occupational Therapy
 - OTD 8313: Applying Measurement to Theory
 - OTD 8314: Sensory Processing
 - OTD 8315: Topics in Contemporary and Emerging Practice

Department Outcomes Measurement:

Program Evaluation:

The Department of Occupational Therapy in NSU Tampa will systematically review, evaluate and take appropriate action on the following aspects of the program to optimize educational experiences for both students and faculty especially as it relates to distance learning technologies. University and departmental course evaluations, direct student feedback in Program Director-student interactive sessions, group post semester analyses, individual faculty reflections, as well as when the time comes, alumni and employer surveys provide necessary information for ongoing and periodic reviews. These evaluations assure alignment with stated philosophy behind the curriculum, ACOTE standards, as well as institutional and departmental mission statements. Revisions to these aspects and also to the overall Strategic Plan of the program, will be made following careful assessment of departmental needs at specified times during each school year.

- Curriculum Design
- Course Content
- Faculty Performance
- Certification Examination Results
- Educational Support, especially Distance Technology
- Community Feedback
- Employment Statistics
- Admission Standards
- Faculty Assignments
- Course Sequence
- Faculty Development
- Student Feedback
- Effectiveness of Collaborations

Student Outcomes:

The Department of Occupational Therapy in NSU Tampa qualifies and prepares graduates to take the National Board Certification for Occupational Therapy (NBCOT) examination. Passing score on the NBCOT examination qualifies the graduate to obtain state licensure and enter the field as an entry level practitioner. NSU graduates are prepared to practice in a holistic, ethical, and client-centered manner at a variety of settings, with clients of any age or occupation oriented need, and as the case might be, in their beginning area of specialization. Graduates of the NSU OTD program will demonstrate knowledge and skills related to occupation and occupational performance, OT related intellectual capabilities, leadership skills, professional characteristics and therapeutic perspectives.





Knowledge and Skills Related to Occupation and Occupational Performance Include:

- Diagnoses
- Evaluation and
- Intervention

OT Related Intellectual Capabilities Are:

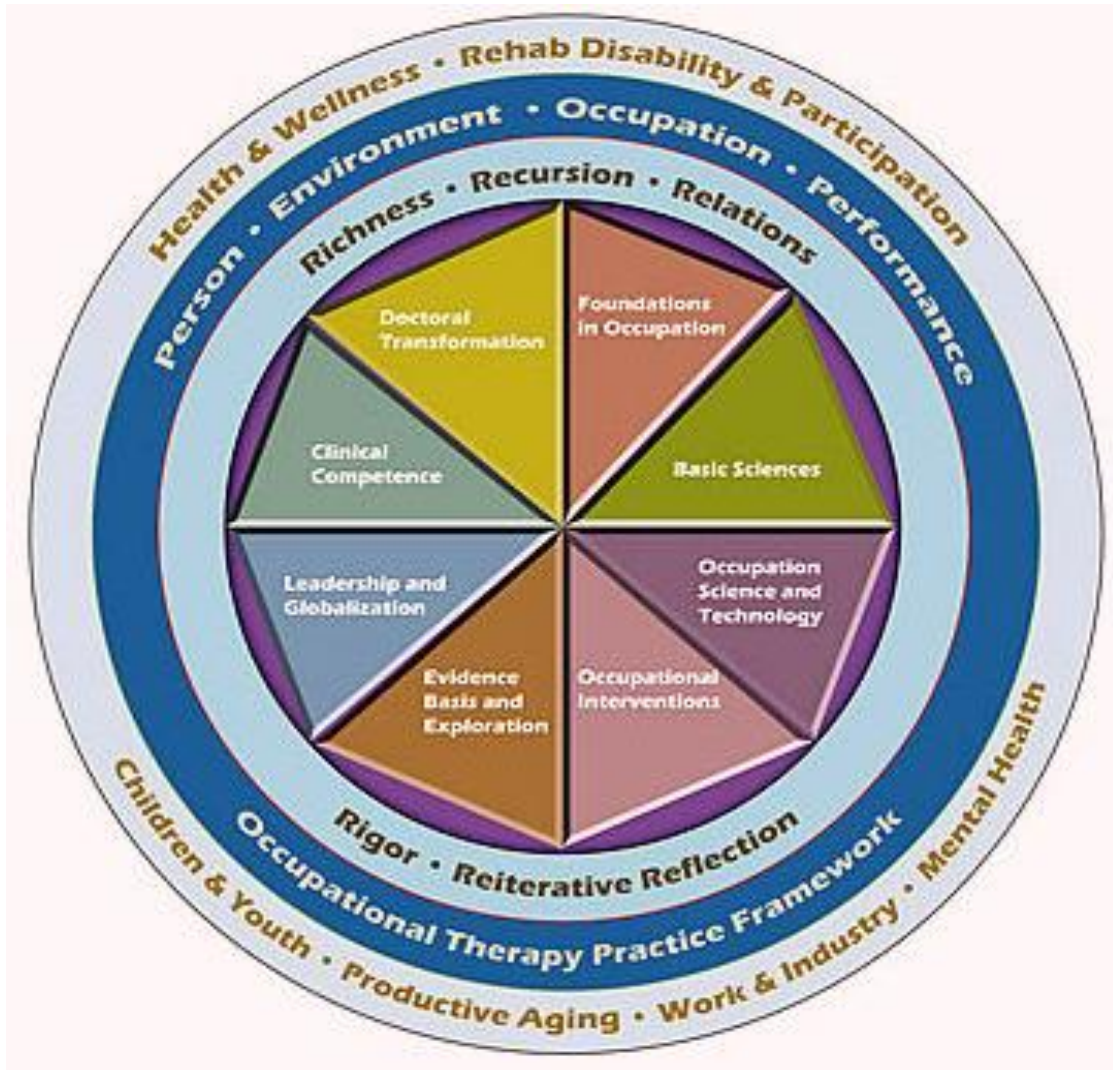
- Resourcefulness
- Critical Thinking
- Problem Solving
- Clinical Reasoning
- Reflection

Leadership Qualities Comprise:

- Ongoing Professional Development
- Attaining Leadership Positions
- Community-Oriented Practice
- Client Advocacy

Professional Characteristics Demonstrate:

- Integrity
- Cultural Competency
- Evidence Based
- Articulate Communication
- Professional Behavior
- Empathy



The OTD curriculum model illustrates didactic-to-clinical experiences designed for the Nova Southeastern University Tampa doctoral student. The inner circle features the eight clusters of course sequences within the hybrid entry level professional program. The concentric rings, shown starting from the inner layer comprise: 1) teaching exemplar; 2) learning threads; and 3) practice areas consistent with the profession's Centennial Vision.

The eight curriculum sequences provide opportunities for student experiences for lifelong learning applying the PEOP model and the OTPF. The sequences provide activities to learn the structure and function of the human body as it relates to occupations; theoretical and philosophical foundations of occupational therapy practice; expressions and use of occupations and technology for teaching and learning across the lifespan; identification and treatment of developmental and acquired occupational dysfunctions using occupation based interventions; evidence basis and scholarly explorations for accountable practice; leadership and advocacy for responsible collaborative, global practice; clinical competence in all areas of practice, and beginning specialization as a reflective doctorally prepared professional.

Entry- Level OTD Curriculum Outline

Summer, YEAR I			
Subject	Course #	Title	Credit Hours
ANAT	5420	Anatomy	5
OTD	8101	Introduction to Didactic, Clinical, and Research Project Experiences	3
OTD	8102	Foundations of Occupational Therapy	3
Total:			11
Fall, YEAR I			
OTD	8103	Kinesiology in Occupations	4
OTD	8141	Development of Occupation Across the Life Span	3
OTD	8142	Occupational and Contextual Analysis	3
OTD	8151	Human Conditions and Occupations I	3
Total:			13
Winter, YEAR I			
ANAT	5423	Neuroanatomy	3
OTD	8152	Human Conditions and Occupations II	3
OTD	8143	Therapeutic Use of Self	3
OTD	8161	Evidence in Occupational Therapy Practice/Qualitative Design	3
Total:			12
Summer, YEAR II			
OTD	8271	Occupational Therapy Interventions I – Psychosocial & Community	6
OTD	8291	Level I Fieldwork Experience, Occupational Therapy Interventions I, Psychosocial & Community	2
OTD	8244	Innovations and Technology in Occupational Therapy	3

OTD	8262	Research Design/Quantitative Methods— Proposal/IRB	3
			Total: 14
Fall, YEAR II			
OTD	8272	Occupational Therapy Interventions II – Children & Youth	8
OTD	8292	Level I Fieldwork Experience, Occupational Therapy Interventions II, Children and Youth	2
OTD	8262L	Research Design Lab - IRB	1
OTD	8281	Business of Practice and Management	3
			Total: 14
Winter, YEAR II			
Subject	Course #	Title	Credit Hours
OTD	8273	Occupational Therapy Intervention III – Physical Disabilities	8
OTD	8292	Level I Fieldwork Experience, Occupational Therapy Interventions III, Physical Disabilities	2
OTD	8262L	Research Project I - Implementation	2
OTD	8282	Professional Leadership	3
			Total: 15
Summer, YEAR III			
OTD	8391	Level II Fieldwork Experience	9
			Total: 9
Fall, YEAR III			
OTD	8392	Doctoral Certification and introduction to Residency Program	2
OTD	8311 OR 8312	Occupational Science OR Wellness in Occupational Therapy	3
OTD	8313 OR 8314	Applying Measurement Theory to Evaluation OR Sensory Processing Basis of Occupational Performance	3
OTD	8315	Topics in Contemporary & Emerging Practice	3
OTD	8363L	Research Project I -Lab, Data Analysis & Interpretation	1
			Total: 12

Winter, YEAR III			
OTD	8493	Level II Fieldwork Experience	9
			Total: 9
Winter/Summer, YEAR III			
OTD	8494	Doctoral Residency	12
OTD	8464	Research Project II- Dissemination, Reflections and Exit Colloquium	2
			Total: 14

Total Credit Hours to Graduation = 122

Level I FWE = 360 hours; Level II FWE = 960 hours; Residency = 640 hours

Total Clinical Education Hours = 1960 hours



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Doctor of Occupational Therapy (OTD) Course Descriptions

Year One, Summer Semester, (11 Credit Hours)

ANAT 5420: Anatomy

This basic science course details human anatomy through laboratory activities designed for student teams to study prosected cadavers, sections, bone sets, videotapes, radiographs, and models.

Computer program supplements laboratory experiences. **(5 credits)**

OTD 8101: Introduction to Didactic, Clinical & Research Project Experiences

This course introduces concepts of human occupation and the framework for active participation in learning about evidence-based practice of occupational therapy. It formally introduces the student to the delivery model of the curriculum including the concept and their responsibilities during distance and face-to-face sessions, self-directedness and independence. The course also serves as a preservice training on safety and health precautions as well as fieldwork placement policies, professional behaviors, and relationship to curriculum design. Requirements to participate in Level 1 and Level II Fieldwork placements, and residency requirements are covered. **(3 credit hour)**

OTD 8102: Foundations of Occupational Therapy

This course traces the historical, philosophical and theoretical underpinnings of occupational therapy as it evolved into contemporary practice. The students apply theories, models, and frames of reference in understanding how social, political and economic factors continually influence current and future practice with attention given to interdisciplinary practice. **(3 credits)**

Year One, Fall Semester, (12 Credit Hours)

OTD 8103: Kinesiology of Occupations

This course promotes the understanding of normal human motion through skills learned in applying the principles of biomechanics, joint kinematics, joint kinetics, and muscle function. Experiences in the analysis and assessment of movement, muscle strength, and joint range of motion provide the student with opportunities to articulate the connection between kinesiology and occupational performance. **(4 credits)**

OTD 8141: Development of Occupations across the Lifespan

This course provides opportunities not only to learn the continuum of human development that influences health and independence across the lifespan, but also to refine observation, analysis, reflection and communication skills. The course engages the student to explore how culture, environment, spirituality, sex and age influences human occupation. Includes field trips to selected facilities. **(3 credits)**

OTD 8142: Occupational & Contextual Analysis

This course focuses on analyzing occupations and occupational performance in different contexts, including applications of technology. The course provides opportunities for students to engage in, and analyze the projects according to their occupational demands as well as the meaning of, and avenues for success and occupational competence. Students not only learn to structure, adapt, plan, present and assess occupations for therapeutic use, but also to articulate concepts and theories that influence engagement and participation, especially within cultural, personal, temporal, virtual, physical and social contexts of occupational performance. **(3 credits)**

OTD 8151: Human Conditions and Occupation I

This course focuses on how pathophysiological conditions affect intrinsic human factors so that students can make the link between the factors and occupational performance. This course integrates information from Anatomy, Medical Terminology, and Introduction to Didactic, Clinical and Capstone Experiences. **(3 credits)**

Year One, Winter Semester, (12 Credit Hours)

ANA 5423: Neuroanatomy

Anatomy of central and peripheral nervous systems. Laboratory activities consist of student teams studying prosected cadavers, sections, radiographs, and models. **(3 credits)**

OTD 8152: Human Conditions and Occupation II

Building on the understanding of pathophysiological conditions learned in OTD 8151, this course expands the application of occupational concepts to people with disorders or injuries to the immune, cardiopulmonary, urinary, gastrointestinal, endocrine, nervous, musculoskeletal and neurocognitive systems. (3 credits)

OTD 8143: Therapeutic Use of Self

This course provides hands-on experiences in applying the therapeutic use of self when interacting with individuals, groups, and treatment teams. Through the course, the student designs, participates in, and runs occupation-based groups, as well as works within a treatment team. (3 credits)

OTD 8161: Evidence and Occupational Therapy Practice

This is the first course in a 4-course series on research. It provides students with fundamental knowledge to become critical consumers of research evidence. This course focuses on topics of relatedness of research and occupational therapy practice, critical appraisal of research evidence, and research critique of both quantitative and qualitative research. (3 credits)

Year Two, Summer Semester, (12 Credit Hours)

OTD 8271: Occupational Therapy Interventions I, Psychosocial & Community Mental Health

This course focuses on the application of the Person-Environment-Occupation-Performance Model (PEOP) for occupational therapy evaluation and treatment with emphasis on wellness, prevention, and community-based therapy practice. Includes Level I Fieldwork Experience. (6 credits)

OTD 8291: Level I Fieldwork Experience, Occupational Therapy Interventions I—Psychosocial and Community

This course comprises fieldwork seminars during on campus institutes throughout the semester and three weeks of supervised Level I fieldwork experience at an approved setting. This is the clinical education component of OTD 8271: Occupational Therapy Interventions I, Psychosocial & Community, "to introduce students to the fieldwork experience, and develop a basic comfort level with and understanding of the needs of clients." These experiences are designed to enrich didactic coursework through observation and directed participation in selected aspects of the occupational therapy process. (2 credits)

OTD 8244: Innovations & Technology in Contemporary Occupational Therapy

The student of this course takes a critical look at day to day occupations and state of the art technology such as video games, computer assisted interventions, nanotechnology, documentation, triangulation, thematic analyses and other software, robotics, etc. Within the light of person, environmental, occupation and professional factors, the student identifies applications for a future-oriented innovative practice at any level of intervention within different contexts. (3 credits)

OTD 8262 Research Design/Quantitative Methods— Proposal/IRB

This course is the second of four in a series of evidence based practice and research methods. Students develop a viable research proposal. At the end of the semester, students will complete a research proposal and have it ready to submit for IRB review. (2 credits)

Year Two, Fall Semester, (14 Credit Hours)

OTD 8272: Occupational Therapy Interventions II, Children & Youth

Students apply the PEO model in identifying barriers and supports for participation and engagement of children and youth with multiple conditions within the context of diverse environments. Includes Level I Fieldwork Experience. **(8 credits)**

OTD 8292: Level I Fieldwork Experience, Occupational Therapy Interventions I—Children & Youth

This course comprises fieldwork seminars during on campus institutes throughout the semester and three weeks of supervised Level I fieldwork experience at an approved setting. This is the clinical education component of OTD 8272: Occupational Therapy Interventions II, Children and Youth, "to introduce students to the fieldwork experience, and develop a basic comfort level with and understanding of the needs of clients." These experiences are designed to enrich didactic coursework through observation and directed participation in selected aspects of the occupational therapy process. **(2 credits)**

OTD 8281: Business of Practice and Management

This course provides the opportunity to view occupational therapy from a business perspective to prepare students for different roles in the US health care system including manager/program director, supervisor, and entrepreneur. Students will articulate responses to ethical and legal issues related to the profession using information they learn about delivery systems, regulatory and reimbursement mechanisms that affect service delivery from referral to discharge. **(3 credits)**

OTD 8262L: Research Design Lab-IRB

This course is the lab portion of the second of four in a series of evidence based practice and research methods. Students develop a viable research proposal. At the end of the semester, students will complete a research proposal and have it ready to submit for IRB review. **(1 credits)**

Year Two, Winter Semester, (15 Credit Hours)

OTD 8273: Occupational Therapy Interventions III, Physical Disabilities

This course is the final occupational therapy interventions course. It addresses evaluation and treatment of adult and older adult occupational performance in various environments. Includes Level I Fieldwork Experience. **(8 credits)**

OTD 8293: Level I Fieldwork Experiences, Occupational Therapy Interventions III—Physical Disabilities

This course comprises fieldwork seminars during on campus institutes throughout the semester and three weeks of supervised Level I fieldwork experience at an approved setting. This is the clinical education component of OTD 8273: Occupational Therapy Interventions III, Physical Disabilities, "to introduce students to the fieldwork experience, and develop a basic comfort level with and understanding of the needs of clients." These experiences are designed to enrich didactic coursework through observation and directed participation in selected aspects of the occupational therapy process. **(2 credits)**

OTD 8282: Professional Leadership

This course will introduce the student to the leadership responsibilities and opportunities inherent in becoming a member of a profession. Students will explore basic leadership theories and examine their own leadership strengths and opportunities to expand or improve upon as well as apply applicable leadership theories and leadership self-analysis to the practical, contextual, and ethical dimensions that exist within the occupational therapy profession and contemporary practice. Emphasis will also be placed on the occupational therapist's role in professional advocacy, professional associations, inter-professional collaboration, and role-emerging and non-traditional practice settings. **(3 credits)**

OTD 8363: Research Project I- (Implementation)

In this third course of a 4-course series for research, we build on both the 'OTD 8161: Evidence and OT Practice' & 'OTD 8262: Research Design' courses from the previous semesters. More specifically in the previous research course (OTD 8262-Lab) students worked as a research project group with their individual faculty co-investigator in order to receive final IRB approval and be ready to implement their study during this course (OTD 8363: Research Project-I-Implementation). In OTD 8363 students will continue to work as a research project group with their individual faculty co-investigator to implement their final culminating scholarly research project that has been in development since previous Winter Semester (Year-2) of their OTD program. **(2 credit hours)**

Year Three, Summer Semester, (9 Credit Hours)

OTD 8391: Fieldwork Experience II

Twelve week supervised internship in approved practice setting. **Prerequisite:** Completion of Formal Pre-doctoral Certification Courses. **(9 credits)**

Year Three, Fall Semester, (12 Credit Hours)

OTD 8392: Doctoral Certification & Introduction to Residency Program

Upon completion of all formal predoctoral certification and Level II Fieldwork Experiences, the student must pass competency- based examination. After successfully passing the examination, the student has the opportunity through this course to reflect on the academic and clinical components of the curriculum, including planning for the culmination of the capstone project, and receives an introduction to the doctoral experiential component. **Prerequisite:** Successful completion of 24 credits of Level II Fieldwork Experiences. **(2 credit)**

Doctoral Transformation Courses:

Student has the opportunity to select one of two courses listed below, related to a specialization area. **(3 credits)**

- **OTD 8311: Occupational Science**

The course presents an overview of conceptual frameworks, literature, taxonomies, and research strategies of occupational science. Topics will be examined from multidisciplinary perspectives on work, play, leisure, occupation and contexts for occupation. Students will select an area for in-depth study. **(3 credits) OR**

- **OTD 8312: Wellness and Health Promotion**

This course examines occupational therapy's role in wellness and health promotion, disability postponement, and prevention in general. Students critically examine various practice models with a view toward developing and refining their own roles in these practice areas. (3 credits)

Doctoral Transformation Courses:

Student has the opportunity to select one of two courses listed below, related to a specialization area. (3 credits)

- **OTD 8313: Applying Measurement Theory to Evaluation**

Provides students with a general background in measurement theory and assists students to actively apply this information to the evaluation process in occupational therapy. The application component of the course addresses evaluation at both the individual and program levels. At the completion of this course, students can critically examine and select the most appropriate tools for practice situations using the theory and principles of measurements. (3 credits) OR

- **OTD 8314: Sensory Processing Basis of Occupational Performance**

Examination of the theory and practice of sensory processing in occupational therapy through the original literature, and current information from neuroscience and evidence-based practice found in articles and through interaction with classmates. Students will apply this knowledge to a specific group of individuals or to a curriculum plan. Advanced-level course: It is anticipated that students will have some prior knowledge and experience in this area of practice. (3 credits)

OTD 8315: Topics in Contemporary & Emerging Practice

This course provides focused training in one of four learning tracks that addresses occupation-based contemporary and emerging practice areas, advanced skills, &/or professional development. The four learning tracks are Skills, Mental Health, Children and Youth, and Physical Disabilities. Each track will contain no more than four modules including, but not limited to: SKILLS: *Physical Agent Modalities, Anatomy, Neuroanatomy, Kinesiology*; MENTAL HEALTH: *Addictions, Trauma-induced Care, Post-Traumatic Stress Disorder, Violence & Abuse*; CHILDREN & YOUTH: *NDT, NICU, School System, Behavioral Interventions*; PHYSICAL DISABILITIES: *Oncology, Work Programs/Ergonomics, Splinting, Hands Specialty*. (3 credits)

OTD 8363L: Research Project I-Data Analysis/Interpretation

In this OTD 8363-Lab course students will continue to work with their course instructor (i.e., faculty co-investigator) to complete the final steps of their research project by conducting analyses of the data collected during the previous Fall semester (in OTD 8363). In addition, students will use this time to prepare the initial draft of their report for disseminating their research result information. By the end of OTD 8363-Lab the students will have performed their data analysis and have completed work toward an initial draft of their research manuscript. The students will present their final research findings of their final culminating scholarly project during their subsequent OTD 8464 course. (1 credit)

Year Three

Winter Semester, (9 Credit Hours)

OTD 8493: Fieldwork Experience II

Twelve week supervised internship in approved practice setting. **Prerequisite:** Completion of Formal Pre-doctoral Certification Courses and OTD 891. (9 credits)

Winter/Summer Semesters, (14 Credit Hours)

OTD 8494: Doctoral Residency

This 16-week doctoral experiential component provides the student the opportunity to develop advanced skills, i.e., beyond a generalist level in an approved specialization area for clinical practice skills. Other options include in-depth experience in one or more of the following: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory development. **Prerequisite:** Doctoral Certification (12 credits)

OTD 8464: Research Project II – Dissemination, Reflections & Exit Colloquium

This is the final course of the four-course series of research methods, and culminates with the opportunity for the student to prepare presentation of a capstone project to the community, and to reflect on the entire experience leading to an OTD degree. **Prerequisite:** Completion of Doctoral Residency and Capstone project. (2 credits)

Doctor of Occupational Therapy (OTD) Program
Tampa Regional Campus * 3632 Queen Palm Drive, Tampa, FL 33169-1378 * 813-574-5340 * www.nova.edu/cah/ot/otd



The Doctoral Residency Experience

The Doctoral Residency Experience

Student Policies for Doctoral Residency Experience

Prerequisite Policies

The Nova Southeastern University *Dr. Pallavi Patel College of Health Care Sciences Student Handbook* requires students have health insurance, AIDS education, and immunizations for fieldwork. Students must submit insurance card or may sign a statement indicating that they met their requirements. An affiliated facility may also require a student to pass a State of Florida Department of Health screening prior to rotation. Other requirements that may be held by the affiliated facility include, but are not limited to, fingerprinting, criminal background check, urinalysis for drugs and alcohol, and proof of immunizations. If a student does not meet all requirements held by the affiliated facility prior to the first day of the scheduled placement, the student's placement will be cancelled, or if the placement has begun, the student will be asked to leave. Any cost associated with additional site requirements is the responsibility of the student.

As a prerequisite for doctoral residency, the student is responsible for reading a copy of the contractual agreement between the University and the affiliated facility, submit a current personal data sheet, and meet additional requirements as described in the course syllabi for OTD 8494: Doctoral Residency.

Students are responsible for maintaining their own records. The Doctoral Residency Coordinator does not mail confidential records to facilities. Students are required to review materials (if available), call the facility, and verify current information at least one month prior to arrival.

As a prerequisite for the doctoral residency, all students must have access to a computer with a modem for participation in the online component of the residency.

As a prerequisite for doctoral residency, students must contact their site before the start date. The recommended time frame is at least two one month before the start of the doctoral residency. The purpose of the introductory phone call is to ensure placement at the site and to determine the needs of the facility, i.e., dress code, orientation time, parking, immunizations, and background check.

If the student does not contact the site in a timely manner and the residency does not start on time, the student will be responsible for any action taken which may include:

- Meeting with the Committee on Student Progress
- Delay of start of the residency
- Need to make up rotation hours at the discretion of the site supervisor and the course instructor
- Cancellation and failure of the rotation by the course instructor which would result in student receipt of a Failure (F) on their academic record and necessitate enrolling in and paying for the course the next available time. Appropriate policies will apply in case of a history of academic failure and/or professional behavior.

Upon completion of any fieldwork experience, students must attend a mandatory course wrap-up session. Mechanism for this session will vary according to level, and the student is responsible for reading their course syllabus or fieldwork experience guide when applicable to ensure participation. Failure to attend will be considered an unexcused absence and will lower the student's final course grade by at least 10 percent.

Student Documentation Requirements

To ensure compliance with NSU obligations, and to ensure student safety, students must upload immunization information into the NSU system prior to the first Level I or community field trip placement, and must resubmit annually as needed prior to the applicable rotation or experience: (See background check and immunization policy for details.)

- Health Information
- Proof of immunizations
- Physician's physical examination
- Medical insurance
- Evidence of successful completion of required CPR training
- Evidence of HIV/AIDS education/ Bloodborne pathogens
- Background check
- HIPAA Training
- OSHA Training

A Level I background screen is completed through Certified Background Check.com prior to admission into the OTD program. During the OT Intervention II course, a level II background check is completed through the division of Children and Families for participation in coursework in the school system. This background check may be required by facilities used for doctoral residency sites and community field trips as well, so students are responsible for meeting this requirement when informed. Results of these screens will impact further participation in the OTD program.

Failure to submit the documents will result in cancellation or delay of the fieldwork placement. Students assume the responsibility for keeping the aforementioned records current through the last 18 months of the program. For more details on student documentation, refer to the student documents section.

Personal Safety

Personal safety of all individuals is very important. Students should apply the general safety guidelines outlined in the Campus Safety Booklet at all times during their clinical affiliation. During an affiliation, students must get to know the area in which they are affiliating and be aware of any potential hazards. Clinical/Doctoral sites normally provide the student with any helpful information relating to potential personal safety hazards and ways to minimize risk. If a student has any concerns about their personal safety, they should discuss this with their mentor and inform their course instructor.

Dress Code

During the doctoral residency, students must comply with the Health Professions Division dress code policy unless the affiliating facility has different specific dress requirements. Students inappropriately dressed or groomed may be required to leave the facility and this will be considered an unexcused absence. Repeated violations will be considered improper professional behavior and will result in referral to the Committee on Student Progress, disciplinary action, which may include termination of the fieldwork experience.

The mentor should send the student home if the student is non-compliant with the dress code. The student is required to make up any lost time that may result. The NSU OTD-S dress code for clinical education is that which applies for classroom dress as outlined in the College of Health Care Sciences Handbook. In addition, students are to present a professional appearance and demeanor at all times. The NSU dress code is not to be modified unless the affiliating facility has a different, specific dress requirement. For females, skirts must be of length and style to protect the student's modesty during treatment activity. Because NSU prefers a tailored professional look, lace, ruffles, T-shirts, polo shirts, color trims, denims, corduroys, knits, and sheer fabric are not permitted. Male students must wear solid color or stripe dress shirts and ties. Shoes may be slip-on or tie, non-skid dress shoes. In addition, athletic or running shoes are not permitted. Socks or hosiery are mandatory. Lab coats and identification badges must be worn at all times, unless otherwise indicated.

Professional Behavior

Students are expected to practice in a legal, ethical, and professional manner. Failure to do so will result in failure of the clinical education experience. Documentation of that behavior will be completed by the Fieldwork Educator using the AOTA Evaluation form. Inappropriate behavior may result in removal of a student from the assigned clinical facility at the discretion of the mentor and doctoral residency coordinator.

Attendance/Tardiness

Before beginning a doctoral residency experience, the student will contact the mentor at the assigned site as directed by the NSU Clinical Education Team. The site contact will provide the student with the basic orientation information such as: hours of operation, dress code, how to find parking, and where they can eat lunch, etc. Students must be prepared to begin clinic duty at the designated, agreed upon times and days. During the residency, students follow the hours and pattern of operation of the site. For example, some students may be assigned five 8-hour days/week and others may be assigned four 10-hour days.

If the department provides weekend services, students are required to spend no more than 16 hours in weekend coverage during residency rotations at times arranged with the mentor. If the clinical site provides coverage on holidays, students may be assigned holiday coverage. The student is to be offered compensation time off consistent with the policies and procedures of the clinical site for any

weekend and holiday coverage. We encourage that the time off be used within the week of this extra coverage so the student is not overly taxed. The student and mentor must determine the learning experiences and goals to be achieved during weekend and holiday coverage. Guidelines for supervision of students must be followed on weekends.

An **unexcused absence** during the residency rotation places the student in severe jeopardy of not fulfilling course requirements. The need for make-up days is determined on an individual basis by mutual agreement of the course instructor and mentor. Make-up time can occur at the end of the fieldwork experience or during the rotation, but cannot be guaranteed. It will be offered to students only for extreme, unforeseen circumstances. Students must make travel arrangements for departures after the end of the workday, and may not be excused for personal business or to attend continuing education courses. Because of the seriousness of the consequences, students are strongly encouraged to have perfect attendance.

Under extreme, unforeseen circumstances that result in absence, students **MUST** call their mentor at the beginning of the workday and ask to be excused. If they do not speak with the mentor directly, they are to leave a message and talk to the mentor as soon as possible. The student must also notify their course instructor at the University. The mentor and course instructor will determine the need for and agree on arrangements for make-up within 48 hours of the absence. Because the clinical site becomes an extension of the university, the course instructor must know where the student is and when the student is absent in the interest of good risk management.

Tardiness conveys a very negative impression. It suggests lack of planning and preparedness and is viewed by many as rude. It can disrupt the operation of the occupational therapy department. This applies not only to morning reporting but beginning duties after meals, attending meetings, etc. Students **MUST** call the mentor as soon as possible if they are going to be late. Persistent tardiness may jeopardize the student's successful completion of the goals for clinical education. It is the student's responsibility to initiate discussion about modifying the daily schedule if there are reasons other than personal convenience that are resulting in tardiness.

Counseling Students

Mentors are to seek advice from the doctoral residency coordinator should student performance or behavior problems arise. The mentor must use professional judgment in distinguishing between advising (recommending, suggesting) in order to improve weaknesses in student performance, and referring for professional counseling when a student has problems that are disrupting the ability to function.

The University has a counseling staff on call for student emergencies and provides professional services for impaired students. Mentors are encouraged to take immediate action by contacting the University faculty to arrange for intervention if the need arises.

University Calendar

The University calendar is suspended during the doctoral residency experience. That is, the student follows the holiday and operation hours of the facility(s) in which they are assigned, rather than the University's.

Occurrence Reports

Should the student be involved in any accident with potential injury to self or others during clinical practice/residency, they must comply with the facility's policies and procedures for reporting on the appropriate documents. The student must notify the doctoral residency coordinator when an incident occurs.

An addendum, completed by the student, must be included with the final residency evaluation to describe these occurrences. Department managers or mentors may choose to complete an addendum on their organization's letterhead instead of, or in addition to, the student's report. The purpose of this reporting is to have a record of the incident should any future legal action be taken. Students are advised to complete the addendum when they complete the occurrence report so that the information is fresh in their minds. The facility's occurrence report is considered confidential information. Therefore, a copy is not to be provided to the University. The format for the addendum is:

ADDENDUM TO EVALUATION OF _____ Student name: Date and time of occurrence: Names of people involved: Brief description of the occurrence: <div style="text-align: right;">_____ Signature of person reporting</div>
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Housing/Meals and Transportation

Students are responsible for all expenses related to the doctoral residency. They must locate their own housing within commuting distance to the residency site. Students may be eligible for stipends, meal tickets, or free housing that may be provided by the organization. However, **students must be prepared to meet all their financial needs during their doctoral residency.**

Placement and Grading Policies

Students will be permitted to participate in the residency rotation only after having successfully completing all corresponding didactic coursework, comprehensive examination, and fieldwork experience requirements. Students must comply with all policies and procedures of the clinical facility, Nova Southeastern University, and the American Occupational Therapy Association during the

doctoral residency. Students must complete all Level II Fieldwork and Residency, as scheduled within the curriculum design, or on extenuating circumstances, within a two-year time frame, per ACOTE requirement, starting from the date of completion of the formal coursework.

The doctoral residency must comprise a minimum of 16 weeks (640 hours), and must be consistent with the individualized specific objectives and culminating project. No more than 20% of the 640 hours can be completed outside of the mentored practice setting(s). Prior fieldwork or work experience may not be substituted for this experiential component.

Doctoral Residency Experiences Are Graded as Pass/Fail

Student Failure Procedure

The residency requirement is covered by grading policy similarly applied to didactic courses; this includes the experiences embedded with didactic courses such as the three intervention courses.

1. Failure at a doctoral residency experience will result in failure of the course and referral to the Committee on Student Progress (CSP).
2. Additional tuition will be charged for repeated courses, including doctoral residency. The maximum final grade OTD students may earn on any didactic course after any remediation will be 75 percent. The maximum final grade in the doctoral residency is a pass (*P*), as numerical scores are not assigned in those courses.

The stringency of this policy underscores the seriousness of this issue. Doctoral residencies are of such importance which requires practitioner competency and professional behavior in a real clinical setting with real time clients.

The student's participation, discussion of student performance, course assignments, and written evaluations will be used to determine the grade for the course. This includes the electronic requirements. Termination for unacceptable performance may result in a failing grade of F.

Withdrawal or Termination from a Doctoral Residency Experience

Students who withdraw or are asked to withdraw from a fieldwork experience or doctoral residency due to inadequate performance will receive a failing grade (F) for that rotation. There is no credit for partial time served in a doctoral residency that must be terminated due to inadequate performance. Students who fail residency may repeat one and only one doctoral residency. Students who fail two clinical rotations will be automatically dismissed from the program.

Students who withdraw from a residency rotation due to illness are required to provide a physician's statement indicating the student's ability to resume full duties before being rescheduled for the residency experience. Acceptable performance termination may result in a grade of I. A student who develops a health or other serious problem preventing residency completion in the scheduled time frame warrants an incomplete grade as well.

In the case of an incomplete, attempt would be made to have the student finish the residency experience at the same site. Student withdrawal from a residency experience is strongly discouraged and should only be considered in extreme situations. Withdrawal from a residency cannot be done without the permission of the course instructor. The proper withdrawal procedures must be completed. Failure to follow this procedure may result in a failure of the residency rotation.

Termination of the residency once it has started is rare. The most common reason is for unacceptable student performance and lack of professional behaviors. Students terminated for unprofessional behavior or lack of performance will receive a failing grade (F) for residency. There is no credit for partial time served in a residency that must be terminated. All residency sites reserve the right to request that a student be removed from an affiliation.

If a student is terminated from an affiliation, remedial work may be required. Remedial work will be for the purpose of addressing problems seen on terminated residency. The purpose of the work will be to allow the student to maximize success on subsequent, make-up residency. Make-up affiliations will be assigned by the course instructor following consultation with student. Make-up affiliations will not necessarily follow the typical course schedule time frames and will involve additional costs for tuition and other related expenses.

If the student has previously been terminated from a fieldwork experience or has failed a previous fieldwork, the student will be referred to CSP.

Students will be placed a maximum of three times for residency related sites. The student will be required to meet with the mentor and may be required to sign a contractual letter regarding responsibilities for subsequent clinical placements. Credit for time served will NOT be granted, unless appropriately determined by faculty review.

Cancellation of Doctoral Residency

Student Initiated Cancellation

Once a residency site has been confirmed, student requests for a change of affiliation **WILL NOT** be honored unless there is an extreme emergency situation. An extreme situation is identified as death of an immediate family member, or serious personal illness. Documentation of the situation will be required (i.e. obituary of family member or confirmation of medical problem from physician). In other situations student will provide written documentation to the course instructor explaining reasons for altering the original assigned placement. The course instructor will review the documentation and determine if a change is acceptable. If so, the following procedure will be implemented:

1. Meeting with course instructor and student to discuss residency placement
2. Course instructor assigns student to a new site.
3. All involved persons and program director are notified of change.

Site Initiated Cancellation

A doctoral residency site may need to cancel a confirmed placement. This happens when the staffing situation is not adequate to provide the required learning environment. Also, occasionally a facility closes or merges with another organization and the confirmation of placement cannot be honored. If a cancellation should occur, the procedure is as follows:

1. Student is notified the rotation has been cancelled by the site.
2. Meeting with course instructor to discuss new site options.
3. Course instructor assigns student to a new site.

A cancellation of the residency (either student or site initiated) may delay a student's experience. Neither NSU nor the site is liable. It is possible that this change of site will result in a later graduation date, as the site may need to be rescheduled for a later time frame that originally scheduled.

What to Do When You Are Done with a Rotation

To complete a course involving the residency, the following documents must be submitted as scheduled in the course calendar:

- Mentor Agreement Form
- All didactic assignments
- Doctoral Residency 16-Week Plan
- OTD Residency Log
- Doctoral Residency Assessment (Student and mentor)
- Midterm Evaluation

NOTE: Grades cannot be submitted before these forms are complete and turned in following directions and proper formatting.

Assignment to Doctoral Residency Site Doctoral Experience Selection Process

How A Mentor and Facility Is Selected

Facilities selected to provide doctoral residency experiences to NSU occupational therapy students are an integral component of the OTD curriculum. Each site meets an educational objective reflective of the sequence, depth, focus and scope of content in the curriculum design. The curriculum is organized using **the Person-Environment-Occupation Performance (PEOP) model** developed by Christiansen and Baum (2005). The PEOP model recognizes the dynamic, complex relationship between people, environments and occupational performance. Although other models and frames of reference are taught and utilized throughout the curriculum, the faculty believes the PEOP model provides a solid guide to evaluate people/persons, environments and occupations. The PEOP model emphasizes occupations (valued roles, tasks and activities) and requires a holistic top-down approach

to client care. Use of the ideas and descriptions from this model provide a guide for occupational therapists to work both within the medical model in addition to well-populations. Doctoral mentors must recognize that positive changes in the relationship between a person, his/her environment and occupation (valued roles, tasks and activities) can improve health. They must also provide the student(s) the opportunity to engage with the population served at the facility if applicable.

Once the determination has been made that a facility recognizes the value of occupation, and meets the curriculum need, the course instructor and student initiate placement for specific doctoral residency dates.

Christiansen, C. & Baum, C. (2005). *Occupational therapy: Performance, participation and well-being*. Thorofare, NJ: SLACK Incorporated.

Doctoral Residency

According to ACOTE, the goal of the doctoral experiential component (doctoral residency) is to develop an occupational therapist with skills that are more advanced or those beyond the level of a generalist. The doctoral-level experiential component of the curriculum exists from entry to completion of the program. The doctoral residency includes 16 weeks of in-depth experience in one or more of the following focus areas or pillars: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory development.

For all didactic, clinical and legal purposes, residency affiliation sites meet the same criteria, and follow the same policies and procedures as fieldwork sites, except that in the selection both as a residency site for the database and the doctoral resident, they need to offer in depth experience in one or more of the abovementioned focus areas or pillars. Similar to fieldwork sites, residency sites will receive the orientation to the curriculum, philosophical, mission and core beliefs of the OTD program.

Doctoral Residency Process

Students must submit a completed Doctoral Residency Discussion Form (DRDF) and meet with the doctoral residency coordinator (DRC) about possibilities, first during OTD 8392 as a draft, and as needed revised later if needed. The DRDF should have a purpose statement, identify three objectives and three potential sites and mentors.

Next, students arrange an appointment time to meet with the DRC to review the student's written purpose and desired objectives for residency, revising the DRDF as needed.

The student will then check EXXAT for contracts and if not to request for a contract to be initiated, providing contact information for the needed sites.

Disciplinary and Appeals Policies

Students who do not adhere to stated policies and procedures are subjected to disciplinary action. Infractions may involve deficiencies in academic or clinical performances and professional behavior.

All infractions are reviewed by the DRC, the Committee on Student Progress, and the Program Director. Where warranted, written disciplinary warnings will be entered into the student's file. More than two warnings for the same infraction will result in immediate dismissal from the program. If the infraction is serious and violates ethical codes of the occupational therapy profession, the student will be dismissed from the program. Only one such serious infraction as described above is required for dismissal.

All academic or clinical failures, disciplinary warnings, and dismissals may be appealed. The student shall be entitled to present a formal written appeal to the Program Director. Students may appeal further through the normal appeal channels. If a student is dismissed from the program, he or she may apply for readmission to the Program Director. The student will be considered, provided adequate evidence that the conditions and/or factors that caused the prior poor performance have changed significantly, and there is reasonable expectation of satisfactory performance if permitted to resume studies.

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Student Documentation Requirements

Student Document Requirements

Students must comply with applicable facility policies and procedures.

Students must comply with facility health requirements prior to beginning their clinical rotations. Health requirements vary between facilities, and change frequently. Each student must call the assigned facility to ensure that they provide all necessary information in a timely manner.

The student's responsibility is to provide the following information to the DRC prior to beginning THE doctoral residency, and whenever requested. Failure to submit these documents will result in immediate cancellation of the doctoral residency, failure in the related course, and referral to the committee on student progress.

Health Information

Students are required to present evidence of recent (within last year) physical examination. The examination may be arranged with the Family Health Center on campus. Sample medical forms are available in the OTD Student Center.

Students are responsible for any costs involved in the physical and for obtaining copies of all records. The university is not responsible for providing this information to the facility.

Some facilities may require students to complete an additional physical examination and have certain immunizations following the facility's policies and procedures. Students are strongly encouraged to determine this by reviewing the facility's file in the occupational therapy office and by contacting the FWE before the rotation begins to make arrangements to have any necessary examinations completed **before** beginning the rotation.

The purpose of the physical examination is protection of the public. Since student patient contact is no different than that of the employees, the facility's requirements must be met. In addition, for planning educational experiences, it is necessary that students reveal any medical or movement problems that need to be accommodated or monitored. Disciplinary action will be taken against students who fail to divulge information that places others or self at risk. **This physical exam and risk information is confidential.** The student's written consent must be obtained before the information can be released to any other parties. Minimally, the physical exam should include the following information:

1. History of serious prior illness, hospitalizations, surgery
2. History of work injuries
3. PPD skin test and chest X-ray if positive
4. Identification of limitations that would jeopardize accomplishing the clinical education goals, including lifting limitation, previous neck or back injuries, etc.
5. Current medications
6. Record of Hepatitis B immunization or letter declining vaccination.
7. Flu shot (during flu season).

The facility has the right to dismiss or refuse to accept a student for clinical practice should they determine that information was withheld resulting in or may result in risk to self or patients. Copies of all records are to be maintained by the student and distributed by the student upon request by the academic institution or facility. NSU is not able to distribute student records.

Medical Insurance

All students are required to have a current health insurance policy, which must be shown to the Fieldwork Educator, if requested, on the first day of the clinical rotation.

If emergency care is required, each student is personally responsible for all expenses that result from such care during clinical practice so a major medical health insurance policy is highly recommended.

Should a minor emergency occur, first aid should be administered as it would for an employee. Should there be a more serious accident; proper emergency action should be taken. The student is responsible for alerting the FWE of any potential medical problems and action that may be necessary because of an existing condition.

Liability Insurance

Each site will receive a copy of the University's liability insurance policy coverage letter with the contract. If the FWE has not received this copy, please contact the program administrator secretary at 954-262-1635. Note: The agency providing NSU's liability insurance does not provide the university with a copy of the updated liability forms until July 1 of the year (one day after the old coverage expires). This is expected and occurs annually. Students on fieldwork rotations will be able to access the form through WebCT to provide a copy on the first date available. Copies will be mailed to affiliated sites with student information and requests for updated fieldwork data forms.

CPR and Universal Precautions (HIV/AIDS) Training and OSHA

As part of their coursework, students receive training in CPR, Universal Precautions, and OSHA as required for health care workers in the State of Florida. Upon completion of each requirement, students are provided with a certificate good for two years.

Fingerprinting and Background Check

Immunization Policy

All NSU OTD students will comply with policies related to and immunizations in order to ensure that they meet standards for client care and OT practice. If fieldwork sites require immunizations the student is responsible for providing this information to the facility.

The Student Affairs office is responsible for ensuring immunizations are complete prior to participation on a fieldwork experience with support of the course instructor.

Procedures

- All documentation regarding immunizations and background checks are to be kept up-to-date by the student.
- A student may be required to receive additional immunizations during the time here as an OTD student. The reason is that specific agencies have specific requirements.

For example:

- Immunization #1: At entry into the OTD program, proof of immunization is required.
- Immunization #2: As Year Two Students, each Level I Fieldwork experience will have specific requirements for that facility. For example: One site may request a PPD within 3 months, while another facility requests a PPD within one year.
- Immunization #3: As year three students, each level II facility will have specific requirements for that facility. For example: One site may require tetanus, while another facility may not.

Background Check Policy

Policy

All NSU OTD students will comply with policies related to background check in order to ensure that they meet standards for client care and OT practice. If fieldwork sites require additional background checks, it is the student's responsibility to obtain and submit the necessary background check information.

The Student Affairs office is responsible for ensuring these processes are adhered to, in conjunction with the OT Department.

Procedures

- Specific Student Affairs and Fieldwork procedures are outlined in their respective policies
- A student may be required to get multiple (up to 8) background checks during the time here as an OTD student. The reason is that specific agencies within the state of Florida do not currently have a system to share background check information.

For example:

- Background Check #1: Before entry into the OTD program, a background check is completed to ensure the student is eligible for licensure.
- Background Check #2: OT Interventions 2 (pediatrics) requires a DCF background check in order to participate in mandatory classroom assignments.
- Background checks #3-8: Each of the four Level I Fieldwork experiences and each of the 2 Level II Fieldwork experiences may require specific back ground checks.

Note: The stringency of the background check policy required at each facility ensures safety of the clients and populations served.

Contract review

All students must read the contracts for related Level II Fieldwork experiences and **sign the verification form**. The form is located in the appendix section, and in the Student Center on Blackboard.

Personal Data Sheets and Photo

Students must complete and submit personal data sheets. Personal data sheets are sent to Level II Fieldwork Educators as a first introduction of the student. The forms must be complete and professional or they will be returned to the student. Incomplete forms may result in delay of rotation start date.

The personal data sheet is the first impression the Fieldwork Educator has regarding student professionalism and should be completed accurately.

Confidentiality of Student Information

Student's records, including health information and evaluations are confidential as guaranteed by the Family Educational Rights and Privacy Act (FERPA). Information about the student's performance while in the clinic or the student's health records cannot be shared with 3rd parties outside the academic program without the student's written consent. Information regarding the rights of students can be found in the College of Health Care Science's Student Handbook. Facilities can obtain a copy by downloading a digital copy from the NSU OTD website. Each clinical site is encouraged to have a similar policy regarding the confidentiality of all student records.

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Information for the Mentor

Information for the Mentor

Privileges for Mentor

Online Electronic Library

The Health Professions Division of Nova Southeastern University library sponsors a program to allow access to the **extensive online electronic library** to individuals who serve as the Clinical Coordinators or the Fieldwork Educators for a student. Individuals must have their own service provider in order to access the electronic library. An application must be completed and returned to the NSU OTD program in order to obtain access. Privileges are good for one year from the effective date (when you get an email from the library stating you have access).

Those interested in access to the electronic library should contact the Fieldwork Support Coordinator at 813-574-5347 for an application.

Continuing Education Courses

The Occupational Therapy Program also offers a variety of **continuing education courses** throughout the year and discounts are given to Fieldwork Educators. These discounts are only for a course offered by the Occupational Therapy program. The program cannot discount courses offered by other divisions within the university. Information on upcoming course is sent to facilities on a periodic basis. If facilities have specific topics of interest please forward this information to the NSU OTD program through the **Clinical Education Team**, OTDTampa@nova.edu, or **Dr. Thomas J. Decker**, **Doctoral Residency Coordinator**, (813) 574-5347, tdecker@nova.edu

Professional Development Units

At the end of the residency, each mentor will receive a certificate of appreciation from the University. NBCOT recognizes the mentoring process provided to students as the fulfillment of OT professional development, and the aforementioned certificate complies with the NBCOT format. The certificate of appreciation serves as a record for the Mentor which provides **12 Professional Development Units for the doctoral residency** (PDUs can be split between multiple mentors).

ACOTE Guidelines for Student Supervision

Nova Southeastern University Guidelines

The Department of Occupational Therapy at Nova Southeastern University complies with ACOTE standards for Level I and Level II fieldwork experiences, as well as for the doctoral experiential component or the OTD curriculum.

Role of the Mentor

The mentor is an invaluable contributor to the NSU OTD education process. Supervision by the primary mentor includes, but is not limited to:

- Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of site-specific objectives. Initially, supervision should be direct and then decrease to less direct supervision as is appropriate for the setting, the complexity of the site, and the ability of the student.
- Instruction and feedback in the doctoral focus area and/or the use of client evaluation, service intervention, treatment planning, discharge planning and documentation for their site where applicable.
- Exploration of and guidance in professional judgment and ethical issues
- Feedback and evaluation of student performance. The primary supervisor is responsible for spending sufficient time with the student to determine his/her competency and to score the fieldwork evaluation forms. In the case of Level II Fieldwork, the primary supervisor recommends, through the evaluation, whether the student passes or fails.

Multiple Mentors

Although many models of student supervision can be successful, the OTD program recommends that a student have no more than two supervisors for a residency experience. The number of supervisors can be determined by striking a balance that considers the mentors' schedules and the demands of student supervision and assuring a quality learning experience. If there is more than one supervisor, good communication between the supervisors is strongly recommended. All supervisors contribute to feedback and evaluation. Each supervisor can do their own student evaluation form and submit it to NSU; or the supervisors can collaborate on one evaluation form.

Non-Occupational Therapy Professionals as Mentors

During a doctoral residency many professionals on staff can act as supervisors. OTAs, psychologists, physician assistants, teachers, social workers, nurses, physical therapists, social workers, recreation therapist, art therapist, etc., should be familiar with their site and the profession of OT. It can be very beneficial for a student to spend time with other professionals to gain a better understanding of their role and how the OTR interacts, interfaces and collaborates with them. If an OTA supervises a student for instruction on documentation, appropriate evaluations (i.e. ADL), and treatment techniques, the OTR primary supervisor should follow-up with interpretation of evaluations, treatment planning, rationale and problem solving.

Supervising of a Group of Students

It is quite common to have multiple students at one clinical or residency site. When one supervisor is teaching a group of students, there is an even greater need for advance planning and organization to make it an optimum learning experience that includes individualized learning objectives and learning strategies. It is most effective and efficient to form teams of students, who can provide co-treatment, initial reflection, feedback and support to sister students. Supervising multiple students provides an opportunity for peer evaluation in a non-competitive, collaborative environment. This is made possible by structuring student meetings to allow for discussion of documentation, treatment plans,

and verbal processing of practice dilemmas. Students can individually revise written materials to respond to the feedback. Both drafts should be turned into the supervisor for review. Summaries of these meetings are shared with the mentor so that further discussion and processing can occur with the student group. It is helpful for student teams to present well-developed client case presentations, in-services, and videos of intervention at these student meetings. One-to-one supervisory feedback will be necessary on a less frequent basis.

Provision of a Student Orientation at the facility

A formal, structured orientation to the facility and department as early as possible in the clinical rotation relieves many student concerns and often forestalls potential problems that are a result of “no one told me” or “I don’t know.”

Time needed for orientation is primarily dependent on the size of the facility and the student’s prior experience in that type of setting. A typical orientation, in any order, may include the following topics:

1. Introduction to key personnel, chain of command
2. Tour of the facility
3. Location of equipment and supplies
4. Desk space, office supplies, library and other resources
5. Introduction to documentation, the medical record, filing procedure
6. Introduction to patient scheduling
7. Introduction to billing
8. Observation of OT patient care
9. Emergency procedures, evacuation routes, safety rules
10. Calendar of events for department
11. Student objectives for passing at the facility and a timetable to meet these objectives
12. Review of confidentiality and patient/employee/student rights policies
13. Review of student credentials
14. Hours of operation
15. Discussion of the student’s strengths, weaknesses and goals
16. Discuss HIPAA guidelines as they apply to the facility

It is strongly recommended for each facility to have a departmental Clinical Education Manual or have students review appropriate sections of the Department’s Policy and Procedure Manual. Having students preview this document as they begin the clinical rotation can help the orientation process. The student develops a feel for the organization and feels better prepared. Many times, orientation information can be extracted from the departmental policies and procedures. The following are suggestions of items that can be included in a clinical education manual:

1. Statement of patients’ rights
2. Release of information/confidentiality
3. Photographic permission
4. Clinical research policy
5. Procedures for reporting illegal, unethical, and incompetent practice.

6. Affirmative action, equal opportunity statement
7. Departmental philosophy and objectives
8. Organizational chart
9. Criteria for selection of Fieldwork Educators
10. Staff development program
11. Peer/utilization/quality review program
12. Consumer satisfaction program
13. Support services available to students-parking, meals, library, lockers, info on the area, etc.
14. Geographic safety rules
15. Safety rules and occurrence reporting
16. Samples of documentation forms
17. Job descriptions
18. Objectives of clinical education program

Provision of Expectations by the Facility

Recommendations are made to create and maintain a fieldwork student manual for both level one and level II students.

Recommended Content for a Student Fieldwork Manual

1. Orientation Outline
2. Assignments: The facility does not need to give the students didactic type assignments. The purpose of the fieldwork experience within a curriculum is to allow the student to develop skills with supervision. Fieldwork is integral to all occupational therapy program education as a type of apprenticeship versus another location to do "book work."
3. Safety Procedures/Codes
4. Behavioral Objectives: Identify specific behavioral objectives which match directly to the academic institution or AOTA's performance evaluations. A good resource for site specific objectives can be found at AOTA or <http://floteceducation.org>.
5. Week-by-Week Schedule of Responsibilities
6. Patient Confidentiality Information (Patient Rights)
7. Guidelines for Documentation:
 - a. Completed samples of all forms
 - b. Acceptable medical abbreviations
 - c. Discharge plan
 - d. Billing
 - e. Dictation Directions, if applicable
8. The Occupational Therapy Practice Framework: Domain and Process (copy provided in the Appendix section)

Additional information that can gradually be added to the student manual

1. Organizational Chart of the Fieldwork Setting
2. History of the Fieldwork Setting

3. Department Information
 - a. Policy and procedures
 - b. Mission statement
 - c. Organizational chart
 - d. Essential job functions
 - e. Dress code
 - f. Essential Job Functions
 - g. General goals and objectives
 - h. Specific goals and objectives
 - i. Assignments
 - j. Forms and evaluation to be used by the student
 - k. Supervisory meeting schedule
 - l. Affiliation calendar: dates of beginning and end of affiliation, field trips, in-services, observations, assignment due dates, etc.
 - m. Absentee Policy
 - n. Documentation form for student supervisory meetings
 - o. Guidelines for students supervising assistants, aides, or volunteers
4. Regularly Scheduled Meetings:
 - a. Dates\times
 - b. Purpose of meeting
5. Special Client Related Groups\Programs
 - a. Purpose
 - b. Referral system
 - c. Operation
 - d. Transport
6. Client Confidentiality Information (*Patient Rights*)
7. Guidelines for Documentation
8. Responsibilities of:
 - a. Fieldwork Educator
 - b. Student
 - c. Fieldwork coordinator (if position exists)
9. Performance Evaluation

Procedure and guidelines used in the evaluation of

 - a. Student
 - b. Fieldwork Educator
 - c. Fieldwork Experience
10. The Occupational Therapy Department
 - a. General Information
 - 1) Philosophy and mission of facility and OT Department
 - 2) Staff Roster
 - 3) Description of OT facilities and programs
 - 4) Departmental emergency procedures
 - 5) Location of forms and equipment

- 6) Procedure for using agency telephone system and taking messages
 - 7) Emergency procedures
 - 8) Location of departmental policy manual
11. Resources
 - a. Libraries
 - b. Audiovisuals
 - c. Personnel
 12. Community Agencies
 - a. Patient/Client Care
 - b. Evaluation and treatment procedures and forms used in the department
 - c. Theoretical base for treatment documentation guidelines
 - d. Billing procedures
 - e. Q, CARF, JACHO procedures
 - f. Description of clientele served
 13. Recommended Readings
 - a. The Clinical Program
 - b. Student Evaluation
 - b. Pretest/Posttest of student knowledge
 - c. Learning style inventory
 - d. Learning contract
 - e. AOTA Fieldwork Evaluation Form
 - f. Procedures and guidelines used in the evaluation of student, fieldwork supervisor and fieldwork experience.

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Communication and Student Evaluation

COMMUNICATION

Communication between the Student and Academic Faculty

During the doctoral residency the DRC will contact the mentor as needed. The mentor should feel free to contact the DRC at any time.

In addition, students are required to communicate with the DRC via Canvas course messaging, which provides feedback and support from the faculty. At the end of the doctoral residency the completed and signed evaluation forms should be sealed and returned in the envelope provided, or e-mailed. A copy can be provided to the student if requested, however, the final evaluation form should NOT be handed to the student to return to the University. This will avoid any discrepancies with altered grades.

Documentation of Communication

When issues arise, academic faculty must document necessary communication with students, mentors and course instructor. This information is kept confidential, and is kept in the student's departmental file. This document should include names of persons involved in the conversation, who initiated the call, content of the conversation, action plan and follow up.

Communication with the Clinical Sites

All communication with the clinical site is to be between the student, mentor, and course instructor of the academic program. Other individuals (such as family members, friends, etc.) may not contact the clinical sites at any time.

Contact Information for Doctoral Residency

Thomas J. Decker, OTD, OTR/L
tdecker@nova.edu
813-574-5347
Fax: 813-574-5330

Nova Southeastern University
Health Professions Division
College of Health Care Sciences
Department of Occupational Therapy
3632 Queen Palm Drive
Tampa, FL 33619

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Glossary of Clinical Education Terms

AOTA has specified terms related to clinical education as follows:

ACOTE: Accreditation Council for Occupational Therapy Education (ACOTE).

AOTA is proud of its 85-year history of accrediting occupational therapy educational programs. AOTA's current accrediting body, the Accreditation Council for Occupational Therapy Education (ACOTE®), accredits over 500 occupational therapy and occupational therapy assistant educational programs, including applicant and candidate programs, and excluding over 70 converted or in process OTD programs. For details on specific accreditation standards go to: <https://www.aota.org/Education-Careers/Accreditation/StandardsReview.aspx>

OTPF: *Occupational Therapy Practice Framework: Domain and Process, 2nd Edition (Framework–II)*

OTPF II "is an official document of the American Occupational Therapy Association (AOTA). Intended for internal and external audiences, it presents a summary of interrelated constructs that define and guide occupational therapy¹ practice. The *Framework* was developed to articulate occupational therapy's contribution to promoting the health and participation of people, organizations, and populations through engagement in occupation. It is not a taxonomy, theory, or model of occupational therapy and therefore must be used in conjunction with the knowledge and evidence relevant to occupation and occupational therapy. The revisions included in this second edition are intended to refine the document and include language and concepts relevant to current and emerging occupational therapy practice."

Note: This document is 60 pages long. All Fieldwork Educators can access this document through the library access provided as a privilege for supervising students.

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APPENDICES

APPENDIX A:

Doctoral Residency Educational Objectives

(Based on the 2011 ACOTE Standards for Doctoral Degree Level Education Program for the Occupational Therapist)

To qualify for OTD 8494: Doctoral Residency, the student must successfully complete all courses, level II fieldwork experiences, and competency requirements. OTD 8494 is the course that satisfies the ACOTE standard on the doctoral experiential component, referred to as the doctoral residency in the NSU OTD curriculum. The doctoral residency site and the educational program must comply with the ACOTE standards listed below:

C.2.1. Ensure that the doctoral experiential component is designed and administered by faculty and provided in setting(s) consistent with the program's curriculum design, including individualized specific objectives and plans for supervision.

C.2.2. Ensure that there is a memorandum of understanding that, at a minimum, includes individualized specific objectives, plans for supervision or mentoring, and responsibilities of all parties.

C.2.3. Required that the length of this doctoral experiential component be a minimum of 16 weeks (640 hours). This may be completed on a part-time basis and must be consistent with the individualized specific objectives and culminating project. No more than 20% of the 640 hours can be completed outside of the mentored practice setting(s). Prior fieldwork or experience may not be substituted for this experiential component.

C.2.4. Ensure that the student is mentored by an individual with expertise consistent with the student's area of focus. The mentor does not have to be an occupational therapist.

C.2.5. Document a formal evaluation mechanism for objective assessment of the student's performance during and at the completion of the doctoral experiential component.

The doctoral residency shall be an integral part of the program's curriculum design and shall include an in-depth experience in one or more of the following pillars or focus:

- Clinical Practice Skills
- Research Skills
- Administration
- Leadership
- Program and Policy Development
- Advocacy
- Education
- Theory Development

Appendix B1: Doctoral Residency Discussion Form *(Version 2018)*

According to ACOTE, the goal of the Doctoral Experiential Component (Doctoral Residency) is to develop occupational therapist with skills that are more advanced. Skills that are beyond the level of a generalist

A. Select Top Two Priorities for focus area (√)

√	<i>Focus Area</i>	<i>Brief description and Examples</i>
	1. Clinical practice skills	Working in specialized sites where occupational therapy interventions are utilized with different populations. Examples include hand therapy, geriatrics, pediatrics, mental health, community-based programs, work rehabilitation and school based occupational therapy among others.
	2. Research skills	Collaborating and learning from recognized individuals who are actively engaged in projects that include research design and planning, data collection, analyzing and affecting evidence-based practice.
	3. Administration	Actively working and collaborating in the management of occupational therapy departments and specialized sites. Examples include working with distinguished OTs who are managing private practices, and OT departments in various settings.
	4. Leadership	Working and collaborating with recognized individuals who are involved in exercising influence and representing different areas of the profession nationally and internationally.
	5. Program and policy development	Working and collaborating with recognized individuals who are developing and implementing innovative programs and/or developing health and social policy.
	6. Advocacy	Working and collaborating with recognized individuals that are engaged at the federal and state legislative levels regarding issues that affect our practice - what you are paid, whether you practice at all.
	7. Education	Collaborating and working with individuals who are actively pursuing an academic career. Examples include understanding university policies, attending meetings, performing literature reviews, curriculum design, and assisting in teaching and mentoring students.
	8. Theory development	Collaborating with individuals who are developing and testing models that relate to the practice of occupational therapy. Examples include working with recognized researchers and centers of excellence where specialized models of intervention are being tested and utilized.

B. Purpose Statement:

C. Write three measureable objectives for your learning experience during your doctoral residency:

1.	
2.	
3.	

Student's Signature

Date

Appendix B2: Doctoral Residency Outline & Discussion Form *(Version 2019)*

According to ACOTE, the goal of the Doctoral Experiential Component is to develop occupational therapists with skills that are more advanced. Skills that are beyond the level of a generalist

A. Select Top Two Priorities for focus area (X)		
X	Focus Area	Brief description and Examples
	1. Clinical practice skills	Working in specialized sites where occupational therapy interventions are utilized with different populations. Examples include hand therapy, geriatrics, pediatrics, mental health, community-based programs, work rehabilitation and school based occupational therapy among others.
	2. Research skills	Collaborating and learning from recognized individuals who are actively engaged in projects that include research design and planning, data collection, analyzing and affecting evidence-based practice.
	3. Administration	Actively working and collaborating in the management of occupational therapy departments and specialized sites. Examples include working with distinguished OTs who are managing private practices, and OT departments in various settings.
	4. Leadership	Working and collaborating with recognized individuals who are involved in exercising influence and representing different areas of the profession nationally and internationally.
	5. Program and policy development	Working and collaborating with recognized individuals who are developing and implementing innovative programs and/or developing health and social policy.
	6. Advocacy	Working and collaborating with recognized individuals that are engaged at the federal and state legislative levels regarding issues that affect our practice - what you are paid, whether you practice at all.
	7. Education	Collaborating and working with individuals who are actively pursuing an academic career. Examples include understanding university policies, attending meetings, performing literature reviews, curriculum design, and assisting in teaching and mentoring students.
	8. Theory development	Collaborating with individuals who are developing and testing models that relate to the practice of occupational therapy. Examples include working with recognized researchers and centers of excellence where specialized models of intervention are being tested and utilized.

D. Area (s) of clinical/professional interest and general plan for your focus areas:

E. List 5-7 general professional career goals you would like to achieve during your Doctoral Residency:
1.
2.
3.
4.
5.
6.
7.

F. How will it contribute to knowledge in the profession/what gap are you hoping to fill? (Include a brief 2-3 paragraph essay with references)

G. Purpose Statement

H. Write three measurable objectives for your learning experience during your doctoral residency:	
1.	
2.	

3.	
----	--

I. After completing this form, please arrange to meet with the Doctoral Residency Coordinator (DRC). You can do this by emailing the DEC or calling the front desk for available time slots. These appointments will assist you in clarifying your goals, as well as emphasizing each of the focus areas and how they relate to your long-term professional goals.

J. Please be aware that if the OTD department does not receive this form by **the middle of February of the year you will be doing your Doctoral Experience**, you may be **at risk** for not completing your doctoral residency in time, which may impact your graduation date. Sign below that you have read and understand these instructions prior to submission

Student's Signature

Date

APPENDIX D: Doctoral Residency Mentor Agreement Form

Student's Name:	Site Name:
Student's E-mail Address:	Site Address
Phone & FAX	Site Phone & FAX
Focus of the Rotation	
Mentor's Name & Credentials	
Mentor's E-mail Address	
Mentor's Phone & FAX	

Purpose Statement:	
Measureable objectives for the student's learning experience during his/her doctoral residency:	
1.	
2.	
3.	

I, _____, agree to provide _____ (clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, and theory development) activities and guidance to support NSU, OTD student _____, in achieving his/her residency learning objectives.

Mentor's Signature

Date

APPENDIX D: Doctoral Residency Site Confirmation Form

Student's Name:	Site Name:
Student's E-mail Address:	Site Address
Phone & FAX	Site Phone & FAX
Focus of the Rotation	
Mentor's Name & Credentials	
Mentor's E-mail Address	
Mentor's Phone & FAX	

I confirm the placement of the student named above for a professional rotation during the dates noted.

Site Mentor Signature: _____ Date Signed: _____
 Printed Name: _____

Return signed form to: Thomas J. Decker, OTD, OTR/L
 Assistant Professor & Doctoral Residency Coordinator
 3632 Queen Palm Drive
 Tampa, FL 33619

E-mail: tdecker@nova.edu
 Landline: 813.574.5437 * Cell: 813 363 3878
 FAX: 813.574.5330

APPENDIX E: Sample Contract

Documentation must be provided that a contract or memorandum of understanding or contract between NSU and all active fieldwork sites is reviewed at least every 5 years by both parties. Programs must provide documentation that both parties have reviewed the contract. At NSU, the contracts are reviewed by the legal department. A sample contract and a sample addendum letter is provided so the Fieldwork Educator and student can review the document. Additionally, each NSU OTD student is required to schedule an appointment with the course instructor at 813-574-5346 to read the actual contract with assigned facilities.

NSU OT department maintains a database with over 2000 potential fieldwork sites in the United States. It is the sole responsibility of the student to contact assigned fieldwork sites to determine requirements for the site. Sample requirements include background check, employment forms, drug screens, and other information such as where to park, hours, or dress code.

The Standard Contract

Guidelines for Supervised Fieldwork Experiences

Agreement Between Nova Southeastern University, Inc. On Behalf Of Its Occupational and Physical Therapy Programs and Facility

THIS AGREEMENT entered into on the ___ day of _____, by and between NOVA SOUTHEASTERN UNIVERSITY, INC. on behalf of its OCCUPATIONAL AND PHYSICAL THERAPY PROGRAMS (hereinafter referred to as the "UNIVERSITY"), whose address is 3200 South University Drive, Fort Lauderdale, Florida 33328, and FACILITY NAME (hereinafter referred to as the "FACILITY"), whose address _____.

WHEREAS, the UNIVERSITY in its educational programs for the development of occupational and physical therapists has responsibility for the training of students who require clinical education in various medical and health-related disciplines to complete their professional development; and

WHEREAS, the Occupational and Physical Therapy Programs will be enhanced because of opportunities for faculty and students to participate in patient care and administrative responsibilities through the cooperative efforts of the FACILITY and the UNIVERSITY; and

WHEREAS, the FACILITY is willing to provide such opportunities for participation in patient care and administrative responsibilities to the UNIVERSITY's Occupational and Physical Therapy students (the "STUDENT(S)") and is further willing to assign staff to serve as clinical instructors pursuant to this Agreement; and

WHEREAS, the purpose of this Agreement is to establish a mutually beneficial affiliation between the UNIVERSITY and the FACILITY by providing UNIVERSITY's students an educational experience at the FACILITY to enhance the development of such students in the attainment of their professional goals; and

NOW, THEREFORE, for and in consideration of the premises and the mutual covenants and agreements herein contained, the parties agree as follows:

I. RESPONSIBILITIES OF THE UNIVERSITY

- A. The UNIVERSITY shall assign certain STUDENT(s) to the FACILITY for purposes of clinical rotation as part of the UNIVERSITY's Occupational and Physical Therapy Programs' clinical education courses. All assigned STUDENTS shall have completed the prerequisite didactic portion of the UNIVERSITY's Occupational Therapy or Physical Therapy Program.

- B. The UNIVERSITY shall provide to the FACILITY the current curriculum, syllabus with course objectives of the UNIVERSITY's Occupational Therapy or Physical Therapy Program, forms regarding the evaluation of the clinical rotation and instructions for completion of these forms. UNIVERSITY shall retain responsibility for student education.
- C. The UNIVERSITY shall inform students that they must comply with the applicable FACILITY policies and procedures.
- D. The UNIVERSITY shall inform STUDENTS that they must comply with the FACILITY's health requirements prior to beginning their clinical rotations at the FACILITY.
- E. The UNIVERSITY agrees to maintain, for itself and the STUDENTS, professional liability insurance with limits of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) annual aggregate. A certificate of insurance evidencing this coverage shall be provided to the FACILITY prior to the arrival of the first student at the FACILITY.
- F. UNIVERSITY agrees to comply with the applicable provisions of the Federal Privacy Rule promulgated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as contained in 45 CFR Parts 160 and 164 ("the HIPAA Privacy Rule"). UNIVERSITY agrees not to use or further disclose any protected health information ("PHI"), as defined in 45 CFR 164.504, other than as permitted by this Agreement and the requirements of the HIPAA Privacy Rule. UNIVERSITY will implement appropriate safeguards to prevent the use or disclosure of PHI other than as provided for by this Agreement. UNIVERSITY will promptly report to FACILITY any use or disclosure of PHI not provided for by this Agreement or in violation of the HIPAA Privacy Rule of which UNIVERSITY becomes aware. If UNIVERSITY contracts with any agents to whom UNIVERSITY provides PHI, UNIVERSITY will include provisions in such agreements whereby the UNIVERSITY and agent agree to the same restrictions and conditions that apply to UNIVERSITY with respect to uses and disclosures of PHI. UNIVERSITY will make its internal practices, books and records relating to the use and disclosure of PHI available to the Secretary of the Department of Health and Human Services to the extent required for compliance with the HIPAA Privacy Rule. UNIVERSITY may de-identify any and all PHI for educational purposes created or received by UNIVERSITY under this Agreement, provided, however, that the de-identification conforms to the requirements of the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E. To the extent that information has not been de-identified, UNIVERSITY will either return or destroy the information. To the extent that it is not feasible to return or destroy the information, UNIVERSITY will continue to safeguard the PHI beyond the termination of this contract to the extent required for compliance with the HIPAA Privacy Rule and not use or disclose the PHI for purposes other than those which make the return or destruction infeasible. UNIVERSITY also agrees to comply with the applicable provisions of the Federal Security Rule promulgated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as contained in 45 CFR Parts 160, 162 and 164 ("the HIPAA Security Rule"). UNIVERSITY agrees to implement administrative, physical and technical safeguards that

reasonably and appropriately protect the confidentiality, integrity, and availability of electronic protected health information that it creates, receives, maintains, or transmits on behalf of FACILITY in accordance with Subpart C of 45 CFR 164. UNIVERSITY agrees to ensure that any agent, including a subcontractor, to whom it provides electronic protected health information that was created, received, maintained, or transmitted on behalf of FACILITY agrees to implement reasonable and appropriate safeguards to protect the electronic protected health information. UNIVERSITY agrees to alert FACILITY of any Security Incident of which it becomes aware. Notwithstanding the foregoing, no attorney-client, accountant-client, risk management, attorney work-product or other legal privilege shall be deemed waived by FACILITY or UNIVERSITY by virtue of this Section.

- G. The UNIVERSITY agrees to provide STUDENTS with training in universal precautions (OSHA standards) for prevention of HIV and other infectious diseases.

II. RESPONSIBILITIES OF THE FACILITY

- A. Prior to the commencement of STUDENT clinical rotations, the FACILITY shall provide to the UNIVERSITY a current set of the FACILITY's policies and procedures which STUDENTS are expected to comply with.
- B. The FACILITY shall designate qualified professional(s) assigned by it as clinical instructors for STUDENTS. During the term of this Agreement, the FACILITY's clinical instructors, who shall be employees of the FACILITY, shall have the following responsibilities as they relate to the STUDENTS.
 - i. Meet with the STUDENTS on the first day of the clinical rotation to (i) review educational objectives for each STUDENT's rotation(s), (ii) assign clinical/work schedules, and (iii) review relevant FACILITY policies and procedures.
 - ii. Introduce STUDENTS to key clinical and auxiliary personnel at the FACILITY.
 - iii. Provide clinical instruction in accordance with the UNIVERSITY's course objectives, the availability of patients and other clinical resources at the FACILITY. Clinical assignments shall include self-study and library research of clinical topics. Such assignments shall be consistent with each STUDENT's role pursuant to this Agreement.
 - iv. Provide each STUDENT with hands-on clinical experience. Such experience shall include, but not be limited to, (i) eliciting patient histories, (ii) performing initial physical examinations, (iii) entering permissible chart entries (such entries denoted as "O.T. or P.T. Student" and countersigned by designated supervising clinical instructor), and (iv) establishing diagnosis, goal setting, patient care planning, treatment, intervention, and discharge planning.
 - v. Provide each STUDENT with frequent feedback on his/her clinical and professional performance, formally review each STUDENT's progress at mid-rotation, and meet with each STUDENT during his/her last week of rotation and complete and sign all evaluation forms provided by the UNIVERSITY. Completed forms shall be mailed directly to the

appropriate department of the UNIVERSITY. The FACILITY may keep a copy of the evaluation only with the STUDENT's prior written consent.

- C. Make available its classrooms, library, and cafeteria, to STUDENTS while they are assigned to FACILITY.
- D. The FACILITY shall permit the UNIVERSITY's Occupational and Physical Therapy Program faculty to visit the FACILITY during clinical education for purposes of ascertaining that the UNIVERSITY's educational objectives for each STUDENT's rotation are met.
- E. The FACILITY shall also permit representatives of the UNIVERSITY's accrediting body to visit the FACILITY.
- F. The FACILITY shall be responsible for arranging immediate emergency care of STUDENTS in the event of accidental injury or illness while STUDENTS are doing their rotations at FACILITY. The cost of such emergency care shall be borne by the STUDENTS. STUDENTS shall be required to maintain medical insurance at their own expense.
- G. During the term of this Agreement and for the applicable statute of limitations, the FACILITY agrees to maintain professional liability insurance (for itself, its employees, and agents), and general liability insurance. Such insurance coverage shall be no less than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) annual aggregate. A certificate of insurance evidencing this coverage shall be provided to the UNIVERSITY prior to the arrival of the first STUDENT at the FACILITY.
- H. All health related information, education records, or information connected therewith, background check information or drug screen information, received or obtained by the FACILITY concerning any UNIVERSITY student or faculty member shall be maintained by the FACILITY in strictest and in compliance with all applicable laws and regulations pertaining to privacy, confidential, and non-disclosure.

III. REMOVAL OF STUDENTS FROM FACILITY

Both parties agree that in the event a conduct or performance problem arises related to the clinical rotation of any STUDENT, the FACILITY and the UNIVERSITY shall promptly attempt to effectuate a resolution. In the event a resolution of the problem cannot be reached, the FACILITY reserves the right to reasonably request withdrawal of any STUDENT whose work or conduct is not in full accord with the FACILITY's standards of performance or policies or procedures. Notwithstanding the foregoing, the FACILITY may remove a STUDENT without prior consultation with UNIVERSITY if a STUDENT poses an immediate threat to the health or safety of FACILITY's patients or employees and in any such event the FACILITY shall promptly provide written notification to UNIVERSITY of its action it has taken and the reasons therefore.

IV. RELATIONSHIP

- A. Both parties expressly intend that with respect to this Agreement the parties shall be independent contractors, and shall have no relationship other than the one provided for herein, and shall receive no other benefits besides those specifically contained herein.
- B. It is understood that in no event shall STUDENTS be compensated or represent themselves as agents, officers, or employees of the FACILITY. STUDENTS shall wear pictured name tags identifying their status with the UNIVERSITY, and clearly display their name tag identifying them as an "OCCUPATIONAL THERAPY STUDENT or PHYSICAL THERAPY STUDENT". At the same time it is understood that in no event shall the employees or agents of the FACILITY be considered or represent themselves as agents, officers, or employees of the UNIVERSITY. The FACILITY maintains responsibility for patient care.

V. TERM

The term of this Agreement shall be for one (1) year, commencing on August 1, 2011 and expiring August 1, 2015 and shall automatically renew for yearly periods; provided, however, that either party may terminate this Agreement at any time by furnishing at least sixty (60) days prior written notice of termination to the other. Any notice of termination shall be given by certified or registered mail, postage prepaid and return receipt requested. Any such termination shall not prevent STUDENTS then participating in clinical rotations from completing their assignments at the FACILITY.

VI. NO DISCRIMINATION

Neither the UNIVERSITY nor the FACILITY shall discriminate on the basis of race, creed, religion, national origin, age, sex, or disability with respect to their activities under this Agreement.

VII. ENTIRE AGREEMENT AND MODIFICATION

The terms set forth in this Agreement constitute all the terms and conditions agreed upon by the parties hereto. This Agreement may only be altered, amended, or modified by a writing duly signed by the parties.

VIII. LAW GOVERNING

Florida law shall govern the construction, validity, enforcement, and interpretation of this Agreement.

SAMPLE
Clinical Affiliation
Extension Agreement



DOCTOR OF OCCUPATIONAL THERAPY (O.T.D.) PROGRAM

3632 Queen Palm Drive * Tampa, Florida 33619-1311

PHONE: (813) 574-5340 * 800-356-0026

WEB: nova.edu/ot

Dear Doctoral Residency Mentor:

Upon reviewing our records, the Agreement entered into between XYZ Facility, Inc. and Nova Southeastern University, Inc. dated March 1, 2005, to provide comprehensive learning experiences for students from the Occupational Therapy Department, is expired or older than 3 years. The Accreditation Council for Occupational Therapy Education (ACOTE) standard requires a current memorandum of understanding between institutions and fieldwork sites. To make sure our records stay up to date, we would like to extend the agreement with XYZ Facility, Inc. Please review the options on the clinical affiliation agreement/contract status form to extend the terms of the agreement.

We appreciate your willingness to provide doctoral residency experiences for our students. If you have any questions please do not hesitate to contact me at 813-574-5347 or tdecker@nova.edu.

Sincerely,

Thomas J. Decker, OTD, OTR/L
Assistant Professor & Doctoral Residency Coordinator

**Clinical Affiliation
Extension Agreement**

[] We have a current agreement with Nova Southeastern University, Inc. in place. Please indicate approval of the extension by signing the two copies of the attached letter and returning them in the enclosed envelope. One fully executed copy will be returned for your files.

[] Our agreement with Nova Southeastern University is more than three years old, please contact: _____ phone number: _____ or email: _____ to discuss contract renewal.

**Extension Agreement
between
Nova Southeastern University, Inc On Behalf Of Its
Occupational Therapy Program
And
XYZ Facility, Inc.**

Pursuant to the contract referenced above, XYZ Facility, Inc. hereby elects to extend the term of the Agreement, from January 1, 2009 to December 31, 2012.

It is understood that all terms and conditions forming a part of the original Agreement shall remain in full force and effect during the period of extension.

Please indicate your approval of the extension as indicated above by signing below and returning two copies of this letter to Nova Southeastern University. We will then return one fully executed copy for your files.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first set forth above.

XYZ Facility, Inc.

NOVA SOUTHEASTERN UNIVERSITY,

By: _____

By: _____

Title: _____

Stanley H. Wilson, P.T. , Ed.D.
Dean, Pallavi Patel College of Health
Care & Sciences

Date: _____

Date: _____

APPENDIX F: OTD Residency Log & Journal

Occupational Therapy Doctoral Resident: _____

Doctoral Residency Mentor: _____

Instructions:

1. Enter information in appropriate columns, including the date and signature of your Mentor.
2. Save a copy before submitting on due date.
3. Use the saved copy for entering the log and journal entries for future following weeks,

Dates	Weekly Activity Description	Related Learning Objective #	# Hours	Signature & Date <i>(verifying accuracy of entries)</i>
Sample Entries				
Week 1 (Aug. 24 – 28, 2015)	Based on the Needs Assessment completed by the Department of Health and Human College was created to meet the needs of the aging geriatric population that resides in the Polk, DeSoto, Hardee, and Highland counties. During the time the assessment was conducted, nearly 20 percent of the population was over the age of 65 with expectations to increase significantly by the year 2010.	Objectives: 1. Ascertain the profile of the population served by Polk State College	40	Saritza Guzman-Sardina, MEd, OTR/L 08.28.2015
Week 1 & 2 (August 20 – 24 &				

August 27 - 31				

APPENDIX G:
Midterm Mentor Evaluation of the Doctoral Resident
OTD 8494: Doctoral Residency

Basic Information

Resident's Name:	Residency Dates:
Mentor's Name & Credentials:	Setting:
Date of Midterm Review	Date of Final Review:

Doctoral Residency Focus

(Please check all that apply):

Administration		Education		Research	
Advanced Clinical Skills		Leadership		Theory Development	
Advocacy		Program/Policy Development		Other, (please describe)	

INSTRUCTIONS: The Mentor will complete this Evaluation form at midterm (~8 weeks), and another at the end of the residency (~16 weeks). The Mentor and the Doctoral Resident will review the evaluation collectively and sign that they agree on the evaluation. The Doctoral Resident is encouraged to complete a self-assessment to guide discussion and the learning process.

Note that there is space provided (potential objectives 12–14) for both the Doctoral Resident and the Mentor to add 3 Student-specific objectives, mutually decided upon by both parties based on what the Doctoral Resident wants/needs to know, and what skills the Doctoral Resident needs to develop. All objectives must be: (1) Relevant to the doctoral residency setting; (2) understandable to the Doctoral Resident, Mentor, and Doctoral Residency Coordinator; (3) measurable; (4) behavioral/observable; and (5) achievable within the specified time frame.

Please use this scale to rate ((highlight or bold font) the objectives: 5= Exceeding, 4= Met, 3= Making Progress, 2= Not Making Progress, 1= Needs Attention

Provide comments to indicate evidence, as indicated.

NSU OTD Objective #1: Student will demonstrate effective communication skills and work interprofessionally with those who receive and provide care.

Midterm	5	4	3	2	1
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Evidence of Accomplishment, to be completed by Doctoral Resident and Mentor:
Comments:

NSU OTD Objective #2: Student will demonstrate positive interpersonal skills and insight into one's professional behaviors to accurately appraise one's professional disposition, strengths, and areas for improvement.

Midterm	5	4	3	2	1
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Evidence of Accomplishment, to be completed by Doctoral Resident and Mentor:
Comments:

NSU OTD Objective # 3: Student will demonstrate the ability to practice educative roles for clients, peers, students, interprofessional personnel, and others.

Midterm	5	4	3	2	1
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Evidence of Accomplishment, to be completed by Doctoral Resident and Mentor:
Comments:

NSU OTD Objective # 4: Student will develop essential knowledge and skills to contribute to the advancement of occupational therapy through scholarly activities.

Midterm	5	4	3	2	1
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Evidence of Accomplishment, to be completed by Doctoral Resident and Mentor:
Comments:

NSU OTD Objective # 5: Student will apply a critical foundation of evidence-based professional knowledge, skills, and attitudes.

Midterm	5	4	3	2	1
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Evidence of Accomplishment, to be completed by Doctoral Resident and Mentor:
Comments:

NSU OTD Objective # 6: Student will apply principles and constructs of ethics to individual, institutional, and societal issues, and articulate justifiable resolutions to these issues and act in an ethical manner.

Midterm	5	4	3	2	1
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Evidence of Accomplishment, to be completed by Doctoral Resident and Mentor:
Comments:

NSU OTD Objective # 7: Student will perform tasks in a safe and ethical manner and adhere to the site's policies and procedures, including those related to human subject research, when relevant

Midterm	5	4	3	2	1
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Evidence of Accomplishment, to be completed by Doctoral Resident and Mentor:
Comments:

NSU OTD Objective # 8: Student will demonstrate competence in following program methods, quality improvement, and/or research procedures utilized at the site.

Midterm	5	4	3	2	1
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Evidence of Accomplishment, to be completed by Doctoral Resident and Mentor:
Comments:

NSU OTD Objective # 9: Student will learn, practice, and apply knowledge from the classroom and practice settings at a higher level than prior fieldwork experiences, with simultaneous guidance from Mentor and NSU OT Faculty.

Midterm	5	4	3	2	1
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Evidence of Accomplishment, to be completed by Doctoral Resident and Mentor:
Comments:

NSU OTD Objective # 10: Student will relate theory to practice and demonstrate synthesis of advanced knowledge in a specialized practice area through completion of a doctoral residency and scholarly project.

Midterm	5	4	3	2	1
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Evidence of Accomplishment, to be completed by Doctoral Resident and Mentor:
Comments:

NSU OTD Objective # 11: Acquire in-depth experience in one or more of the following areas: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, and theory development.

Midterm	5	4	3	2	1
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Evidence of Accomplishment, to be completed by Doctoral Resident and Mentor:
Comments:

OTD Doctoral Resident- Selected Objective #1:

Selected Objective #1:

Midterm	5	4	3	2	1
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Evidence of Accomplishment, to be completed by Doctoral Resident and Mentor:
Comments:

OTD Doctoral Resident –Selected Objective #2:

Selected Objective #2:

Midterm	5	4	3	2	1
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Evidence of Accomplishment, to be completed by Doctoral Resident and Mentor:
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Comments:

OTD Doctoral Resident-Selected Objective #3:

Selected Objective #3:

Midterm	5	4	3	2	1
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Evidence of Accomplishment, to be completed by Doctoral Resident and Mentor:
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Comments:

We are interested in obtaining an accurate profile of the OTD Doctoral Resident's capacity for the profession. We would appreciate your additional comments regarding the areas in which you rated the student on the previous pages.

Overall Strengths:

Areas for Growth:

Doctoral Resident: Print Name: _____

Student's Signature _____ Date _____

Mentor: Print Name & Credential: _____

Phone _____

Email Address _____

Mentor's Signature _____

Date _____

Mentor Final Assessment of Doctoral Resident

Facility: _____ Date: _____

Student: _____ Mentor: _____

Statements About Student's Level of Performance	Strongly agree	Agree	Disagree	Strongly Disagree	Not Applicable (NA)
1. Demonstrated the ability to articulate the relationship between his/her professional goals and the residency opportunity					
2. Clearly articulated expectations and own responsibilities during residency					
3. Applied principles and generalizations already learned to new problems and situations					
4. Demonstrated analytical skills					
5. Demonstrated problem-solving skills					
6. Demonstrated leadership skills in planning and organizing project(s)					
7. Articulated reasonable inferences from observations					
8. Synthesized and integrated information and ideas					
9. Demonstrated intellectual curiosity					
10. Applied concepts that demonstrated a client-centered & occupation-centered philosophy					
11. Applied occupational therapy theories, frames of reference and models					
12. Articulated awareness of ethical, political, social and cultural issues					
Statements about Student's Level of Performance	Strongly agree	Agree	Disagree	Strongly Disagree	Not Applicable NA
13. Demonstrated the ability to work productively and collaboratively with others					

14. Demonstrated the ability to follow instructions and plans					
15. Demonstrated initiative as appropriate for the environment					
16. Engaged in meaningful dialogue with the residency mentor (clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education and theory development).					

Additional Comments:

Overall Rating:

- Satisfactory Performance
- Unsatisfactory Performance

Signature of Mentor: _____

Date: _____

Doctoral Resident's Assessment of Mentor

Facility: _____ Date: _____

Student: _____ Mentor: _____

A. MENTOR-MENTEE RELATIONSHIP	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
1. My mentor was accessible and available					
2. My mentor communicated regularly with me					
3. My mentor demonstrated a reasonable interest/concern toward me					
4. My mentor's behavior and attitude is an example of professionalism					
5. Overall my mentor was an asset and benefit to me					
6. I anticipate an extended future relationship					
7. Your mentor was able to follow your initial plan and/or goals					
8. There was ample time established to ask questions and provide feedback					
9. Your mentor was well prepared for your arrival and departure					
B. PROFESSIONAL GROWTH AND DEVELOPMENT	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
10. I learned new things about myself and how they relate to future practice					

C. OVERALL SATISFACTION	Strongly satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Strongly dissatisfied
11. Rate your satisfaction level with your mentor-mentee match					
12. Rate your satisfaction level with initial doctoral residency goals and final product					

13. What were you able to contribute to your Doctoral Residency Experience? (i.e. research, practice, program development, increasing awareness regarding occupational therapy, etc.)

14. Describe how your doctoral mentor supported you during your Doctoral Residency.

14. Would you recommend this mentor and/or facility for a future placement for students? Are there any changes you would suggest for the future?

16. Is there any additional information you would like to share regarding this mentor and/or facility?

Signature of Student: _____

Date: _____

APPENDIX J:
Verification of Receiving/Reviewing Doctoral Residency Manual
with
Doctoral Residency Policies and Procedures

My signature below indicates I read, understood, have had the opportunity to ask questions regarding the information in the doctoral residency manual. My signature indicates I will adhere to the OTD program's doctoral residency policies and procedures.

Printed Name: _____ Date: _____

Signature: _____

APPENDIX K:
Health Insurance Policy Form

Student Forms Can Be Found in the Student Center in Canvas	
Health Information- Updated in Magnus Health Portal	Personal Data Sheet- submitted to Fieldwork support coordinator
Proof of immunizations including Hepatitis B- Submitted to Magnus Health Portal	Background check – Submitted into Certified Background Check
Physician's physical examination – Submitted into Magnus Health Portal	HIPAA Training
Medical insurance and student insurance requirement signature page	OSHA Training
Evidence of successful completion of required CPR training	Agreement with facility contract
Evidence of HIV/AIDS education/ Bloodborne pathogens	Fieldwork Manual Acknowledgement – Collected in Fieldwork Issues I
Acknowledgement of AOTA, FW Site and NSU Policies	Drug Screen Request (As requested)
Acknowledgement of Student Handbook	Interview Confirmation (As requested)

Health Insurance Policy OTD 8494: Doctoral Residency

Health Insurance is required. Students must maintain a valid health insurance policy throughout the course of study in the occupational therapy program. Failure to maintain a valid insurance policy will result in removal from fieldwork experience(s) until proof of compliance is provided. At the outset, and throughout all fieldwork experience(s), the student may be required to show proof of a valid health insurance policy.

Any costs incurred through illness and/or a hospitalization during attendance in the Occupational Therapy Program and related fieldwork experience(s) is the student's sole responsibility. Nova Southeastern University Inc., is not responsible for any costs incurred through illness and/or a hospitalization during attendance in the Occupational Therapy Program and related fieldwork experience(s)

I have read, understand and agree to comply with the health insurance policy of Nova Southeastern University.

Student name printed: _____

Student signature: _____

Sample OTD 16-Week Doctoral Residency Plan – Fall 2015

Doctoral Resident's 16-Week Residency Plan

Week	Objectives	Outcome Measure	Notes
Week 1 (Aug 24-28)	<ol style="list-style-type: none"> 1. Ascertain the profile of the population served by Polk State College. 2. Compare the benefits of a community college versus a university. 3. Explain the organizational chart of Polk State College. <p>Other Tasks:</p> <ol style="list-style-type: none"> 1. Review student log 2. Review plan for next week 3. Weekly meeting with AFWC (Th morning) 	<ol style="list-style-type: none"> 1. Write 1-2 paragraphs describing population served by PSC (from Needs Assessment Report); document this in the Student Electronic Journal. 2. In the Student Electronic Journal, write 1-2 paragraphs explaining benefits. 3. Discuss organizational chart with PD. 	
Week 2 (Aug 31-Sept 4)	<ol style="list-style-type: none"> 1. Describe the roles of specific personnel within a community college, including the program faculty. 2. Describe the relevance of curricular frameworks set by the state of Florida and ACOTE when designing program courses and didactic activities. 	<ol style="list-style-type: none"> 1. Interview specific administrators and personnel to obtain description of roles and responsibilities (AFWC, Adjunct Faculty [Prof. Ryals], Dean of Academic Affairs; Provost, VP of Academic Affairs, Dean of Students, Registrar, Academic Advisor); review job descriptions as 	

	<ol style="list-style-type: none"> 3. Describe strategies/techniques of classroom assessment. 4. Effectively assist faculty with didactic and lab activities, as assigned. 5. Explain the mechanics of designing curricula. <p><u>Other Tasks:</u></p> <ol style="list-style-type: none"> 1. Review student log 2. Review plan for next week 3. Weekly meeting with AFWC (Th morning) 4. Weekly meeting with PD (Tue morning) 	<p>needed; document interviews in the Student Electronic Journal.</p> <ol style="list-style-type: none"> 2. In the student electronic journal, write 1-2 paragraphs comparing standards set by FL State and ACOTE. 3. Through 1:1 discussion with the PD, identify at least 3 teaching/didactic strategies used in the classroom during OTH 2420C and/or OTH 1014C (M, W); write strategies in the Student Electronic Journal. 4. Carry out the following tasks on M, W: <ol style="list-style-type: none"> a. Accurately and timely complete tasks assigned by Prof. Ryals in OTH 1014C lab sessions 5. Develop lesson plan and co-teach sections of any given module in OTH 2420C (1 hour at a time and gradually increasing to 4-hour session) 6. Read chapters 1-5 (<i>Designing & Assessing courses & curricula: A practical guide</i>, by R. Diamond) and design an <u>original</u> diagram depicting the process. 	<p>Ongoing task</p> <p>Taught MMSE on 8/31/15</p> <p>Ongoing</p>
<p>Week 3 (Sept 7-11)</p>	<p>As needed, continue addressing goals from last week:</p> <ol style="list-style-type: none"> 1. Describe the roles of specific personnel within a community college, including the program faculty. 2. Describe strategies/techniques of classroom management/assessment used 	<ol style="list-style-type: none"> 1. Interview specific administrators and personnel to obtain description of roles and responsibilities (AFWC, Adjunct Faculty [Prof. Ryals], Dean of Academic Affairs; Provost, VP of Academic Affairs, Dean of Students, Registrar, Academic Advisor); review job descriptions as 	

	<p>this week in either OTH 2420C or OTH 1014C.</p> <ol style="list-style-type: none"> 3. Effectively assist faculty with didactic and lab activities, as assigned. 4. Explain the mechanics of designing curricula. <p><u>Other Tasks:</u></p> <ol style="list-style-type: none"> 1. Review student log 2. Review plan for next week 3. Weekly meeting with AFWC (Th morning) 4. Weekly meeting with PD (Tue morning) 	<p>needed; document interviews in the Student Electronic Journal.</p> <ol style="list-style-type: none"> 2. Document assignments and comments in the journal; submit by Sunday 6:00pm. 3. Through 1:1 discussion with the PD, identify at least 3 teaching/didactic strategies used in the classroom during OTH 2420C and/or OTH 1014C (M, W); write strategies in the Student Electronic Journal. 4. Carry out the following tasks on M, W: <ol style="list-style-type: none"> a. Accurately and timely complete tasks assigned by Prof. Ryals in OTH 1014C lab sessions b. Develop lesson plan and co-teach sections of any given module in OTH 2420C (1 hour at a time and gradually increasing to 4-hour session) c. Read chapters from phys dys textbook <p><u>Tuesday Sept 8:</u></p> <ol style="list-style-type: none"> 1. Examine the OTA Program website at www.polk.edu/ota with emphasis on the application, admission, and selection criteria <ol style="list-style-type: none"> a. Provide a list of recommendations to improve /enhance the website 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
--	--	--	--

		<ol style="list-style-type: none"> 2. Review the electronic application in Higher Reach platform 3. Prepare 1-hour lesson plan for Wednesday (explain and demonstrate how to perform the posture screening; how to facilitate and monitor students' practicing the procedures) <p><u>Thursday, Sept 10:</u></p> <ol style="list-style-type: none"> 1. Meeting with AFWC and PD to discuss FE issues. 2. Continue tasks as assigned. 	
<p>Week 4 (Sept 14-18)</p>	<p>As needed, continue addressing goals from last week:</p> <ol style="list-style-type: none"> 1. Describe the roles of specific personnel within a community college, including the program faculty. 2. Describe strategies/techniques of classroom management/assessment used this week in either OTH 2420C or OTH 1014C. 3. Effectively assist faculty with didactic and lab activities, as assigned. 4. Explain the mechanics of designing curricula. <p><u>Other Tasks:</u></p> <ol style="list-style-type: none"> 1. Review student log 2. Review plan for next week 3. Weekly meeting with AFWC (Th morning) 4. Weekly meeting with PD (Tue morning) 		

Week 5 (Sept 21-25)			
Week 6 (Sept 28-Oct 2)			
Week 7 (Oct 5-9)			
Week 8 (Oct 12-16)	Midterm Evaluation		
Week 9 (Oct 19-23)			
Week 10 (Oct 26-30)			
Week 11 (Nov 2-6)			
Week 12 (Nov 9-13)			
Week 13 (Nov 16-20)			
Week 14 (Nov 23-27)			
Week 15 (Nov 30-Dec 4)			
Week 16 (Dec 7-11)	Final Evaluation		

APPENDIX L:
 OTD 16-Week Doctoral Residency Plan Template

Week	Objectives	Outcome Measure	Approved
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			
Week 11			
Week 12			
Week 13			
Week 14			
Week 15			
Week 16			

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APPENDIX M:

Department of Occupational Therapy Occupational Therapy Faculty

Names, Degrees & Position	Phone	Room #	E-mail
Rebecca I. Estes, PhD, OTR/L, CAPS Professor & Chair	954- 262-1229	3018	restes@nova.edu
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TBD Academic Fieldwork Coordinator	813-574-5346	3016	
Mariana D'Amico, EdD, OTR/L, FAOTA	813-574-5351	3015	mdamico@nova.edu
Gustavo Reinoso, PhD, OTR/L Assistant Professor	813-574-5344	3017	greinoso@nova.edu
Terry Rzepkowski, Basic Science Assistant Professor	813-574-5340		trzepkowsk@nova.edu
TBD Psychosocial & Community Mental Health	813-574-5348	3020	
TBD Physical Disabilities	813-574-5343		
TBD Research Coordinator	813-574-5345		
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Laura Conway, MS, OTR/L, CHT Adjunct Professor	813-574-5340		lconway0@nova.edu
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Kurt Hubbard, OTD, PhD, OTR/L, FAOTA Adjunct Professor	813-574-5340		khubbard1@nova.edu
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Administrative Staff

Name & Title	Phone	Room #	E-Mail
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NSU

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