



Tampa

Health Professions Division
College of Health Care Sciences
Department Of Occupational Therapy



2015-2016
**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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*This document is updated at the start of each academic year



Welcome to the occupational therapy fieldwork program at Nova Southeastern University, Tampa (NSU Tampa). The Department of Occupational Therapy designed this Doctoral Residency Manual to familiarize students and mentors with our program. The manual includes information to assist both students and mentors to facilitate successful completion of the Doctoral Residency required for graduation.

NSU Tampa's entry-level Doctor of Occupational Therapy (OTD) program requires all students to obtain extensive clinical education embedded within the curriculum. The NSU Tampa program offers a unique educational design which integrates Level I Fieldwork within three intervention courses to allow students the opportunity to enrich didactic coursework through observation and participation. 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 doctoral student spends the last 16 weeks of clinical education in a doctoral experiential, or residency facility to provide skills in one of eight specialization 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 Fieldwork Educator, 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 OTD program.

Sincerely,

Thomas J. Decker, OTD, OTR/L
Assistant Professor &
Academic Fieldwork Coordinator

Sheila M. Longpré, MOT, OTR/L
Assistant Professor & Director of Clinical &
Community Affairs



Guiding Principles

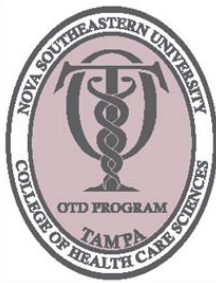
Mission & NSU Vision
Statements

&

AOTA's 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 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.

Department of Occupational Therapy, Tampa

The **Vision** is that Nova Southeastern University Tampa's (NSU Tampa) Entry-Level Doctor of Occupational Therapy Program (OTD) hybrid (blended) distance and face-to-face 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.
- G. Avoid compromising rights or well-being of others based on arbitrary directives (e.g., unrealistic productivity expectations, falsification of documentation, inaccurate coding) by exercising professional judgment and critical analysis.
- I. 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.
- J. 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 also 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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Ethics Commission (EC)

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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. <http://dx.doi.org/10.5014/ajot.2010.64S17>

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Curriculum

Entry-Level Doctor of Occupational Therapy

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 Department of Occupational Therapy:

- 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

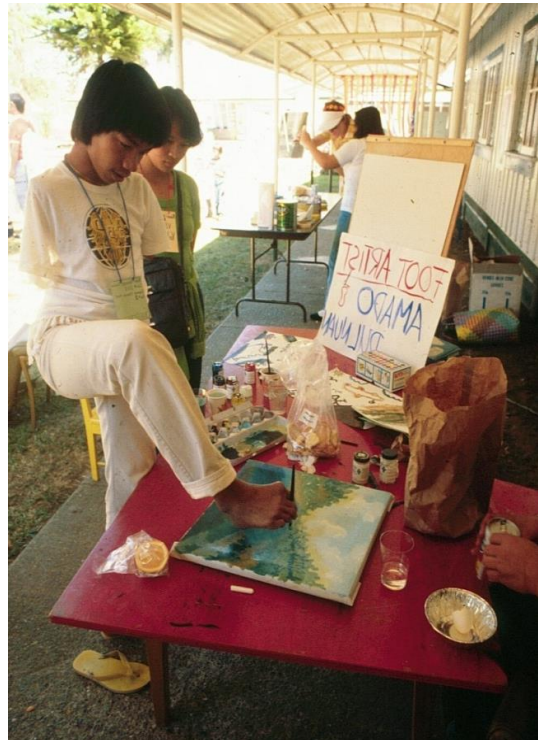
Beliefs about Occupational Therapy

The Department'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



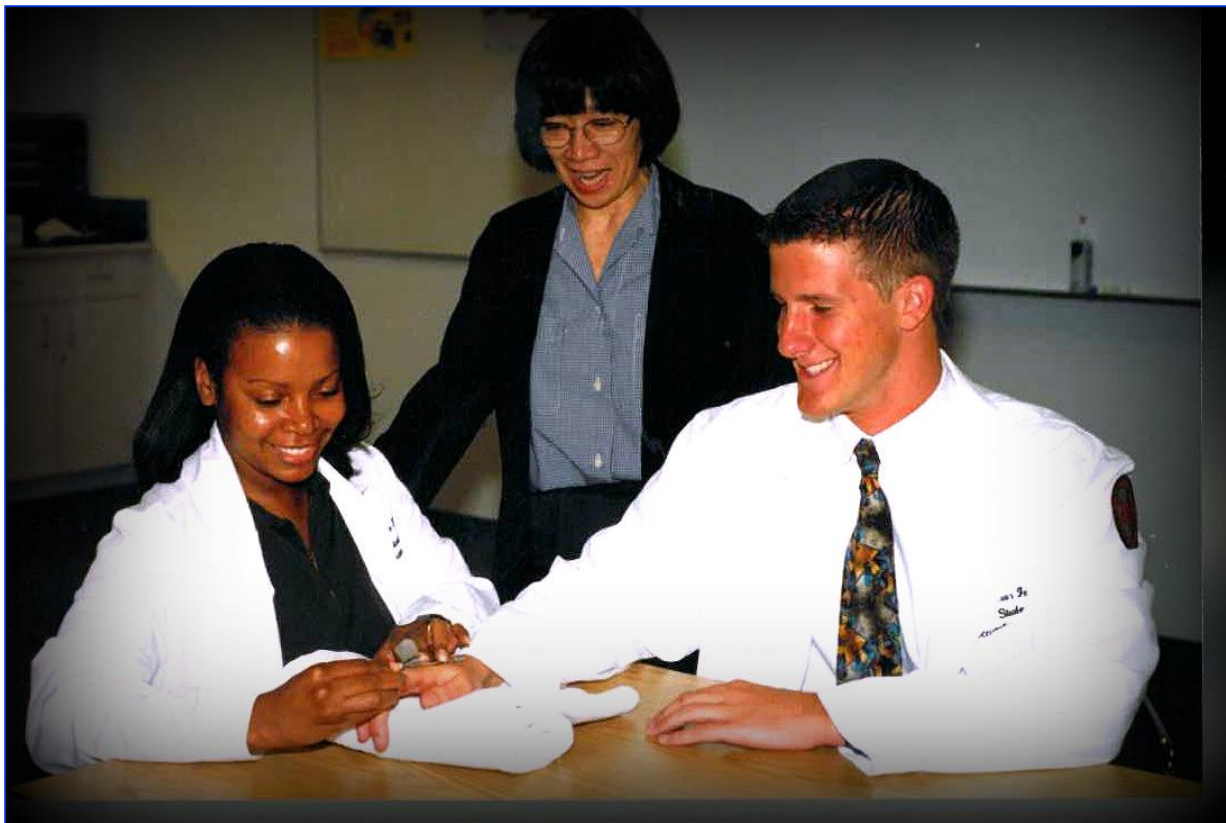
What Occupational Therapy Practitioners Do

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).



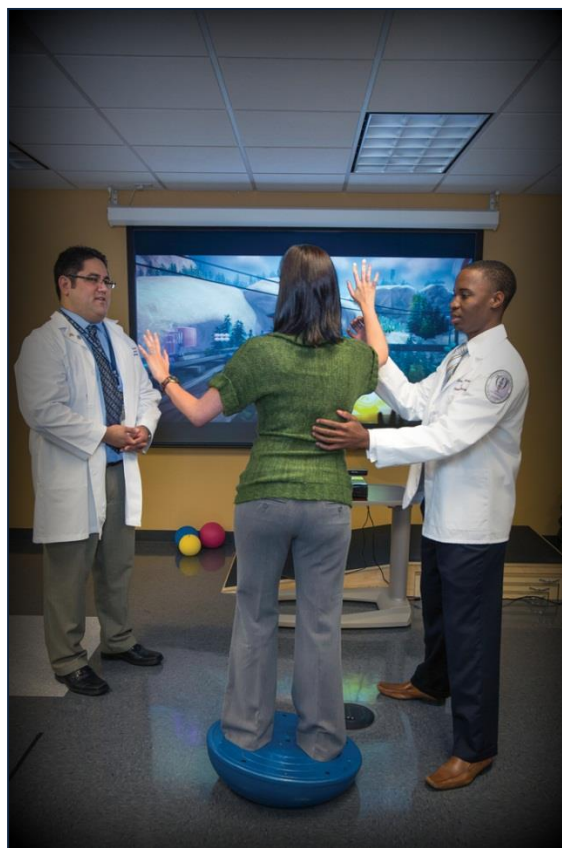
A subject centered approach described by Palmer (1998), creates a community of learning centered around a central subject for aligning faculty and students. The core subjects, occupation and occupational performance, form the focus of learning and general processes within a hybrid of face to face and 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 Capstone 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
 - OTD 8272 Occupational Therapy Interventions II
 - OTD 8273 Occupational Therapy Intervention III
- Evidence Base & Exploration
 - OTD 8161 Evidence in Occupational Therapy Practice
 - OTD 8262 Research Design
 - OTD 8262L Research Design-Lab
 - OTD 8363 Capstone Project I
 - OTD 8363L Capstone Project I-Lab
 - OTD 8464 Capstone Project II - Reflections and Exit
- Leadership & Globalization
 - OTD 8281 Business of Practice and Management
 - OTD 8282 Professional Leadership
- Clinical Competence
 - 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 8300 Specialized Course, Occupational Science
 - OTD 8340 Specialized Course, Wellness in Occupational Therapy
 - OTD 8360 Specialized Course, Applying Measurement to Theory
 - OTD 8370. Specialized Course, Sensory Processing



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



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

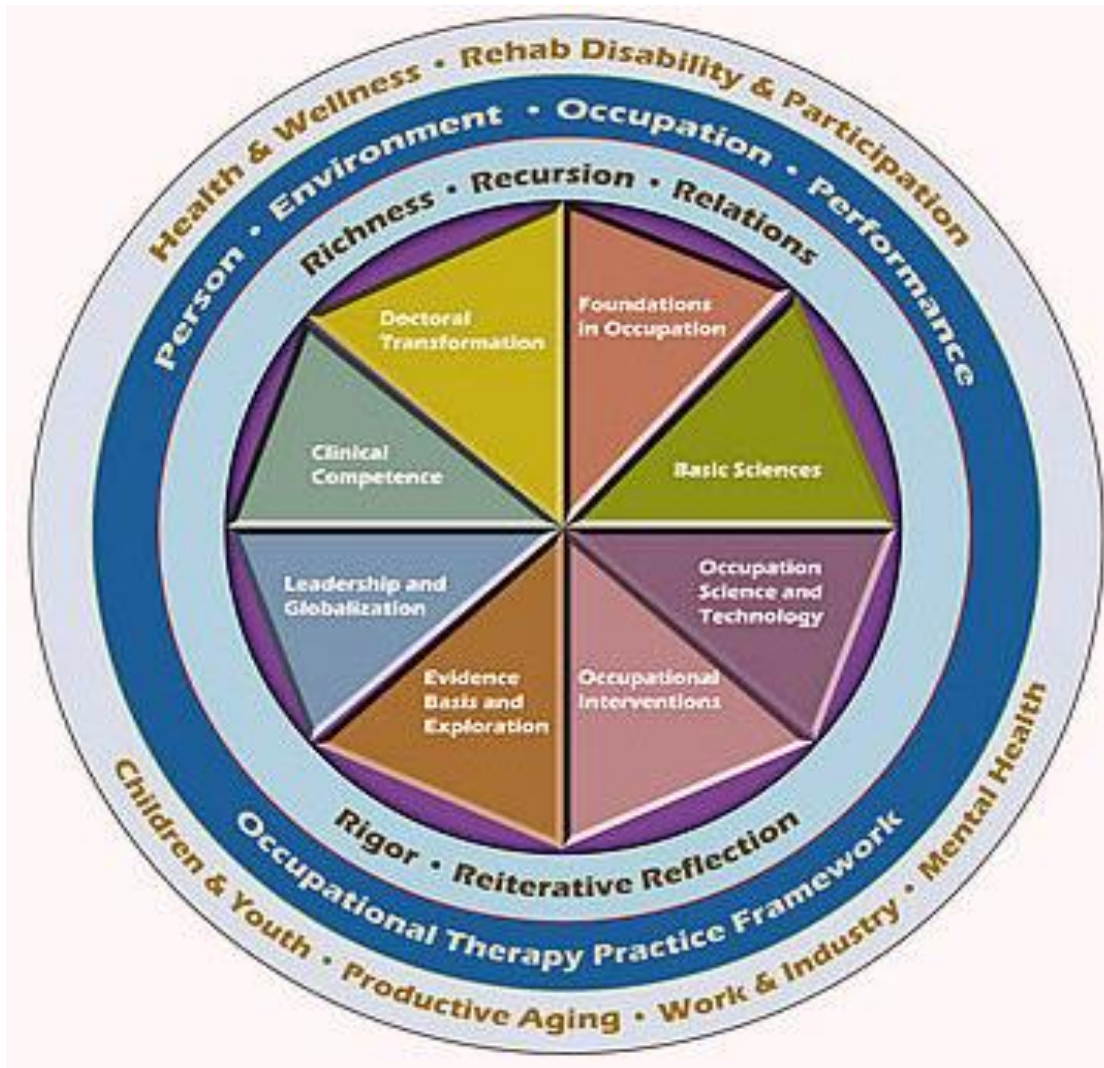
Leadership Qualities Comprise:

- 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 PEO 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.

| Class of | Subject | Course # | Title | Credit Hours |
|---------------|---------|----------|---|--------------|
| 2015 | ANAT | 5420 | Anatomy | 5 |
| 2015 | OTD | 8101 | Introduction to Didactic, Clinical, and Capstone Experiences | 1 |
| 2015 | OTD | 8102 | Foundations of Occupational Therapy | 3 |
| Total: | | | | 9 |
| 2015 | OTD | 8103 | Kinesiology in Occupations | 3 |
| 2015 | OTD | 8141 | Development of Occupation Across the Life Span | 3 |
| 2015 | OTD | 8142 | Occupational and Contextual Analysis | 3 |
| 2015 | OTD | 8151 | Human Conditions and Occupations I | 3 |
| Total: | | | | 12 |
| 2015 | ANAT | 5423 | Neuroanatomy | 3 |
| 2015 | OTD | 8152 | Human Conditions and Occupations II | 3 |
| 2015 | OTD | 8143 | Therapeutic Use of Self | 3 |
| 2015 | OTD | 8161 | Evidence in Occupational Therapy Practice | 3 |
| Total: | | | | 12 |
| 2016 | ANAT | 5420 | Anatomy | 5 |
| 2016 | OTD | 8101 | Introduction to Didactic, Clinical, and Capstone Experiences | 1 |
| 2016 | OTD | 8102 | Foundations of Occupational Therapy | 3 |
| Total: | | | | 9 |
| 2015 | OTD | 8271 | Occupational Therapy Interventions I – Psychosocial & Community | 6 |
| 2015 | OTD | 8281 | Business of Practice and Management | 3 |
| 2015 | OTD | 8244 | Innovations and Technology in Occupational Therapy | 3 |
| Total: | | | | 12 |
| 2015 | OTD | 8272 | Occupational Therapy Interventions II – Children & Youth | 10 |
| 2015 | OTD | 8262 | Research Design | 2 |
| Total: | | | | 12 |

| Class of | Subject | Course # | Title | Credit Hours |
|---------------|---------|-----------------|--|--------------|
| 2015 | OTD | 8273 | Occupational Therapy Intervention III – Physical Disabilities | 10 |
| 2015 | OTD | 8262L | Research Design-Lab | 1 |
| 2015 | OTD | 8282 | Professional Leadership | 3 |
| Total: | | | | 14 |
| 2015 | OTD | 8391 | Level II Fieldwork Experience | 12 |
| Total: | | | | 12 |
| 2015 | OTD | 8392 | Doctoral Certification and introduction to Residency Program | 0 |
| 2015 | OTD | 8340 OR 8300 | Specialized Course* (Wellness in Occupational Therapy OR Occupational Science) | 3 |
| 2015 | OTD | 8363 | Capstone Project I | 2 |
| Total: | | | | 5 |
| 2015 | OTD | 8363L | Capstone Project I-Lab | 1 |
| 2015 | OTD | 8370 OR 8360 | Specialized Course* (Sensory Processing Basis of Occupational Performance OR Applying Measurement) | 3 |
| Total: | | | | 4 |
| 2015 | OTD | 8493 | Level II Fieldwork Experience | 12 |
| Total: | | | | 12 |
| 2015 | OTD | 8494 | Doctoral Residency | 16 |
| 2015 | OTD | 8464 | Capstone Project II - Reflections and Exit Colloquium | 2 |
| Total: | | | | 18 |

Note: Students will have time allotted for administrative purposes (Bursar, financial aid etc.) during on-campus time each semester

Total Credit Hours to Graduation = 122

Level I FWE = 360 hours; Level II FWE = 960 hours; Residency = 720 hours

Total Clinical Education Hours = 2040 hours



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Doctor of Occupational Therapy (OTD) Course Descriptions

Year One

Summer Semester, (9 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 & Capstone 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. **(1 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 applies 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)**

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. **(3 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)**

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 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 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)**

Fall Semester, (10 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. **(10 credits)**

OTD 8262 Research Design

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)**

Winter Semester, (16 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. **(10 credits)**

OTD 8262L: Research Design Lab

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. **(3 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)**

Year Three

Summer Semester, (12 Credit Hours)

OTD 8391: Fieldwork Experience II

Twelve week supervised internship in approved practice setting. **Prerequisite:** Completion of Formal Pre-doctoral Certification Courses. **(12 credits)**

Fall Semester, (3 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. **(0 credit)**

Specialized Course:

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

- **OTD 8300: 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 8340: 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)**

Winter Semester, (6 Credit Hours)

OTD 8363: Capstone Project I

This is the third in series of four courses on evidence based practice and research methods. In this course the student implements an approved study or gains research experiences in faculty research projects or simulated research. The course includes practical experiences in preparing reports of presentations for disseminating research information. There is also an option of preparing a manuscript for publication. This course fulfills the requirement for students to implement one or more aspects of research methodology, possibly including designing research instruments, collecting data, and analyzing or synthesizing data. **(3 credits)**

Specialized Course:

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

- **OTD 8360: 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)**

- **OTD 8370: 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)**

Year Four

Summer Semester, (12 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. **(12 credits)**

Fall Semester, (Dates/18 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 **(16 credits)**

OTD 8464: Capstone Project II – 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)**



Doctoral Residency Experience

The Doctoral Residency Experience

Student Policies for Doctoral Residency Experience

Prerequisite Policies

The Nova Southeastern University *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 all fieldwork experiences, including the 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 fieldwork.

As a prerequisite for all fieldwork experiences, students are responsible for maintaining their own records. The fieldwork 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 all fieldwork experiences, all students must have access to a computer with a modem for participation in the online component of the fieldwork experience.

As a prerequisite for all fieldwork experiences, students must contact their site before the start date. The recommended time frame is at least two weeks before the beginning of a Level I rotation and one month before the start of a Level II rotation and 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 rotation 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 rotation
- Need to make up rotation hours at the discretion of the Site Supervisor and the Academic Fieldwork Coordinator
- Cancellation and failure of the rotation by Academic Fieldwork Coordinator 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 Fieldwork Educator/Doctoral Mentor and inform their Academic Fieldwork Coordinator.

Dress Code

During all fieldwork experiences, 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 Fieldwork Educator/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 the Academic Fieldwork Coordinator.

Attendance/Tardiness

Before beginning a doctoral residency experience, the student will contact the Mentor at the assigned site as directed by the NSU Fieldwork 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 rotation, 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 Doctoral 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 Doctoral 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 Academic Fieldwork Coordinator 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 Fieldwork Educator/Mentor directly, they are to leave a message and talk to the Mentor as soon as possible. The student must also notify their Fieldwork Team (Academic Fieldwork Coordinator and the Director of Clinical and Community Relations) at the University. The Mentor and Academic Fieldwork Coordinator 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 Academic Fieldwork Coordinator 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 Fieldwork Team (Academic Fieldwork Coordinator and Director of Clinical and Community Relations) 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. Fieldwork Educators/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 Academic Fieldwork Coordinator when an incident occurs.

An addendum, completed by the student, must be included with the final clinical evaluation to describe these occurrences. Department managers or Fieldwork Educators/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> |
|--|

Housing/Meals and Transportation

Students are responsible for all expenses related to clinical education. They must locate their own housing. 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 fieldwork experience.

Placement and Grading Policies

Students will be permitted to participate in fieldwork rotations only after having successfully completed all corresponding didactic coursework. Students must comply with all policies and procedures of the clinical facility, Nova Southeastern University, and the American Occupational Therapy Association during the fieldwork experiences. 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.

Doctoral Residency Experiences Are Graded as Pass/Fail

Student Failure Procedure

All fieldwork experiences are 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 Level I Fieldwork experience will result in failure of the associated intervention course and referral to the Committee on Student Progress (CSP), which will impact residency schedule provided remediation is successful.
2. Students may remediate only one Level I fieldwork. Should the student fail a second Level I Fieldwork, after successfully remediating one failed Level 1 Fieldwork, the student will not be allowed a second opportunity to remediate and will be automatically dismissed from the program.

The policy also applies to Level II and Experiential Component (Doctoral Residency)

1. Students who fail their first Level II Fieldwork rotation (OTD 8391), typically offered during the Summer semester will follow procedure like any other course failure, but will retake the failed rotation immediately, depending on site availability.
2. Student may use the option of using part of the 16 weeks of Fall semester to identify and remediate issues that may have caused the failure, but leaving enough time for the 12 week fieldwork rotation which typically would be in the Fall semester.
3. Upon successfully retaking the failed fieldwork rotation, the student's course schedule is subsequently adjusted to be:
 - a. Winter: Doctoral Certification and Introduction to Residency Program (OTD 8392) with Capstone I (OTD 8363);
 - b. Summer: 2nd FW-II (OTD 8493)
 - c. Fall: Two Specialized Courses;
 - d. Winter: Residency (OTD 8494) and Capstone Project II, Reflections and Exit Colloquium (OTD 8464).
4. Students may retake only one Level II Fieldwork experience. Should students fail a second Level II rotation (which includes failing the same Level II Fieldwork experience twice), they will be considered to have failed two FWE-II and will be automatically dismissed from the OTD program, without another opportunity to retake.

Additional tuition will be charged for repeated courses, including Level I (with associated course), Level II Fieldwork experiences, and 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 Level II Fieldwork experiences and 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. Fieldwork experiences are an important matter where practitioner competency and professional behavior in a real clinical setting with genuine patients are required. Level II Fieldwork cannot begin until all curriculum coursework has been successfully completed to the point of the fieldwork or residency. All fieldwork experiences and doctoral residency must be successfully completed to be eligible for graduation.

The student's participation, discussion of student performance, and written evaluations will be used to determine the grade for the course. This includes the electronic requirement for Level I and Level II Fieldwork experiences as well as for the doctoral residency. 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 fieldwork experience or residency that must be terminated due to inadequate performance. Students who fail a fieldwork experience or residency may repeat one and only one fieldwork experience or residency. Students who fail two clinical rotations will be automatically dismissed from the program. Students who have not completed six months of Level II Fieldwork plus the doctoral residency have not completed the curriculum requirements, and will not be eligible to receive a Doctor of Occupational Therapy degree.

Students who withdraw from a fieldwork 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 a fieldwork experience. Acceptable performance termination may result in a grade of I. A student who develops a health or other serious problem preventing fieldwork 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 fieldwork experience at the same site. Student withdrawal from a fieldwork II/residency experience is strongly discouraged and should only be considered in extreme situations. Withdrawal from fieldwork cannot be done without the permission of the academic fieldwork coordinator or faculty member designated by the fieldwork coordinator. The proper withdrawal forms must be completed. Failure to follow this procedure may result in a failed clinical rotation.

Termination of the fieldwork experience/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 that fieldwork. There is no credit for partial time served in a fieldwork experience/residency that must be terminated. All fieldwork sites reserve the right to request that a student be removed from an affiliation. The termination of a student during an affiliation is not considered a cancellation, and will be considered a course failure at the determination of the committee of student progress.

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 fieldwork. The purpose of remediation will be to allow the student to maximize success on subsequent, make-up fieldwork/residency.

Make-up affiliations will be assigned by the academic fieldwork coordinator 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, in addition to the CSP, a Fieldwork Committee composed of the Fieldwork Coordinator and at least 2 additional faculty, will review the case and make recommendations and counsel the student. The recommendation may be dismissal from the program or remediation including, but not limited to, additional course work, counseling, leave-of-absence, or specialized assignments.

Students will be placed a maximum of three times for fieldwork related sites. The student will be required to meet with the Fieldwork Educator 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 Doctoral 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 AFWC explaining reasons for altering the original assigned placement. Faculty Members and the AFWC will discuss and vote in faculty meeting whether or not cancellation is accepted. If after reviewing pertinent documentation a determination is made a change is acceptable, the following procedure will be implemented:

1. Meeting of AFWC, Director of Clinical and Community Relations, and Student to discuss preference indicators re: Fieldwork/Residency.
2. AFWC assigns student to a new site.
3. All involved persons 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 of student, AFWC and Director of Clinical and Community Relations to discuss new site options.
3. AFWC assigns student to a new site.

A cancellation of the Doctoral 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 Doctoral Residency, the following documents must be submitted at the conclusion of the experience:

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

NOTE: Grades cannot be submitted before these forms are turned in.

Assignment to Doctoral Residency Site

Doctoral Experience Selection Process

How A Mentor and Facility Is Selected

Facilities selected to provide fieldwork experiences to NSU occupational therapy students are an integral component of the 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. Fieldwork Educators/Mentors providing the fieldwork experience must recognize that positive changes in the relationship between a person, his/her environment and occupation (valued roles, tasks and activities) can improve health. Mentors must also provide the student(s) the opportunity to engage with the population served at the facility.

Once the determination has been made that a facility recognizes the value of occupation, and meets the curriculum need, the AFWC and Director of Clinical and Community Relations initiates placement of students for specific rotations and specific 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: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory development.

For all didactic, clinical and legal purposes, Doctoral 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 following, as mentioned above. Similar to fieldwork sites, residency sites will receive the orientation to the curriculum, philosophical, mission and core beliefs of the OTD program. Likewise, all experiential goals, objectives and outcome measures, during and at the end of the residency, using NSU doctoral residency forms are collaborative between the AFWC, Director of Clinical and Community Relations, the doctoral resident, and the mentor.

Doctoral Residency Process

Students must first complete the Doctoral Residency Discussion Form and submit it via e-mail to the AFWC and the Director of Clinical and Community Relations.

Secondly, students arrange an appointment time to meet with the AFWC and the Director of Clinical and Community relations to review the student's written purpose and desired objectives for Doctoral Residency.

The AFWC and the Director of Clinical and Community Relations will then contact potential mentors that best meet the needs of the student and doctoral experiential component based on the information received from the student in the Doctoral Residency Discussion Form and individual meeting.

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 course instructor, 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.



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. Note these health requirements vary between facilities, and change frequently. Each student must call the assigned facility to ensure all necessary information is provided in a timely manner.

The student's responsibility is to provide the following information to the AFWC prior to beginning any fieldwork experience and the Fieldwork Educator upon request. Failure to submit these documents will result in immediate cancellation of the fieldwork experience, 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 OT student center.

Students are responsible for any costs involved in the physical and for obtaining copies of all records. The school 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 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 AFWC.

Procedures

- Specific Student Affairs and Fieldwork procedures are outlined in their respective policies
- The AFWC will provide an overview of the processes during annual OT program orientation.
- The FW Coordinator will provide a reminder to first year students prior to the Fall immunization deadline.
- The Student Affairs office will routinely provide an updated list of students who have not uploaded their immunization records to the Magnus Health Portal.
- The AFWC will follow up with the students to ensure follow through by providing an email, or hand-delivered letter to students.
- The AFWC will include all updated Student Affairs policies related to drug testing, background checks and immunizations, in the FW manual, and posted onto the OT student center.
- The procedures for obtaining and uploading information into the Magnus Health Portal can be found in the OT student center under fieldwork.
- 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

- Level I or II background check atypical results will be reported to the OT Program Director or OTD Director, by Dr. Nehrenz or the Student Affairs office. They will then notify the AFWC as necessary.
- The AFWC will provide an overview of the processes during annual OT program orientation.
- The AFWC will provide a reminder to first year students prior to the Fall immunization deadline.
- The Student Affairs office will routinely provide an updated list of students who have not uploaded their immunization records to the Magnus Health Portal.
- The AFWC will follow up with the students to ensure follow through by providing an email, or hand-delivered letter to students.
- The AFWC will include all updated Student Affairs policies related to drug testing, background checks and immunizations, in the Fieldwork Manual, and posted onto the OT Student Center.
- 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.



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 Fieldwork Team, Sheila M. Longpré, (813)574-5346, longpre@nova.edu.

Professional Development Units

At the end of the Doctoral 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 a 12 week rotation (PDUs can be split between multiple Mentors).

ACOTE Guidelines for student supervision

Nova Southeastern University Guidelines

The Occupational Therapy Department at Nova Southeastern University follows the guidelines and recommendations of ACOTE. NSU prefers that a full time OT provide supervision for Level II Fieldwork experiences but this is not a formal requirement.

Role of the Mentor

The Mentor is an invaluable component of the OT 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, for a Level II Fieldwork/Doctoral experience, it is recommended a student have no more than two supervisors. The number of supervisors can be determined by practically looking at what the Mentors' schedules are and what the student can handle without detracting from a quality learning experience. If there is more than one supervisor, it is particularly important good communication occurs between the supervisors. 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 experience 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 fieldwork 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 Fieldwork Educator 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 that each facility 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 is often very helpful.

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:
 - o Completed samples of all forms
 - o Acceptable medical abbreviations
 - o Discharge plan
 - o Billing

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

Procedure and guidelines used in the evaluation of

 - Student
 - Fieldwork Educator
 - Fieldwork Experience
10. The Occupational Therapy Department
 - General Information

- Philosophy and mission of facility and OT Department
- Staff Roster
- Description of OT facilities and programs
- Departmental emergency procedures
- Location of forms and equipment
- Procedure for using agency telephone system and taking messages
- Emergency procedures
- Location of departmental policy manual

Resources

- Libraries
- Audiovisuals
- Personnel

Community Agencies

- Patient/Client Care
 - Evaluation and treatment procedures and forms used in the department
 - Theoretical base for treatment documentation guidelines
 - Billing procedures
 - AQ, CARF, JACHO procedures
 - Description of clientele served
 - Recommended Readings
- The fieldwork Program
- Student Evaluation
 - Pretest/Post test of student knowledge
 - Learning style inventory
 - Learning contract
 - AOTA Fieldwork Evaluation Form
 - Procedures and guidelines used in the evaluation of student, fieldwork supervisor and fieldwork experience.



NOVA SOUTHEASTERN
UNIVERSITY

Communication and Student Evaluation

COMMUNICATION

Communication between the Student and Academic Faculty

During the Doctoral Residency experience the course instructor, AFWC, Director of Clinical and Community Relations or adjunct faculty will contact the Mentor as needed. The Mentor should feel free to contact the Fieldwork Team at any time.

In addition, students are required to communicate with the course instructor via Blackboard course messaging, which provides feedback and support from the faculty. At the end of the doctoral experience 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 AFWC. 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, AFWC, Director of Clinical and Community Relations, and/or the academic program. Other individuals (such as family members, friends, etc.) may not contact the clinical sites at any time.

Contact Information for AFWC

Thomas Decker, OTD, OTR/L
Academic Fieldwork Coordinator
tdecker@nova.edu

Sheila M. Longpré, MOT, OTR/L,
longpre@nova.edu
813-574-5346
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



Glossary of Fieldwork Terms

Glossary of Fieldwork Terms

AOTA has specified terms related to fieldwork experiences 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 approximately 275 occupational therapy and occupational therapy assistant educational programs. For details on specific accreditation standards go to: <http://www.aota.org/Educate/Accredit/StandardsReview.aspx>.

AFWC: Academic fieldwork coordinator.

This is typically the person who coordinates the fieldwork program for an academic institution. The AFWC has to meet the *Role Competencies for an Academic Fieldwork Coordinator* set by AOTA. This is the person responsible for ensuring the fieldwork program reflects the sequence, depth, focus and scope of content in the curriculum design as well as ensuring the Fieldwork Educator and faculty collaborate in the design of the fieldwork experiences.

FWE/FWE: Fieldwork Educator:

Formerly known as the clinical instructor (CI). Emphasis is now focused on the important role of the practitioner educating the student during the fieldwork experience. FWE's are qualified personnel to supervise students.

Level I Fieldwork FWE: Examples may include, but are not limited to, currently licensed or credentialed occupational therapy practitioners and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists.

Level II Fieldwork FWE: A currently licensed or credentialed occupational therapy practitioner who has a minimum of 1 year of practice experience subsequent to initial certification, and is adequately prepared to serve as a Fieldwork Educator.

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, or a copy can be emailed to you by request to the AFWC.



APPENDICIES

APPENDIX A: Educational Objectives

AOTA Fieldwork Standards and Nova Southeastern University Doctoral Residency Objectives

The “Standard for an Accredited Educational Program for the Occupational Therapist”, as defined by the American Occupational Therapy Association require that the Doctoral Residency site and the Occupational Therapy education program meet the following standards:

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 experiential component should be in one or more of the following areas:

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

APPENDIX B:

Doctoral Residency Discussion Form

Doctoral Residency Discussion Form

According to ACOTE, the goal of the Doctoral Experiential Component (Doctoral Residency) 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 (√)

| √ | <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. Examples may be individuals working in the WHO, NIH, international volunteer organizations with employed individuals, AOTA/FOTA professionals including voluntary positions etc. |
| | 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, your role, etc. |
| | 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 measurable objectives for your learning experience during your doctoral residency:

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

D. After completing this form, please make arrangements to meet with the Academic Fieldwork Coordinator and the Director of Clinical and Community Relations during the third campus institute _____ by calling the front desk for available time slots. These appointments will assist you in clarifying your goals, as well as the emphasizing each of the focus areas and how they relate to your long term professional goals.

E. Please be aware that if the OTD department does not receive this form by _____, 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 Signature

Date

APPENDIX C: Mentor Agreement Form

Occupational Therapy Department
OTD Program
Research Residency Mentor Agreement Form

OTD Student:
Residency Mentor:
Residency Mentor's Address:

Learning Objectives:

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. I also agree to complete and return the research residency assessment form upon completion of the residency.

Signature

Date

APPENDIX D: Site Confirmation Form

Doctoral Residency Site Confirmation Form

| | |
|--|---|
| From: STUDENT NAME Department of Occupational Therapy School of Pharmacy and Health Professions Creighton University 2500 California Plaza, Boyne 103E Omaha, Nebraska 68178 Phone: 402-280-5929 Fax: 402-280-5692 | To: Site Name _____ Address _____ City, State, Zip _____ Site Mentor Name: _____ Email address: _____ Phone: () _____ Fax: () _____ |
|--|---|

Focus of the Rotation: _____
 Rotation Dates: _____
 Site Mentor: _____

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:

Sheila M. Longpré, MOT, OTR/L
 Director of Clinical and Community Relations
 e-mail: longpre@nova.edu
 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, not the academic fieldwork coordinator. 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 academic fieldwork coordinator 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:

1. 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.

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. LAW GOVERNING

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

**SAMPLE
CLINICAL AFFILIATION
EXTENSION AGREEMENT**

Dear Fieldwork Educator,

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 fieldwork experiences for our students. If you have any questions please do not hesitate to contact me at 813-574-5346 or Longpre@nova.edu.

Sincerely,

Gustavo Reinoso, PhD, OTR/L
Assistant Professor &
Academic Fieldwork Coordinator

Sheila M. Longpré, MOT, OTR/L
Assistant Professor & Director of Clinical &
Community Affairs

**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, College of Allied Health & Nursing

Date: _____

Date: _____

APPENDIX G:

Mentor Evaluation of Student, Midterm

Doctoral Residency Assessment

Midterm

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). | | | | | |
| <u>Additional Comments:</u> | | | | | |

Overall Rating:

- Satisfactory Performance
- Unsatisfactory Performance

Signature of Mentor: _____

Date: _____

APPENDIX H:

Student Evaluation of Site Mentor

Doctoral Residency Assessment

Student

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 NSU Academic Fieldwork Educator 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 I:

Mentor Evaluation of Student

Doctoral Residency Assessment

Site Mentor

Facility: _____

Date: _____

Student: _____

Mentor: _____

| Statements About Student's Level of Performance | Strongly agree | Agree | Disagree | Strongly Disagree | Not Applicable (NA) |
|--|-------------------|-------|----------|----------------------|---------------------------|
| 17. Demonstrated the ability to articulate the relationship between his/her professional goals and the residency opportunity | | | | | |
| 18. Clearly articulated expectations and own responsibilities during residency | | | | | |
| 19. Applied principles and generalizations already learned to new problems and situations | | | | | |
| 20. Demonstrated analytical skills | | | | | |
| 21. Demonstrated problem-solving skills | | | | | |
| 22. Demonstrated leadership skills in planning and organizing project(s) | | | | | |
| 23. Articulated reasonable inferences from observations | | | | | |
| 24. Synthesized and integrated information and ideas | | | | | |
| 25. Demonstrated intellectual curiosity | | | | | |
| 26. Applied concepts that demonstrated a client-centered & occupation-centered philosophy | | | | | |
| 27. Applied occupational therapy theories, frames of reference and models | | | | | |
| 28. 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 |
|---|----------------|-------|----------|-------------------|-------------------|
| 29. Demonstrated the ability to work productively and collaboratively with others | | | | | |
| 30. Demonstrated the ability to follow instructions and plans | | | | | |
| 31. Demonstrated initiative as appropriate for the environment | | | | | |
| 32. Engaged in meaningful dialogue with the residency mentor (clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education and theory development). | | | | | |
| <u>Additional Comments:</u> | | | | | |

Overall Rating:

- Satisfactory Performance
- Unsatisfactory Performance

Signature of Mentor: _____

Date: _____

APPENDIX J: Verification of Receiving/Reviewing Doctoral Residency Manual

**Occupational Therapy Department
College of Allied Health and Nursing
Acknowledgement for
Doctoral Residency Policies and Procedures
And Receipt of Doctoral Residency Manual**

My signature below indicates I have read, understand, have had the opportunity to ask questions regarding the information in the fieldwork experience manual. My signature indicates I will adhere to the occupational therapy department's fieldwork policies and procedures.

Printed Name: _____ Date: _____

Signature: _____

APPENDIX K:

Health Insurance Policy Form

| | |
|---|--|
| Student Forms Can Be Found in the Student Center in Blackboard | |
| 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) |

**Nova Southeastern University
Occupational Therapy Department
Health Insurance Policy**

Doctoral Residency Experience

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: _____

APPENDIX L: OTD 16-Week Doctoral Residency Plan



OTD 16-Week Doctoral Residency Plan

Occupational Therapy Department
OTD Program
Student's OTD 16-Week Plan

| 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 | | | |

APPENDIX M:

Occupational Therapy Department Contact List

Occupational Therapy Faculty

| NAMES, DEGREES & POSITION | PHONE | ROOM # | EMAIL |
|--|----------------|---------------|--|
| Ricardo C. Carrasco, Ph.D., OTR/L, FAOTA Professor & Program Director | (813)-574-5429 | 3012 | rc1265@nova.edu |
| Rick D. Davenport, Ph.D., OTR/L Assistant Professor, Director of Research & Technology | (813)-574-5345 | 3017 | rd418@nova.edu |
| Mirtha Montejo Whaley, Ph.D., OTR/L Assistant Professor, Director of Curriculum Affairs | (813) 574-5348 | 3020 | mwhaley@nova.edu |
| Sheila Longpré, MOT, OTR/L Associate Professor, Director of Clinical & Community Relations | (813) 574-5346 | 3018 | longpré@nova.edu |
| Dennis P. McCarthy, Ph.D., OTR/L Associate Professor, Director of Student Affairs & Marketing | (813) 574-5343 | 3021 | dmccarthy@nova.edu |
| Thomas Arnold, Ph.D. Professor, Basic Science | (813) 574-5303 | 1017 | tarnold1@nova.edu |
| Gustavo Reinoso, Ph.D., OTR/L Assistant Professor, Director of Technology | (813) 574-5344 | 3019 | greinoso@nova.edu |
| D'Amico, EdD, OTR/L, BCP, CIMI, FAOTA Associate Professor, Director of Special Events and Professional Development | (813) 574-5340 | 3015 | mdamico@nova.edu |
| Thomas Decker, OTD, OTR/L Assistant Professor, Academic Fieldwork Coordinator | (813) 574-5347 | 3016 | tdecker@nova.edu |
| Kurt K. Hubbard, Ph.D., OTD, OTR/L Adjunct Professor | (813) 574-5340 | | khubbard1@nova.edu |

Administrative Staff

| NAME AND TITLE | PHONE | ROOM # | EMAIL |
|--|----------------|--------|--|
| Karla Quiñones Program Support Coordinator | (813) 574-5315 | 3013 | kquinones@nova.edu |
| Vacant Fieldwork Support Coordinator | (813) 574-5341 | 3019 | TampaOTDFieldwork@nova.edu |
| Betsy Beltran Administrative Assistant | (813) 574-5340 | 3011 | bbeltran@nova.edu |

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The toll free number is (800) 356-0026
The international toll free number is (800) 541-6682