

**OCCUPATIONAL THERAPY PROGRAM  
SCHOOL OF HEALTH SCIENCES  
COLLEGE OF HEALTH AND HUMAN SERVICES  
EASTERN MICHIGAN UNIVERSITY, YPSILANTI, MI  
June 2017**

**CRITERIA FOR SELECTION, REVIEW, & PLACEMENT FOR LEVEL I STUDENT EXPERIENCES**

**Agency Related**

1. When indicated, the facility will have a current favorable accreditation standing with the appropriate body, such as the Joint Commission on Accreditation of Health Care Organizations.
2. The agency should have a stated philosophy regarding delivery of services.
3. The agency should have an interprofessional approach to intervention and afford students the opportunity to understand team member's role in interprofessional teams.
4. The agency should have, or be willing to have, occupational therapy representation in planning learning opportunities that meet the criteria for the fieldwork experience. This could be a therapist employed by the agency, on a permanent, contractual or volunteer basis, or a faculty member.
5. Fieldwork educators within the agency should understand the philosophy and principles of the EMU Master of Occupational Therapy curriculum and, in conjunction with the Academic Fieldwork Coordinator, incorporate them into the facility's fieldwork program.
6. Opportunities for continuing education and professional development of the staff are supported by the agency.
7. The agency must be willing to enter into a contract with Eastern Michigan University which clearly defines the rights and responsibilities of the educational program, the fieldwork setting and the student.
8. The agency must maintain ongoing communication with Eastern Michigan University and update materials regularly, including health care and agency prerequisites required of students prior to placement commencement.

**Occupational Therapy Educational Program**

**1. Personnel Criteria for Agency:**

- a. Attendance at a fieldwork educator preparation session, or connecting with and mentoring from the Academic Fieldwork Coordinator to prepare for a Level I student is required.
- b. Direct Supervisors of Level I Occupational Therapy students:
  1. Are encouraged to be members and active participants in their professional associations.

2. Can be currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists. (ACOTE Standard C.1.9)

## **2. Supervisory Responsibilities:**

- a. The student should be supervised in all aspects of his/her fieldwork by qualified fieldwork educators. The fieldwork educator should have full knowledge of and responsibility for all aspects of the program carried out by the student.
- b. The fieldwork educator should carry out an organized procedure of orientation to the facility, services, and the fieldwork experience.
- c. Evaluation feedback should be frequent enough to allow the student adequate time to make changes.
- d. The Philadelphia Region Fieldwork Consortium Level I Fieldwork Evaluation will be used as a rating tool. The student should be evaluated, using this form, when he/she has completed one-half of his/her fieldwork experience and at the completion of the experience. A midterm objective action plan will be created based on midterm results and provided to the fieldwork seminar instructor.
- e. The fieldwork experience should be evaluated by the student, using the approved instrument, and should be reviewed by the supervisor and the student at the conclusion of the fieldwork.

## **3. Service Delivery:**

- a. The philosophy, policies, and procedures regarding service delivery and education programs should be identified, stated in writing, and compatible with those of the agency. The objectives of the program should be stated and should reflect the specific contribution occupational therapy makes to the over-all program.
- b. Occupational therapy service delivery must be in accordance with the AOTA Code of Ethics, the Occupational Therapy Standards of Practice (2015), and the Licensure Laws for the State in which the experience is taking place.

## **4. Fieldwork Program**

- a. The fieldwork experience shall be planned in accordance with the current “Accreditation Standards for a Master’s-Degree-Level Educational Program for the Occupational Therapist” of the Accreditation Council for Occupational Therapy Education.
- b. The fieldwork objectives will be provided by the University and will include course syllabi, assignments, and general fieldwork guides for linking the classroom knowledge with the fieldwork experience.
- c. The student should be provided with opportunities (e.g. diagnoses, ages, individual treatment, group treatment) in line with the focus of the Level I fieldwork experience, whenever possible. Fieldwork experiences are purposefully designed to enrich the didactic portions of the coursework and included directed observation and participation in select aspects of the occupational therapy process. (ACOTE Standard C.1.8)

- d. The student should be encouraged to search for and share evidence to support their treatment planning process.
- e. The placement should focus on introducing students to the fieldwork experience, applying knowledge to practice, and developing an understanding of the needs of clients served by the fieldwork agency.

I have read the Criteria for Selection, Review & Placement for Level I Student Experiences. I understand that I should contact the Academic Fieldwork Coordinator immediately if I have any performance concerns with my student and agree to arrange a midterm evaluation with my student, to include development of objectives for the remainder of their time with my agency. My signature below constitutes my agreement with procedures outlined above.

I am licensed or credentialed with the State of Michigan (or Ohio) to practice as an

- OTRL License Number: \_\_\_\_\_
- Other discipline: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Fieldwork Educator (including credentials)

\_\_\_\_\_  
Signature, with credentials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone Number