



---

# DRS Fieldwork & Clinical Education Guidelines

Doctor of Physical Therapy and Doctor of Occupational Therapy Programs

---



UPDATED: May 16, 2024

COLLEGE OF ALLIED HEALTH

The University of Oklahoma Health Sciences Center

## Table of Contents

<b>FIELDWORK AND CLINICAL EDUCATION GUIDELINES</b> .....	3
OVERVIEW .....	3
POLICY ON SUPERVISION.....	4
CLINICAL EDUCATION/FIELDWORK SITE PROCUREMENT .....	5
PROCEDURES FOR ASSIGNING STUDENTS TO FIELDWORK & CLINICAL EDUCATION SITES .....	6
<b>POLICY ON THE COLLECTIVE CORE FACULTY RESPONSIBILITIES FOR ASSURING STUDENT READINESS TO ENGAGE IN CLINICAL EDUCATION: EXPECTATIONS AND BENCHMARKS FOR DEMONSTRATION OF PROFESSIONAL, COMPETENT, AND SAFE PERFORMANCE</b> .....	7
POLICY ON STUDENT RESPONSIBILITIES .....	12
TRANSPORTATION .....	12
PRIVACY.....	12
SITE REQUIREMENTS.....	12
PATIENTS’ RIGHTS .....	12
PREPARATION FOR CLINICAL EDUCATION .....	12
WHILE COMPLETING FIELDWORK/CLINICAL EDUCATION EXPERIENCES .....	13
POLICY ON AFWC/DCE RESPONSIBILITIES.....	13
POLICY ON FIELDWORK EDUCATOR/CLINICAL INSTRUCTOR RESPONSIBILITIES.....	14
POLICY ON ATTENDANCE AT FIELDWORK AND CLINICAL EDUCATION ASSIGNMENTS IN THE EVENT OF HAZARDOUS OR INCLEMENT WEATHER .....	15
POLICY ON GRADING FIELDWORK/CLINICAL EDUCATION COURSES .....	16
SATISFACTORY.....	16
UNSATISFACTORY .....	16
WITHDRAWAL .....	16
INCOMPLETE .....	17
POLICY ON TEMPORARY RESTRICTIONS OR LIMITATIONS TO PARTICIPATION IN FIELDWORK/CLINICAL EDUCATION .....	17
POLICY AND PROCEDURE FOR INADEQUATE STUDENT PERFORMANCE OR CONFLICT .....	18
POLICY AND PROCEDURE FOR TERMINATION OF FIELDWORK/CLINICAL EDUCATION EXPERIENCE.....	19
POLICY AND PROCEDURE FOR RIGHTS & PRIVILEGES OF CLINICAL EDUCATION AND FIELDWORK FACULTY .....	20
<b>FIELDWORK/CLINICAL EDUCATION STUDENT CONTRACT</b> .....	23
<b>ACKNOWLEDGEMENT PAGE</b> .....	24

# FIELDWORK AND CLINICAL EDUCATION GUIDELINES

## OVERVIEW

The occupational therapy profession refers to academic experiences in clinic and community settings as “fieldwork” and the physical therapy profession refers to these experiences as “clinical education”. We use both terms throughout the manual to refer to each profession’s experiences. The fieldwork and clinical education program of the Department of Rehabilitation Science exists within the academic programs in occupational therapy and physical therapy to allow students enrolled in course work to apply knowledge and skills acquired in the classroom and laboratory to the practice environment. The primary goals of these programs are listed below.

The fieldwork and clinical education programs will prepare occupational therapy and physical therapy students for general entry-level practice by:

- offering fieldwork/clinical education in a variety of practice settings.
- offering fieldwork/clinical education opportunities in practice settings that provide high quality learning experiences for students.
- promoting evidence-based practice in fieldwork/clinical education settings.
- promoting good professional/clinical reasoning skills and reflective practice in fieldwork/clinical education settings.
- assisting fieldwork/clinical education sites in developing positive learning environments.
- assisting clinical faculty to develop good teaching skills and to serve as good professional role models for students.

The outcome of the clinical education and fieldwork courses is to make the student's overall clinical education and fieldwork experiences as varied and "well-rounded" as possible by working with a variety of clients across the life span in a variety of settings in order to graduate as a competent generalist in their respective profession of physical or occupational therapy.

In addition, the fieldwork/clinical education programs will:

- treat every student fairly and impartially throughout the fieldwork/clinical education process.
- be responsive to student and clinical faculty needs as they relate to fieldwork/clinical education programs.
- meet accreditation standards for the respective fieldwork/clinical education programs.
- The Academic Fieldwork Coordinator (AFWC) and the Director of Clinical Education (DCE) are faculty members who guide clinical education and fieldwork education in the occupational therapy program and the physical therapy programs respectively. The AFWC and DCE facilitate additional experiences that are associated with didactic courses.

The AFWC/DCE defines and determines successful completion of each clinical education course based on evaluation of student performance. The syllabus for each fieldwork/clinical education course clearly identifies the criteria students must achieve.

- Along with the AFWC and DCE, the key participants in the fieldwork and clinical education experience are:
- The **student** is an active participant in the fieldwork/clinical education experience. When signing

documents related to clinical education (patient notes, evaluation forms, clinical instruments), students should designate their level of education as follows:

- OTS1 / SPT1: students in their first year (first three semesters) of course work
- OTS2 / SPT2: students in their second year (fourth - sixth semesters) of course work
- OTS3 / SPT3: students in their third year (seventh and eighth semesters) of course work.

## POLICY ON SUPERVISION

- In practice settings, occupational therapy students are supervised by occupational therapists known as **fieldwork educators** (FWE). Physical therapists who supervise students are referred to as **clinical instructors** (CI).
- **Physical Therapy:** For all clinical courses DPT students must be supervised by a licensed physical therapist who has been licensed for at least one year. The students and clinical instructors must follow state licensure laws and federal supervision policies related to the specific setting.
- **Occupational Therapy:**
  - *Level I Fieldwork (3<sup>rd</sup> Semester Course, Embedded throughout Curriculum Courses):*
    - A Level I fieldwork supervisor can be qualified personnel that are licensed or otherwise regulated such as OT, OTA, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists. In a setting where there is not an Occupational Therapist available for Level I a designated person must agree to supervise the occupational therapy student. In this event, the Academic Fieldwork Coordinator will work with the site to identify an on-site supervisor throughout the fieldwork experience based on the setting's personnel.
    - For Level I fieldwork experiences, the verification of supervising personnel or occupational therapist will include the supervising party's name, professional role and license number, and years in practice. Survey results are used to update the clinical education platform, Exxat, for each fieldwork educator.
  - *Level II Fieldwork (Two Twelve-Week Experiences Occurring in the 7<sup>th</sup> and 8<sup>th</sup> Semesters):*
    - Level II Fieldwork in traditional settings requires Occupational Therapy students be supervised by a licensed occupational therapist who has been practicing full-time, one year subsequent to licensure.
    - In the event of an emerging practice setting where no occupational therapy services exist, the Academic Fieldwork Coordinator will coordinate an appropriate licensed occupational therapist to provide supervision of the student with at least three years of full-time experience for a minimum of eight hours per week during working hours. In this event, the Academic Fieldwork Coordinator will also identify an on-site supervisor throughout the fieldwork experience based on the setting's personnel. A supervision plan will be put in place including the responsibilities and expectations of the supervisees, the student, and the school, along with the proposed schedule of supervision.
    - Level II supervision verification of years in practice and licensure to meet supervision requirements will occur during the match process utilizing a survey with the site match email. For Level II traditional sites, the verification will include the supervising fieldwork educator's name, license number, and years in practice. Survey results are used to update the clinical education platform, Exxat, for each fieldwork educator, and confirm that the supervisor is qualified to hold the fieldwork educator role.
    - For Level II emerging sites, the verification will include the names of the fieldwork educator and on-site supervisor, license numbers, and years in practice. Survey results are used to update the clinical education platform, Exxat, for each fieldwork educator,

- and confirm that the supervisor is qualified to hold the fieldwork educator role.
- Additional verification occurs through the Site Information Form, weekly scheduled feedback forms, and midterm phone calls during fieldwork rotations.
- Some clinical education sites may have additional people devoted to clinical education, such as Center Coordinators of Clinical Education (CCCE) or Fieldwork Coordinator.

#### CLINICAL EDUCATION/FIELDWORK SITE PROCUREMENT

The clinical education/ fieldwork program in the Department of Rehabilitation Science strives to select, develop, and maintain quality clinic and community sites in which students work under the supervision of well-qualified clinical instructors/fieldwork educators practicing the skills required to become entry-level practitioners. Most of the Department's sites are located throughout Oklahoma, in both metropolitan and rural areas. **As a Program largely funded by the State of Oklahoma, the first commitment is to serve the people of Oklahoma.**

At this time, the OUHSC OTD/DPT does not offer any fieldwork/clinical education experiences outside of the United States; however, in the event that we develop sites in the future, we will insure students that they will have supervision from an occupational/physical therapist who has graduated from a program approved by the World Federation of Occupational Therapists/Physical Therapists and has 1 year of experience in practice.

Prior to the clinical/fieldwork courses students have the opportunity to indicate their preferences for available fieldwork and clinical education sites. The "matching process" for each clinical course is managed by a random process. ***Students are often assigned to sites that are located outside of the Oklahoma City or Tulsa areas and may be assigned to out-of-state sites. Students may NOT arrange their own clinical experiences.***

Given that the clinical education/ fieldwork program currently has a sufficient number of quality sites, it is highly unlikely that the AFWC and DCE will develop additional site contracts at the request of students. Students that wish to recommend a site because they believe it would provide an exceptional learning experience may suggest it to the AFWC or DCE, who will decide if establishing a contract is warranted. Site contracts are legally binding documents that typically require 10 months or more to develop because of lengthy review, negotiation, and approval process.

When a new clinical contract is obtained, the site will be entered into the database for all students to access. *Students should not consider fieldwork/clinical education experiences as opportunities to travel or as a means of staying near friends or loved ones. The AFWC and DCE will not consider developing clinical contracts for such reasons.*

The fieldwork/clinical education program takes great care in selecting sites for students' education. All sites must meet the following criteria to be considered by the AFWC/DCE:

- The philosophy of the site and clinical instructor/fieldwork educator is compatible with that of the Department of Rehabilitation Science;
- The site plans to offer studentship positions on an ongoing basis;
- Experiences for students are planned to meet specific objectives of the academic program, the clinical instructor/fieldwork educator, and the individual student;
- The clinical instructor /fieldwork educator and all personnel at the site provide services in an ethical and legal manner;

- The site is committed to the principle of equal opportunity and affirmative action as required by federal legislation;
- The site demonstrates administrative support of student education;
- The site provides a variety of learning experiences for students;
- The site provides an active, stimulating environment appropriate to the learning needs of students;
- The site provides selected support services to students;
- The site clearly defines the roles and responsibilities of site personnel;
- The site's personnel are numerous enough to provide a quality educational program for students;
- The site clinical instructors/fieldwork educators demonstrate clinical competence, effective communication skills, effective instructional skills, effective supervisory skills, effective performance evaluation skills, and professional behavior, conduct, and skill in interpersonal relationships.
- Site personnel model participation in professional activities.

## PROCEDURES FOR ASSIGNING STUDENTS TO FIELDWORK & CLINICAL EDUCATION SITES

The AFWC and DCE:

- Orient each new class of students to the Fieldwork/Clinical Education Programs including an overview of the types of sites and experiences available; requirements for completing required types of experiences; strategies students will find useful for achieving a well-rounded comprehensive fieldwork/clinical experience by time for graduation;
  - **Occupational Therapy:** All students complete a minimum of 24 weeks' full time level II fieldwork. Typically, students complete Level II FW in two settings lasting 12 weeks each. Students can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of two different settings.
- Meet with each class to explain the placement process and criteria for each of the clinical/fieldwork course opportunities.
- Students review the list of available sites specific to each fieldwork/clinical course and data about each site in the database.
- Students enter their preferred 10 sites. \*\*Please note: any of these 10 sites are considered a "match" during this fieldwork/clinical education assignment process
  - NOTE: Students may **not** select a facility in which they have recently worked or volunteered (within the last 5 years), have relatives currently employed, are negotiating or have a scholarship that requires their employment following graduation or under other circumstances that may prevent impartial assessment of the student's performance.
  - NOTE: Students who attempt to stay in a given metropolitan area for all four clinical courses will run the risk of not being matched to a site of their choice.
- Once students are placed, students not placed at one of their 10 preferred sites are given the list of remaining sites. Additional time is provided for reviewing the files on the remaining sites and for meeting with the AFWC or DCE to determine final placement.
- Once sites are notified of student assignments, no further alteration of assignments by students may occur.

It is not uncommon for sites to cancel due to circumstances beyond their control or the University's control. The AFWC or DCE will work to find an alternative site, but in some cases, the clinical start date may be delayed.

## Doctor of Physical Therapy Program Only:

### POLICY ON THE COLLECTIVE CORE FACULTY RESPONSIBILITIES FOR ASSURING STUDENT READINESS TO ENGAGE IN CLINICAL EDUCATION: EXPECTATIONS AND BENCHMARKS FOR DEMONSTRATION OF PROFESSIONAL, COMPETENT, AND SAFE PERFORMANCE

Core faculty are integral to determining that students are prepared to advance to the next semester and to their community-based full-time clinical education courses by identifying the skills in which they are to demonstrate of professional, safe, and competent performance and establishing methods to reliably assess them. The faculty identify these performance skills based on the content of courses taught in each year of the program, which is tracked using the EXXAT clinical education and curriculum management platform. By adding skill checkouts and weekly laboratory sessions to courses that teach clinical content, along with threading ICE experiences into semester's 1, 2, 4, & 5, course faculty frequently assess student performance from these multiple perspectives. This information is discussed among the core faculty including the DCE to ensure that students are progressing toward mastery of knowledge and skills that will be required during clinical rotations. In addition to this ongoing assessment, the program has established a series of summative competency assessments to ensure that students are professional, competent, safe, and ready to progress into clinical education course work. These comprehensive evaluations, called Clinical Readiness Assessments (CRAs) examine student readiness to progress from the first and second year of didactic work to their first and second full-time clinical education experiences, with progression to the third year of the program being determined by them meeting expectations in the second, third, and fourth/final clinical education experiences.

The CRAs gauge the quality of student didactic knowledge, clinical reasoning, and skill acquisition as learned during the preceding semesters of coursework along with demonstrating professionalism and a concern for patient safety when interacting with a standardized patient. Successful completion of the CRAs is mandatory for all students and they must satisfactorily complete these benchmark assessments prior to engaging in full-time the clinical education rotations.

- Clinical Readiness Assessment I (CRA-1): occurs at the start of Summer (Term 3) of Year 1 prior to engaging in PHTH 8362, Clinical Education I (CEI)
- Clinical Readiness Assessment II (CRA-2): occurs at the start of Summer (Term 3) of Year 2 prior to engaging in PHTH 8383, Clinical Education II (CEII)

Since the students begin their terminal 20-weeks of full-time rotations within four months after successfully completing CRA-2 and CEII, the CPI assessments provided during these clinical education courses serve to assess readiness for progression into the next course, i.e., students must satisfactorily complete all requirements for CEII before progressing to PHTH 9124 Clinical Education III (CEIII) which must be satisfactorily completed before engaging in the final course PHTH 9224 Clinical Education IV (CEIV).

During curriculum discussions at the Department of Rehabilitation Sciences annual retreat, the DPT Program annual retreat, and faculty meetings, core faculty summarize their impressions about student readiness based on information gathered from the classroom, laboratories, ICE activities, and CRAs. These discussions inform the core faculty who do not teach in Year 1 or Year 2 courses about the essential content and skills that will be practiced during the summer full-time rotations. Based on these discussions, the Program Director and Director of Clinical Education identify the types of case studies that should be used in the CRAs to identify performance deficits and/or unsafe practices before students move into full-time rotations. A bank of at least 10 patient scenarios exists for both CRAs. Scenarios for CRA-1 are based on knowledge, skills, and behaviors taught in the first year of course work and simulate adults

with non-complex problems typically seen in autonomous outpatient practices or acute care settings (the clinic settings for CE I). The patient conditions can involve upper extremities, lower extremities, post-surgical (fractures or joint replacement) recovery, general debilitation and fatigue, or potential 'red flag' conditions. Settings range from acute care, home health, neurorehabilitation, to outpatient (the clinic settings for CE II). All scenarios for CRA-1 and CRA-2 require students to demonstrate competence in identified critical safety elements (including use of safety devices, appropriately assisting and guarding the patient, proper body mechanics, etc.). These expectations for safety and level of performance on specific skills are communicated to students, standardized patients, and faculty evaluators via the CRA objectives, which are also incorporated into the grading rubrics. Levels of performance on both CRAs are based on the educational research of Lassater (2007) and Furze, Kenyon, and Jensen (2015). These levels in descending order are: Exemplary, Accomplished, Developing, Beginning, and Unsatisfactory. For CRA-1 students must be at the Developing level or higher and at the Accomplished level or higher for CRA-2.

For both CRA-1 and CRA-2, students will participate in one-hour long digitally recorded simulated patient encounters that occur on campus in Simulation Centers. Trained standardized patients evaluate each student's performance in real time using scenarios developed and reviewed by the DCE and faculty. Core faculty and associate faculty evaluators also assess student performance via review of the digital recording. To assure fidelity across simulations and assessments, both actors and faculty evaluators receive training in the process and use of grading rubrics (including calibration exercises). Standardized patient assessment consists of evaluation of knowledge, skills, and safety from the perspective of the physical therapy patient. Assessment by the core faculty and associate faculty evaluators consists of evaluation of knowledge, skills, clinical reasoning, and safety as required in clinical practice. Fidelity across Clinical Instructors for all clinical education courses is achieved via training in the Physical Therapy Clinical Performance Instrument (CPI).

The purpose and expectations of the CRAs along with required performance level are communicated to students in the spring semester before each CRA. Sample problems are given, along with written instructions and the grading rubrics.

#### Expectations for Clinical Readiness:

Students must meet each of the following objectives (with related CAPTE standards and objectives listed) for both CRA-1 and CRA-2:

1. Establish rapport with the patient and effectively communicate the reason for the clinical visit (7D7)
2. Conduct a focused interview that includes a systems review, elicit aspects of the patient's current problem and relevant medical history, acquire information about the patient's life roles and environments in which they occur, identify limitations in activities and participation caused by the current problem, and elicit the patient's desired outcome(s) (7D17; 7D18; 7D21).
3. Implement a comprehensive yet efficient physical examination approach that consists of key assessments relevant to the patient's condition (7D19)
4. Select and competently perform all appropriate aspects of a hands-on physical examination (7D19)
5. Synthesize information collected from the interview and physical examination to determine a physical therapy diagnosis, prognosis, and plan of care or decide that the patient needs further examination or referral to another health care professional (7D20; 7D21)
6. Establish goals and a safe and effective plan of care in collaboration with the patient and/or family (7D23; 7D24)



7. Demonstrate successful patient and/or family education about the diagnosis, prognosis, and course of care in terms the patient can understand (7D12)
8. Demonstrate effective time management and adaptability during the clinical encounter
9. Exhibit professionalism, compassion, ethical behavior, and empathy throughout the encounter with respect for patient differences, values, preferences and expressed needs (7D4; 7D5; 7D8)
10. Within 24 hours after the visit, view the recording of the encounter, reflect on it and self-evaluate areas of strength and those that need improvement using a rubric that assesses ability to apply knowledge, theory, and professional judgment while considering the patient perspective, environment, and available resources (7D10)

As mentioned, satisfactory completion of CE II in Summer of Year 2 assesses student readiness for enrollment in subsequent clinical courses (CEIII and CEIV) Please see the course descriptions for CE II, III, and IV and related benchmarks for specific requirements.

Skills for Demonstration of Competence and Safety for Clinical Readiness:

Following are the skills for which each student must demonstrate competence and safety in readiness for participation in clinical education via the two CRAs.

- Invests in the initial interaction by establishing rapport
- Seeks information in the interview
- Focused observation in prelude to the physical examination
- Comprehensive yet focused physical examination
- Recognizes deviations from expected patterns in the physical examination
- Demonstrates proficiency in hands-on assessment skills (including but not limited to palpation, postural analysis, ROM, MMT, general mobility & gait analysis, sensory assessment, differential diagnosis testing, etc.)
- Prioritizes data in decision-making
- Interprets and makes sense of data to arrive at a physical therapy diagnosis
- Determines physical therapy diagnosis and prognosis
- Involves patient and/or family in care planning
- Establishes and delivers a well-planned patient-centered intervention
- Demonstrates proficiency in treatment skills (including but not limited to exercise and activity prescription, manual therapy, mobility training, gait, etc.)
- Effectively conducts patient and family education
- Invests in bringing closure to the patient visit
- Documents the patient encounter
- Demonstrates a calm, confident, and caring manner
- Demonstrates compassion and empathy
- Is effective in time management throughout the patient encounter
- Exhibits strong interpersonal skills
- Demonstrates adaptive behaviors
- Evaluates and reflects
- Is committed to improvement

These skills are contained in the Grading Rubrics for CRA-1 and CRA-2. Both rubrics address the ten objectives from the preceding section and are further delineated into the above skills, each of which have specific observable performance criteria, and which can be categorized into five levels of performance (“Developing” for CRA-1 and “Accomplished” for CRA-2) as described in the rubrics. For both CRAs,

students can be ranked at higher performance levels, but the minimum level is all that is required. If a student is assessed to be at a lower level of performance for any objective or skill below the benchmark set for that CRA, their performance is independently reviewed by a second faculty member to corroborate the initial assessment. To pass CE II and to demonstrate competent and safe performance in the clinic setting in readiness to advance to CE III and IV, please refer to its course syllabus, which delineates objectives, required skills, and benchmarks for performance.

#### Remediation:

In the event a student is assessed to be below the required benchmark for CRA-1 or CRA-2, they must engage in a structured remediation program to be developed by the DCE in collaboration with the Program Director. CRA-1 and CRA-2 are scheduled early in the third terms of Year 1 and Year 2 to allow four to five weeks before clinical courses begin, so that deficits can be addressed and remediated. Following is the structured remediation program in the event that a student does not meet expectations:

1. The student will be notified that they have not passed the CRA (as will the Program Director) and be referred to the area(s) on the rubric where they failed to meet the benchmark grade. The student will be required to review the recording of their CRA and write a brief (one to two-page) reflection on what performance elements they did well and which ones need improvement. They will include a plan for how they will address/resolve the identified issues.
2. A meeting will be scheduled for the student to discuss their reflection on the CRA with the DCE (who has viewed recorded encounter). The student and DCE will further develop the plan for remediating the deficit area(s). The student will then be given a list of dates and times for the second attempt at the CRA.
3. The second attempt will be conducted by a faculty volunteer instead of an actor following the same time frames and expectations as the original CRA.
4. Two faculty members will independently grade the student's performance (one faculty member representing the course pertaining to the case and one faculty member not associated with the course).
5. The second attempt at the CRA will occur within 7-14 days of the first encounter, as time allows.
6. Should the student not meet the benchmark for performance only in the areas of rapport and professionalism:
7. A MedBridge<sup>®</sup> course related to that content will be assigned instead of having the student redo the CRA.
8. The student will need to complete the course, write a reflection, and email the CRA coordinators and DCE their certificate of completion. The reflection must be graded as satisfactory before they will be allowed to begin their scheduled clinical rotation (CE1 or CE2).
9. If the student does not pass their second attempt (i.e. if both faculty graders assess the student as not performing at the minimum required level) they will not be able to continue on to their full-time clinical placement. The Program Director will again be involved.
10. The student may be able to withdraw from the Clinical Education course, should they meet university policy for doing so.
11. The DCE and Program Director will review areas for the student to strengthen to prepare for patient care and communicate this with the student.
12. The DCE/PD will develop a remediation plan that may include clinical observation. While the remediation plan is not mandatory for the student to complete, it is strongly recommended that the student complete the plan to optimize their potential for success.
13. Students should note that any clinical experiences recommended in the remediation plan will be observation only and that during this time students are not allowed to utilize hands on skills with patients.

14. Students will have the option of re-enrolling in the respective clinical education course at its next offering.
15. Students will be required to complete the CRA with the next Cohort.
16. If the student does not pass the CRA on the next 2 attempts, their performance will be reviewed and an administrative decision will be determined. This could result in the student being recommended for dismissal from the program.
17. If the student passes the knowledge and skills portion of the evaluation during their second attempt but not the affective/rapport and professionalism areas, they will be assigned a MedBridge® course in those content areas.
18. If a student earns a failing score in the documentation (SOAP note) portion of the CRA but earns a passing score in the technical portion of the experience, then they will be given feedback by the CRA reviewer on their overall performance and required to revise & resubmit the documentation.

Please refer to the course syllabi for PHTH 8383 Clinical Education II, PHTH 9124 Clinical Education III, and PHTH 9224 Clinical Education IV for the required levels of performance and for remediation planning should a student not meet those benchmarks.

### POLICY ON STUDENT RESPONSIBILITIES

Students are assigned to fieldwork/clinical education sites based on a legally binding contract between the sponsoring clinical site and the Department of Rehabilitation Sciences and the College of Allied Health. The primary purpose of each site is to provide quality patient/client services. Students are required to abide by the requirements of the contract and follow the Department Clinical Policies and Procedures.

### TRANSPORTATION

Students are responsible for their own transportation and other expenses incurred during fieldwork, clinical education, and daily clinical visits.

### PRIVACY

While in the clinic, any use of patient information is restricted by the national Health Insurance Portability and Accountability Act (HIPAA). Any information obtained by students for use in course related assignments is strictly limited, must be kept confidential, and may NOT include personal identifying information that could link back to the specific individual.

### SITE REQUIREMENTS

Students are responsible for completion of site-specific trainings and expenses for “on boarding” in a timely manner when required by the clinical site.

### PATIENTS’ RIGHTS

In the clinical setting, all students will identify themselves as University of Oklahoma Health Sciences occupational or physical therapy students and inform patients of their right to decline participation in clinical education without risk of negative consequence.

### PREPARATION FOR CLINICAL EDUCATION

1. All students must remain compliant with all program, college, and university requirements to be enrolled as a professional student. These requirements include immunizations, major medical health insurance, drug screens, CPR certification, background checks, and other

requirements as specified by the program, college, and university. These requirements are maintained in the data management system Complio, and all notices of non-compliance must be addressed promptly.

2. These requirements are continuously monitored by the Office of Academic and Student Affairs (OASA) and notices of pending non-compliance are first issued 30 days before a student falls out of compliance and weekly thereafter. Students who do not maintain compliance will not be enrolled and therefore unable to participate in fieldwork/clinical education assignments, potentially delaying graduation.”
3. Read and sign the Internship Contract as evidence of your understanding of student responsibilities in clinical education.
4. Send an email/letter of introduction and seek confirmation of start time and specific site requirements (e.g. dress code, parking, etc.) a minimum of two weeks in advance of the starting date or as directed by the AFWC/DCE. Include a brief description of your learning goals and expectations for the clinical experience.
5. Explain use of the appropriate performance assessment forms to the fieldwork educator/ clinical instructor and course completion requirements.

#### WHILE COMPLETING FIELDWORK/CLINICAL EDUCATION EXPERIENCES

1. Comply with all policies and procedures of the site. Arrive on time; respect lunch breaks; and, always give prompt notification of absences. Complete necessary paperwork as requested.
2. Students attend every scheduled day of the fieldwork/clinical experience. The only excused absences are for 1) illness, 2) personal emergency (the student must notify the fieldwork educator/clinical instructor as soon as possible) or 3) to allow the student to participate in a professional association meeting with permission for AFWC/DCE and coordination with clinical site. In the case of the latter, students are excused for the days of the meeting, and one day before and following the meeting for travel. If meetings distant and drive time exceeds one day, students can negotiate to extend their fieldwork/clinical experience to accommodate this.
  - a. At no time should any student schedule time away from the clinic for personal trips, including job interviews, vacations, wedding planning, or other such instances. Fieldwork educators and clinical instructors may require a student to make up any time missed regardless of the reason.
3. Reschedule makeup time for any absences to the satisfaction of the fieldwork educator/ clinical instructor. Absences up to and including two work days are to be negotiated between the student and fieldwork educator/ clinical instructor. Absences greater than two work days must include discussion with the AFWC/DCE.
  - a. **\*\*INCLEMENT WEATHER:** absence due to road conditions that make travel to the clinical site hazardous is at the discretion of the fieldwork educator/clinical instructor per that facility’s policy.
4. Comply with all policies and procedures of the Department of Rehabilitation Science, including the attendance policy, dress code, and professional behavior.
5. Continue to review the clinical assessment tool criteria and its application to your professional growth. Participate in a candid discussion of your assessment and the assessment of your supervisor on a regular basis. Contact the AFWC/DCE if concerns arise.
6. Fulfill all duties and assignments made by the fieldwork educator/clinical instructor within the time limit specified.
7. Perform therapy services that are evidence-based, appropriate, safe, and effective as judged by the clinical instructor/fieldwork educator. Be prepared to provide cogent rationale for your clinical decisions.

8. Successfully complete all requirements and assignments of the clinical course and submit material as described in the course syllabus meeting all deadlines.
9. Assume responsibility for on-going problem solving with the fieldwork educator/ clinical instructor to resolve challenges or conflicts that arise during the experience. Initiate immediate discussion with the fieldwork educator/clinical instructor as concerns arise. Clearly communicate unmet supervision needs. If satisfactory resolution of concerns or needs cannot be obtained, contact the AFWC/DCE immediately for guidance. If problems arise that cannot be discussed with the fieldwork educator/clinical instructor, contact the AFWC/DCE immediately.
10. If the supervising therapist rates a student's performance as unsatisfactory at any time during the clinical experience, the student must contact the AFWC/DCE immediately.

### POLICY ON AFWC/DCE RESPONSIBILITIES

The Academic Fieldwork Coordinator (AFWC) and the Director of Clinical Education (DCE) abide by the following policies in order to facilitate each student's successful completion of each fieldwork/clinical education course:

1. Assign all eligible students to fieldwork/clinical education experiences.
2. Monitor contracts. The College assures that written contracts and Letters of Agreement between the University and clinical site are in place, current, signed, and regularly reviewed. A current, signed contract, in an authorized state, must be on file prior to the student starting the fieldwork/clinical education experience.
3. Orient students to the purposes of clinical education/fieldwork experiences, the policies and procedures, and the requirements of the formal contract.
4. Maintain open communication with each fieldwork educator /clinical instructor responsible for supervising a student.
5. Maintain current fieldwork/clinical education site information.
6. Develop new clinical education experiences as needed.
7. Provide copies of course syllabi to fieldwork educators/clinical instructors and students.
8. Evaluate materials submitted by students that fulfill the requirements of the fieldwork/ clinical education course.
9. Maintain contact with the relevant person(s) with the goal of achieving a successful resolution if challenges, conflicts, or problems arise during the student's experience. Serve as a resource to both students and fieldwork educators/ clinical instructors to assist with resolution of issues that are identified during the experience and provide advisement in collaboration with the fieldwork educator/ clinical instructor and the student.
10. Develop a written correction plan if the student is not meeting performance expectations and review it with the fieldwork educator/clinical instructor for input and approval including signatures.
11. If deemed appropriate, terminate a student from a fieldwork/clinical education experience in accordance with policies of the university and clinical site.
12. Evaluate the supervising therapist's assessment of each student's performance and determine the course grade applying stated criteria of the course.
13. Thank facilities for providing fieldwork/clinical education experiences for students from the Department of Rehabilitation Science.
14. Provide a letter to each full-time fieldwork educator noting the number of weeks of supervision for performance evaluation and continuing education credits as applicable. Complete the same letter for clinical educators if needed in their particular state.
15. Arrange remediation experiences for students who are eligible for reassignment according to Department remediation policy.

16. Assess continuing education needs in clinical education of fieldwork educators/ clinical instructors.
17. Plan and implement activities to develop and support clinical teaching skills of fieldwork educators /clinical instructors.

### POLICY ON FIELDWORK EDUCATOR/CLINICAL INSTRUCTOR RESPONSIBILITIES

The fieldwork educator/clinical instructor abides by the following policies in order to facilitate each student's successful completion of fieldwork/clinical education courses:

1. Collaborate with the AFWC/DCE in the development of a program that provides the best opportunity for the student to implement theoretical concepts and skills offered in the academic educational program.
2. Prepare, maintain, and send to the AFWC/DCE current information about the clinical site.
3. Confirm the fieldwork education/clinical instructor has been practicing for at least one year.
4. Provide a description of the philosophy of the clinical site and written objectives for the fieldwork/clinical education experience to the student with access to the AFWC/DCE as requested.
5. Provide regular and adequate supervision of students. Students and fieldwork educators/clinical instructors should meet informally and formally throughout the experience to ensure timely, open communication and to assess performance.
6. Know the parameters of the student assessment tool and its application to student assessment and development.
7. Be knowledgeable of the Policy and Procedure Regarding Inadequate Student Performance or Conflict and the Policy and Procedure for Clinical Education Termination. Clarify with the AFWC/DCE as necessary.
8. Prior to each student placement in the clinical site, review the contractual agreement between the academic education institution and the clinical site to assure that these agreements are current.

While a student is completing a fieldwork/clinical education experience, the direct day-to-day supervisory responsibilities of the fieldwork educator/ clinical instructor include, but are not limited to, the following tasks:

1. Orient student to the clinical site and specific departmental policies and procedures. Discuss any unwritten policies that may affect student performance.
2. Review specific required skills to be successfully completed by the end of the experience. Identify opportunities for students to apply skills that are either not available or required at the respective clinical site.
3. Plan and facilitate learning experiences and student achievement of required skills.
4. Question and challenge the student about patient evaluation, intervention, and management strategies and the related decision-making and professional reasoning process. Model clinical decision-making and professional reasoning by "thinking aloud" the critical clinical problem solving process during activities that directly and/or indirectly relate to patient care and professional judgment.
5. Facilitate the student's problem solving skills based on applying evidence from the literature.
6. Provide supervision as required by state and federal laws that assures patient safety and student learning.
7. Provide regular formative assessment of the student's progress during the clinical experience

- maintaining open and ongoing communication with the student.
8. Provide an evaluative assessment of each student on the timeline included in the course syllabus. Fieldwork educators send one copy of the final assessment, signed by both the fieldwork educator and the student to the AFWC. Provide one copy to the student. Clinical instructors complete the online Clinical Performance Instrument (CPI), review with the student and both the clinical instructor and student electronically sign the CPI.
  9. Immediately notify the AFWC/DCE, as early in the clinical experience as possible, of any student who is at risk of failing and requires a remediation plan.

### POLICY ON ATTENDANCE AT FIELDWORK AND CLINICAL EDUCATION ASSIGNMENTS IN THE EVENT OF HAZARDOUS OR INCLEMENT WEATHER

In accordance with [College of Allied Health Student Campus Policy and Public Safety/Inclement Weather Policy](#), OT and PT students are considered professionals-in-training and are learning the responsibilities of health care providers whose services are vital to their patients, clinics and hospitals. Therefore, they are responsible for meeting their obligations regardless of inclement weather unless they are relieved of these duties by their Fieldwork Supervisor or Clinical Instructor. In the event that weather conditions make safe travel to a fieldwork/clinical education assignment slow or difficult, students should contact their FWE/CI and make appropriate arrangements.

### POLICY ON GRADING FIELDWORK/CLINICAL EDUCATION COURSES

The Academic Fieldwork Coordinator (AFWC) or the Director of Clinical Education (DCE) is responsible for determining the final grade for the respective full-time clinical course. The grade for the course is based on students' successful completion of three components of clinical education: 1) formal and informal evaluation of each student's knowledge, skills, attitudes, and values using feedback from fieldwork educators/clinical instructors; 2) satisfactory professional behavior relative to the course responsibilities; and 3) satisfactory completion of all clinical assignments as determined by AFWC/DCE and FWE/CI. All fieldwork and clinical education courses are graded as Satisfactory "S," Unsatisfactory "U," Incomplete "I," or Withdrawal "W." Criteria for grading are as follows:

#### SATISFACTORY

- Minimum competency levels, as defined for each course and communicated through the syllabus, have been reached by the end of the fieldwork or clinical education experience.

#### UNSATISFACTORY

- Minimum competency levels, as defined for each course and communicated through the syllabus, have not been reached by the end of the fieldwork or clinical education experience;
- The gap between student competence (clinical and/or professional behavior) and clinic expectations is so great that the student will be unable to meet the objectives and is asked to leave the facility before the end of the assigned timeframe;
- The fieldwork educator or CCCE/CI request removal of the student for good cause (*refer to Policy and Procedures for termination of Fieldwork/Clinical Education Experience*); or
- The AFWC/DCE removes the student from the fieldwork/clinical education site for good cause (*refer to Policy and Procedures for termination of Fieldwork/Clinical Education Experience*).

Students may have one opportunity to re-enroll in the fieldwork/clinical education course in which they received a "U" if in the professional judgment of the AFWC/DCE it would be in the best interest of the program, profession, and student. Since fieldwork/clinical education courses are prerequisite

coursework for all subsequent coursework in the program, students who have not successfully completed their fieldwork/clinical education course may be recommended for enrollment in AHS courses but may NOT enroll in PHTH or OCTH courses. If this opportunity is granted and a student does not successfully complete the fieldwork/clinical education course during the second opportunity, faculty will recommend dismissal from the program.

#### WITHDRAWAL

- The student is unable to complete the fieldwork/clinical education course due to (but not limited to) illness, family crisis or emergency beyond their control within the first half of the fieldwork/clinical education experience.

Since fieldwork/clinical education courses are prerequisite coursework for all subsequent coursework in the program, students who withdraw from the first fieldwork/clinical education course may enroll in AHS courses but may NOT enroll in PHTH or OCTH courses. Students who must withdraw from subsequent fieldwork/clinical education courses may be granted these opportunities at the recommendation of the AFWC or DCE to the Academic Progress Committee, with final approval being determined by the college/Office of Academic and Student Services.

#### INCOMPLETE

- The student is (a) unable to complete the fieldwork/clinical education course due to (but limited to) illness, family crisis or emergency beyond their control during the second half of the clinical/fieldwork experience, and (b) has already made satisfactory progression in the fieldwork/clinical education experience by mid-term.

If the student receives an “I” (incomplete) grade for the fieldwork/clinical course, the student will work with the AFWC/DCE to complete the requirements for the fieldwork/clinical education course within a time frame that will allow the student to apply clinical education knowledge in the regularly scheduled didactic courses. The student might not be recommended for enrollment in the next semester.

Any student who does not meet the minimum passing criteria established or any fieldwork or clinical education experience cannot receive a grade of Satisfactory.

#### POLICY ON TEMPORARY RESTRICTIONS OR LIMITATIONS TO PARTICIPATION IN FIELDWORK/CLINICAL EDUCATION

Guiding Tenet: The most important principle underlying policies pertaining to student participation in fieldwork/clinical education courses is safety. Students must be physically able to provide services to patients/clients such that the safety of the patient/client is not at risk. Students must also be able to ensure their own safety in an environment where patient response to treatment may not always be predictable.

- Injuries, pregnancy or any other medical conditions by themselves are not considered disabilities under the Americans with Disabilities Act. However, impairments resulting from these conditions (such as high blood pressure or back pain in pregnancy) can be considered a disability as long as there is proper documentation of the impairment and/or restriction by the attending physician. It may be necessary to obtain an assessment and recommendations from the university’s ADRC. Your AFWC/DCE and the Office of Academic and Student Affairs should be consulted in all situations potentially requiring involvement of the ADRC.



- In the event that a student's physician determines that a lifting restriction or any other limitation is necessary as a result of any temporary condition or impairment, the student should inform the Office of Academic and Student Affairs and the AFWC/DCE as soon as reasonably possible in order to allow time for adjustments to fieldwork/clinical education courses to be made. Failure to inform the Office of Academic and Student Affairs and AFWC/DCE when such a restriction has been imposed may be construed as a breach of professional responsibility and may be grounds for disciplinary action.
- Students will supply the Office of Academic and Student Affairs and the AFWC/DCE with 1) documentation of the impairment, restriction or limitation from the student's attending physician delineating the degree and the estimated duration of the restriction as specifically as possible and 2) a written request for the desired accommodation from the student.
- The AFWC/DCE, in consultation with the Clinical Instructor/ Fieldwork Supervisor and the student, will determine if the clinical experience can be modified in such a way as to allow the student to participate safely and still meet the educational objectives of the course. If such a modification is not possible at the assigned clinical site, the clinical site is unwilling to make the accommodation, or the AFWC/DCE determines that the restriction or limitation will prevent the student from taking advantage of a significant portion of the learning opportunities, the AFWC/DCE will attempt to change the assignment to a site where the accommodation can reasonably be made. Maintaining the overall variety of a student's fieldwork/clinical education program will be an important consideration in this decision.
- In the event that the AFWC/DCE is unable to locate an appropriate placement for the student requesting the accommodation, the AFWC/DCE may elect to postpone the fieldwork/clinical education course until such a site is found or until the temporary restriction or limitation is removed by the attending physician making accommodation unnecessary.
- Before resuming subsequent fieldwork/clinical education courses, students who have had a temporary limitation or restriction to their participation must supply the AFWC/DCE with written notification from the attending physician releasing the student to return to full participation in fieldwork/clinical education.
- The AFWC/DCE reserves the right to change or terminate a fieldwork/clinical experience if sufficient evidence exists to indicate that a student is posing a risk to his or her coworkers or patients/clients.

#### POLICY AND PROCEDURE FOR INADEQUATE STUDENT PERFORMANCE OR CONFLICT

If a student's conduct in any way disrupts services to patients or relationships in the fieldwork/clinical education site, the fieldwork educator /clinical instructor the AFWC/DCE may recommend formal advisement sessions. The student may also request the input of the AFWC/DCE advisement sessions with the fieldwork educator /clinical instructor. The following procedures apply:

- Before the AFWC/DCE becomes involved, the student and the fieldwork educator/clinical instructor must attempt to address and resolve identified issues.
- Both the fieldwork educator/clinical instructor and the student provide the AFWC/DCE with written documentation of the situation upon request.
- Involvement of the AFWC/DCE begins when either the student or the fieldwork educator/ clinical instructor requests assistance or when the AFWC/DCE determines that the goals of the clinical experience are not being met.
- The goal of the AFWC/DCE is to ensure that the best interests of the student, the fieldwork/clinical site, university, profession, and public are met. In this role, the AFWC/DCE serves as an arbitrator or mediator, facilitating all interests.
- Once involved, the student and the fieldwork educator/clinical instructor meet with the

- AFWC/DCE to share perceptions and define the problem as it relates to the experience.
- The student, fieldwork educator/clinical instructor, and the AFWC/DCE determine and evaluate possible solutions to the situation and select solutions for implementation.
- A written corrective action plan, devised by the AFWC/DCE with input from fieldwork educator/clinical instructor, outlines the corrective steps to be taken, the consequences should the issue not be resolved, the responsibility of each person involved, and the time frame for plan completion and reviews. Both the student and the fieldwork educator/clinical instructor will sign and date the action plan with copies retained by the student, the fieldwork educator/clinical instructor, and the AFWC/DCE.
- The student and fieldwork educator/clinical instructor review the action plan as needed and at the completion date established in the action plan.
- The AFWC/DCE discuss the outcomes of the action plan with the student and the fieldwork educator/clinical instructor at the completion date to determine if the situation is resolved and the student has mastered deficiencies. If deemed necessary, the student's advisor may be included in discussions at any phase of this process.

Possible outcomes for inadequate student performance or conflict include:

- a) Fieldwork/clinical education problem is resolved; experience continues to completion date
- b) Fieldwork/clinical education problem partially resolved with additional action plan(s) or remedial assistance required if the experience is to be continued, or
- c) Fieldwork/clinical education problem appears unresolvable and the fieldwork/clinical experience is terminated.

In cases that remain unresolved, the AFWC/DCE determines the outcome. A possible outcome is the student receiving an unsatisfactory grade for the course.

## POLICY AND PROCEDURE FOR TERMINATION OF FIELDWORK/CLINICAL EDUCATION EXPERIENCE

If a student's conduct or performance in any way disrupts services to patients or relationships in the clinical education site, the fieldwork educator/clinical instructor may dismiss the student or the AFWC/DCE may immediately terminate the student's placement. Professional behaviors for which students may be dismissed include, but not limited to, technical skills, commitment to learning, effective interpersonal skills, effective communication skills, effective use of time and resources, appropriate use of feedback, acceptable problem-solving abilities, professionalism, responsibility, critical thinking, and effective stress management.

One or more of the following actions or like actions may be grounds for immediate termination by the University. Examples are given for clarification only, and do not limit the possible grounds for immediate termination.

- Student performance violates sound patient/client treatment or creates a threat to the welfare of the patient/client.
- Student behavior creates a concern for the continued positive relationship between the University and the clinical site.
- Student performance jeopardizes relationships between employees of the clinical site.
- Student action jeopardizes relationships between clinical site staff and patient/clients.

- Student fails to adhere to clinical site, Department, and/or University policies and procedures.
- Student exhibits poor professional judgment leading to inadequate or unsafe patient care or unethical conduct.
- Student fails to demonstrate ability to apply adequate concepts for patient care as practiced at the clinical site at the level expected.
- Student fails to alter unacceptable behavior after advisement.
- Student deliberately misrepresents his or her level of competency.
- Student is absent from the fieldwork/clinical education experience to the extent that absences cannot reasonably be rescheduled or assessment of performance is difficult.
- Student dates or develops any social relationship with a patient currently undergoing any form of treatment at the clinical site. \*\*This includes inappropriate interaction using social media.
- Student dates a staff member employed at the clinical site.
- Student deceives or attempts to deceive the fieldwork educator/clinical instructor or the AFWC/DCE in a matter that affects the trusting relationship necessary to fieldwork/clinical education performance or the development of professional qualities.
- Student informs the patient/client or family of personal disagreement with an aspect of care.
- Student falsifies any information or signature on any of the clinical/fieldwork paperwork.

If a student is dismissed from the fieldwork/clinical education site, or the fieldwork/clinical education experience is terminated, the following occurs:

- The student, fieldwork educator/clinical instructor, and the AFWC/DCE will be informed of the dismissal or termination, its rationale, and effective date. The student is given a grade of “U” for the fieldwork/clinical education course.
- Once dismissed or terminated, the student may not return to the site for future fieldwork/clinical education experiences.
- Once dismissed or terminated, the student or his/her agents may not interact with the clinical site, its staff, or patients/clients in any manner.
- Prior to re-enrollment in a fieldwork/clinical education course, the student must submit a written plan of action for successful remediation of deficit areas to the AFWC/DCE and respective program director, who jointly determines student’s readiness for re-enrollment. Additional remediation may be required that could take many forms that include, but are not limited to, enrollment in directed studies courses, remedial clinical work, independent study.
- The AFWC/DCE will make recommendations and determine successful completion of the remediation plan prior to rescheduling of the student’s future fieldwork/clinical education experience.
- The AFWC/DCE will reschedule the fieldwork/clinical education/ experience as soon as possible once remediation is complete and participation is deemed appropriate per AFWC/DCE.
- Students **may** be granted the opportunity to re-enroll in a fieldwork/clinical education course in which they have received a grade of “U” one additional time. The Academic Progress Committee may recommend that a student be enrolled for a second time in the fieldwork/clinical education course in which the student earned a grade of U because of termination on the first attempt. The input and discretion of the AFWC/DCE will be strongly considered; additionally, the availability of a site is an important factor. Students who do not successfully complete the course the second time may be dismissed from the program.

## POLICY AND PROCEDURE FOR RIGHTS & PRIVILEGES OF CLINICAL EDUCATION AND FIELDWORK FACULTY

Fieldwork and clinical education faculty are recognized as employees of other organizations and institutions but are appointed as clinical faculty by the AFWC/DCE. The fieldwork and clinical education faculty have the following rights and privileges associated with their participation in the fieldwork/clinical education program:

- To be treated fair, with dignity and without discrimination by all students and OUHSC faculty.
- The right to request the Program to remove a student from the fieldwork/clinical experience at any time once notice has been provided.
- The right to the educational information of a student that is deemed relevant by the AFWC/DCE to the student's fieldwork/clinical education affiliation while the student is under the supervision of the clinical faculty.
- The right to request assistance from the AFWC/DCE in preparing for the student affiliation.
- The right to request an on-site or phone meeting with the AFWC/DCE during the affiliation.
- The right to request assistance from the academic program in dealing with fieldwork/clinical education issues or problems that arise in the clinic.
- The right to request a student in-service or other project during the student's clinical education experience.
- The right to request an in-service by the AFWC/DCE or other OUHSC faculty member.
- The right to attend as complimentary guests at lectures hosted by the Department of Rehabilitation Science.
- The right to attend periodic continuing education sponsored by the Department or College at a low or reduced cost.

## FIELDWORK/CLINICAL EDUCATION STUDENT CONTRACT

### Clinical Education / Fieldwork, I, II, III, and IV Students

Please read this contract carefully. Print your name on the blank line at the top of the contract, then check the box beside each item to indicate that you have read it and understand that it is an expectation of you during each clinical education / fieldwork course. Sign and date the contract at the end.

I \_\_\_\_\_ pledge on my honor that for every clinical education experience, I will:

- Arrive on time at the assigned site wearing professional attire and fully prepared to execute the professional responsibilities required of each student
- Accept that my first duty is to the ultimate welfare of the persons served by the profession and that "ultimate welfare" is a complex mix of desires, wants, needs, abilities, and capacities.
- Recognize that professional duties and situations are about completing tasks and about solving problems in ways that benefit others, either immediately or in the long term.
- Place the importance of professional duties, tasks, and problem solving above my own convenience.
- Strive to work effectively with others for the benefit of the persons served. This means I pursue professional duties, tasks, and problem solving in ways that make it easier (not harder) for others to accomplish their work.
- Properly cite others for the use of their published work in my presentations, manuscripts, and other materials. **Class handouts/slides prepared by faculty or guest lecturers are not to be copied and used in any student work, even if the student cites the material.** Students are to use these as background information and resources to guide their own independent research on the topic.
- Sign my notes to formally acknowledge the patient care I provided.
- Take responsibility for my actions, my reactions, and my inaction. This means I do not seek to export responsibility by offering excuses, by blaming others, by emotional displays, or by helplessness.
- Not accept assignment of professional duties for which I am personally or professionally unprepared. Make every effort to become prepared; in the event that what I am being asked is inconsistent with the requirements of my fieldwork/clinical assignment, I will contact the AFWC/DCE immediately.
- Take responsibility for expanding the limits of my knowledge, understanding, and skill.
- Accept direction (including correction) from those who are more knowledgeable or more experienced. I will provide direction (including correction) to those who are less knowledgeable or less experienced.
- Value the resources required to provide professional duties and tasks, including my time and that of others.

- Accord respect to the values, interests, and opinions of others that may differ from my own, as long as they are not objectively harmful to the persons served.
- Accept the fact that others may establish objectives for me. While I may not always agree with those goals, or may not fully understand them, I will pursue them as long as they are not objectively harmful to the persons served.
- Agree that when I attempt a task for the second time, I will seek to do it better than I did it the first time. I will revise the ways I approach duties, tasks, and problem solving in consideration of peer judgments of best practice.
- Accept the imperfections of the world in ways that do not compromise my pursuit of excellence.
- Accept that "on time," "prepared," and "properly attired in professional dress" are defined by the situation, the task, or by another person.
- Base my opinions, actions, and relations with others upon empirical evidence, and upon examined personal values consistent with the above.

By my signature, I affirm that I have read and understand that these are among the expectations that others have of me as I fulfill my duties as an intern representing the University of Oklahoma Department of Rehabilitation Sciences.

\_\_\_\_\_

(signature)

\_\_\_\_\_

(date)

(Adopted [with modifications] from the Department of Communicative Disorders, University of Wisconsin-Madison)

May, 2001

## ACKNOWLEDGEMENT PAGE

Dear Student,

Please carefully read the Student Handbook and Fieldwork & Clinical Education Guidelines. Sign the statement below to indicate that you understand the content and that you agree to adhere to the policies and guidelines.

Please sign and return this form to the AFWC or DCE by the date specified.

Thank you,

Ashley Efaw, DSc, OTR/L  
Academic Fieldwork Coordinator

Alisa Brewer, PT, DPT, DSc, PCS  
Director of Clinical Education

I have read, understand, and agree to adhere to the policies and guidelines in the Student Handbook and Fieldwork & Clinical Education Guidelines.

\_\_\_\_\_  
Student Name (please print legibly)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness of Student's Signature

\_\_\_\_\_  
Date