

Occupational Therapy Department
Occupational Therapy Student
Performance Objectives

I. FUNDAMENTALS OF PRACTICE

1. Adheres consistently to the American Occupational Therapy Association Code of Ethics (4) and site's policies and procedures including when relevant, those related to human subject research.
 - a. Adheres to professional code of ethics and a standard of practice in the performance of duties at all times.
 - b. Uses treatment techniques that are within his/her ability and experience and within the scope of Occupational Therapy practice.
 - c. Follows confidentiality policies.
 - d. Utilizes written resources to identify institutional and departmental policies and procedures.
2. Adheres consistently to safety regulations. Anticipates potentially hazardous situations and takes steps to prevent accidents.
 - a. Identifies precautions applicable to the patient and staff and explains to the patient when appropriate (weight bearing, isolation, total hip, cardiac).
 - b. Reviews the medical record for relevant information regarding treatment precautions and contraindications.
 - c. Adheres to facility safety precautions.
 - d. Returns tools and equipment to the proper place after use.
 - e. Reports malfunctions in equipment per hospital policy.
 - f. Demonstrates carryover of infection control policies and precautions.
3. Uses sound judgment in regard to safety of self and others during all fieldwork-related activities.
 - a. Recognizes other's unprofessional behaviors, which may affect patient's safety and quality of care, and discusses with supervisor.
 - b. Demonstrates the ability to anticipate/intervene in potentially harmful situations (i.e. wet floor, unsafe use of equipment).
 - c. Reports unsafe equipment and practices to his/her supervisor.
 - d. Demonstrates knowledge of and uses good judgment and safety skills with use of medical equipment (i.e. IVs, foley catheters, chest tubes, vents, wheelchairs, beds, etc.).
 - e. Demonstrate the ability to safely transfer patients between functional surfaces beyond using multiple types of transfers.
 - f. Identifies when patient has a change in status and notifies the RN and other appropriate staff in a timely manner.
 - g. Identifies contraindications and precautions of patient condition that affect delivery of various modalities (i.e. cold, heat, massage, vibration).

II. BASIC TENETS OF OCCUPATIONAL THERAPY

4. Clearly and confidently articulates the values and beliefs of the Occupational Therapy profession to clients, families, significant others, colleagues, service providers and the public.
 - a. Explains the purpose and/or history of Occupational Therapy to others in appropriate language (i.e. lay-terms for patients and family members).
 - b. Explains to the patient the purpose of the treatment program and changes in understandable terminology.
5. Clearly, confidently and accurately articulates the value of occupation as a method and desired outcome of Occupational Therapy profession to clients, families, significant others, colleagues, service providers and the public.
 - a. Explains the rationale for the treatment program in understandable terms.
 - b. Verbalizes the value of occupational therapy/activity to assist the patient and/or family in meeting goals.

- c. Communicates with other disciplines and family without prompting from supervisor.
6. Clearly, confidently and accurately communicates the roles of the occupational therapist and the occupational therapy assistant to clients, families, significant others, colleagues, service providers and the public.
 - a. Verbalizes the role of OT to PT, family and other disciplines
 - b. Demonstrates the ability to verbalize the rationale for treatment to patient, families and others.
 7. Collaborates with client, family and significant others throughout the Occupational Therapy process.
 - a. Assists the patient in realizing attainable/non-attainable goals in a manner that does not decrease patient motivation.
 - b. Utilizes a reflective listening technique.
 - c. Explains the results of the assessment and/or status of the treatment program in terms the patient will understand.
 - d. Incorporates patient and caregiver ideas and feelings in the discharge plan.

III. EVALUATION AND SCREENING

8. Articulates a clear and logical rationale for the evaluation process.
 - a. Explains the rationale for the choice of evaluation procedure(s).
 - b. Explains the focus and purpose of the evaluation process.
9. Selects relevant screening and assessment methods while considering such factors as client's priorities, context(s), theories and evidence-based practice.
 - a. Selects pertinent assessment tools for individual cases.
 - b. Researches selected assessment options in preparation for administration to the patient (insures age appropriateness and diagnosis appropriateness, familiarizes self with protocol for an unfamiliar assessment tool).
 - c. Selects correct methods among standardized and non-standardized procedures.
 - d. Prioritizes the sequence of evaluation procedures to be administered.
10. Determines client's occupational profile and performance through appropriate assessment methods.
 - a. Reads the patient's chart prior to initiating an evaluation, and verbalizes an understanding of the patient's premorbid occupational performance.
 - b. Demonstrates familiarity and comfort with interview process.
 - c. Identifies cultural and religious factors through interview.
 - d. Identifies areas of concern related to patient's occupational history, patterns of daily living, interests, values and needs in their environment.
 - e. Identifies precautions/contraindications for assessments/evaluation tools.
11. Assess client factors and context(s) that support or hinder occupational performance.
 - a. Identifies patient strengths and concerns and the impact on their occupational performance.
 - b. Identifies pt. values, beliefs and spirituality the impact occupational performance.
 - c. Identifies body structures and functions that support or hinder occupational performance.
12. Obtains sufficient and necessary information from relevant resources such as client, families, significant others, service providers, and records prior to and during the evaluation process.
 - a. Reads the patient chart prior to completing the evaluation and chooses pertinent patient information.
 - b. Initiates family contact, within HIPPA guidelines, to discuss premorbid functional status.
 - c. Obtains pertinent information regarding patient status from sources other than the chart.
 - d. Interviews patient to supplement the chart data regarding *pertinent data*, which would effect the assessment.
 - e. Ensures that OT orders are written properly prior to completing a thorough chart review.

- f. Collaborates with case manager and/or social worker to obtain relevant information pertaining to home setup and discharge needs.
13. Administers assessments in a uniform manner to ensure findings are valid and reliable.
 - a. Becomes familiar with standardized testing techniques and can administer them correctly as outlined in the departmental policies and procedures manual.
 - b. Demonstrates inter-rater reliability.
 14. Adjusts/modifies the assessment procedures based on the client's needs, behaviors and culture.
 - a. Familiarizes self with and makes acceptable adaptations that can be applied without altering the validity of test results.
 - b. Implements adapted methods when appropriate.
 15. Interprets evaluation results to determine client's occupational performance strengths and challenges.
 - a. Uses appropriate scoring criteria as a basis for interpreting patient status.
 - b. Documents rationale for interpretation of assessment data using the test results and clinical observations.
 - c. Identifies patient strengths and weaknesses.
 - d. Prioritizes patient problems.
 16. Establishes an accurate and appropriate plan based on the evaluation results, through integrating multiple factors such as client's priorities, context(s), theories, and evidenced-based practice.
 - a. Written goals are behaviorally measurable, reflect problem areas and are appropriate for the patient's estimated length of stay, patient motivational level and available support systems.
 - b. Goals are reflective of patient and family input whenever possible (client-centered).
 - c. Treatment plan is completed in a timely manner.
 - d. Treatment plan is completed in accordance with departmental policies and procedures in a concise and accurate manner.
 17. Documents the results of the evaluation process that demonstrates objective measurement of client's occupational performance.
 - a. Reports assessment and reassessment findings in a concise, accurate and complete manner (written, electronically and orally).
 - b. Uses medical and OT terminology appropriately and spelled correctly.
 - c. Accurately and correctly uses scaled measurements (i.e. ROM, strength and assistance levels).

IV. INTERVENTION

18. Articulates a clear and logical rationale for the intervention process.
 - a. Demonstrates a clear clinical reasoning process when establishing interventions.
 - b. Communicates to family, significant others and staff the rationale for treatment activities.
 - c. Prioritizes treatment needs and articulates reasons for choices.
19. Utilizes evidence from published research and relevant resources to make informed intervention decisions.
 - a. Initiates using journals, text books, etc. to research viable treatment options.
 - b. Uses reliable information sources.
 - c. Seeks out information from staff members about intervention options.
20. Chooses occupations that motivate and challenge clients.
 - a. Modifies activity to meet patient's current level and to improve performance.
 - b. Designs appropriate and motivating treatment plans.
 - c. Uses purposeful/meaningful activity.

21. Selects relevant occupations to facilitate clients meeting established goals.
 - a. Demonstrates functional-based interventions for ADLs and IADLs.
 - b. Chooses occupations/activities that relate to the patient's goals or contributes to the mastery of part of the goal.
22. Implements intervention plans that are client-centered.
 - a. Selects and implements activities that are congruent with the patient's behavioral, cultural, developmental and/or physical abilities.
 - b. Correctly chooses the most appropriate and safe method to transfer a patient beyond a stand-pivot transfer (i.e. sliding board, amputee, neurological patient).
23. Implements intervention plans that are occupation-based.
 - a. Selects and implements activities that are congruent with stated occupational therapy frame of reference.
 - b. Selects and implements activities that are congruent with the patient's occupational history.
24. Modifies task approach, occupations, and the environment to maximize client performance.
 - a. Identifies changes in the patient's condition or response to treatment that indicate the need to modify the goals.
 - b. Adapts goals in response to changes that are consistent with current status.
 - c. Incorporates a variety of strategies for achieving goals.
 - d. Uses co-treatment with other professionals when appropriate.
 - e. Adapts activity to meet the patient's needs in a timely manner.
 - f. Identifies alternative approaches to accomplish objectives and goals.
 - g. Adapts activities as needed by upgrading, downgrading or using adaptive devices to facilitate completion of the activity in a safe and therapeutic manner.
 - h. Verbalizes to supervisor alternative plans prior to session.
25. Updates, modifies or terminates the intervention plan based upon careful monitoring of the patient's status.
 - a. Revises goals, as needed, in response to collaboration with other practitioners to maximize patient rehabilitation.
 - b. Develops follow-up programs, as needed, designed to meet the patient's needs and that are easy to follow.
 - c. Observes the patient's progress in OT for signs of maximizing potential for improvement (plateau) or having met long-term goals.
 - d. Uses correct departmental procedures when terminating patient treatment.
 - e. Terminates individual treatment sessions at natural points of closure.
 - f. Indicates reason for termination of Occupational Therapy treatment in documentation.
 - g. Identifies appropriate point at which to discontinue the patient from Occupational Therapy service.
 - h. Identifies appropriately when to place a patient's therapy on hold.
 - i. Demonstrates ability to prepare patient and family for upcoming discharge including home exercise program, handouts and demonstration of home exercise program execution.
26. Documents client's response to services in a manner that demonstrates the efficacy of interventions.
 - a. Correctly documents client response, interprets what has been observed or what has been determined by objective/standardized evaluations.
 - b. Documents at regular intervals the status of each goal which goal which reflects upon activity, progress, modification and/or regression.

V. MANAGEMENT OF OCCUPATIONAL THERAPY

27. Demonstrates through practice or discussion the ability to assign appropriate responsibilities to the occupational therapy assistant and occupational therapy aide.

- a. Identifies and articulates the role or possible role of the occupational therapy assistant in acute care.
- 28.** Demonstrates through practice or discussion the ability to actively collaborate with the occupational therapy assistant.
- a. Discusses the various situations and roles that an occupational therapy assistant could encounter.
 - b. Demonstrates understanding of the current Pennsylvania practice act guidelines for COTA supervision and the different means to document this.
- 29.** Demonstrates understanding of costs and funding related to occupational therapy at this site.
- a. Demonstrates a basic understanding of equipment and supply costs.
 - b. Notifies the appropriate person of the need to order replacement equipment or to order specialty/non-stock equipment.
 - c. Completes occupational therapy treatment and equipment bills accurately and timely.
 - d. Verbalizes understanding of the billing system for acute care (DRGs, ACOs, etc.)
- 30.** Accomplishes organizational goals by establishing priorities, developing strategies and meeting deadlines.
- a. Completes assignments, documentation and billing in a timely manner.
 - b. Prepares in advance for meetings and treatments.
 - c. Demonstrates flexibility in adjusting priorities to meet the established goals of the Occupational Therapy Department.
 - d. Delivers services expected by the treatment site at a level commensurate with an entry-level therapist.
- 31.** Produces the volume of work required in the expected time frame.
- a. Completes fieldwork assignments in a timely manner.
 - b. Able to manage a full entry-level caseload of 20-24 units per day by week 10.
 - c. Adjusts work pace to accommodate an increasing work load.
 - d. Initiates involvement of taking on new patients as caseload allows.

VI. COMMUNICATION

- 32.** Clearly and effectively communicates verbally and nonverbally with clients, families, significant others, colleagues, service providers and the public.
- a. Reports patient status in conference/rounds in a manner that is concise and accurately reflects the patient's current functional status in relation to goals and probable discharge situation.
 - b. Explores alternative communication systems if the patient is non-verbal or does not speak English (i.e. writing, family, speech therapy, interpreter, Cyacom phone, MARTTI).
 - c. Expresses him/herself in a professional manner when collaborating with other practitioners.
 - d. Uses correct terminology and pertinent assessment data to make clear, concise reports at meetings.
 - e. Shows good eye contact and speaks clearly and confidently.
 - f. Presents information in a variety of formats (written, pantomime, demonstrated).
 - g. Determines the complexity of the presentation of directions that the patient can understand (multi-step v. 1-step).
 - h. Monitors the patient's verbal and non-verbal responses to evaluate the patient's understanding of the steps of the activity.
 - i. Approaches case managers and/or social workers consistently and appropriately to discuss discharge planning issues/concerns.
- 33.** Produces clear and accurate documentation according to the site requirements.
- a. Completes all assigned documentation in a timely fashion .

- b. Writes complete and concise reports following departmental policies and procedures in electronic medical record or hand written forms.
- 34.** All written communication is legible, using proper spelling, punctuation and grammar.
- a. Meets standards for correct word usage, abbreviations, legibility and spelling (including terminology and format).
- 35.** Uses language appropriate to the recipient of the information, including but not limited to funding agencies and regulatory agencies.
- a. Uses professional language with other disciplines and in documentation.
 - b. Uses layman's terms to discuss evaluation findings and treatment recommendations with the patient and family members.

VII. PROFESSIONAL BEHAVIORS

- 36.** Collaborates with supervisor(s) to maximize the learning experience.
- a. Performs required tasks as identified in the supervisory sessions.
 - b. Employs active listening.
 - c. Seeks out supervisor's feedback in a timely, appropriate manner.
 - d. Identifies desired changes in own behavior to supervisor.
 - e. Approaches supervisor with problem solving alternatives.
 - f. Demonstrates the ability to accept and give positive feedback and constructive criticism.
 - g. Asks appropriate questions when in doubt.
 - h. Communicates with supervisor when caseload needs to be adjusted to be more or less challenging.
 - i. Gives honest, respectful feedback to the supervisor.
- 37.** Takes responsibility for attaining professional competence by seeking out learning opportunities and interactions with supervisor(s) and others.
- a. Utilizes professional resources and materials to broaden perspective and to strengthen skills in areas identified for growth.
 - b. Identifies personal strengths and weaknesses.
 - c. Verbalizes specific needs to supervisor.
 - d. Utilizes available resources to accomplish learning goals and objectives.
 - e. Takes advantage of additional learning experiences (seminars/lectures) as schedules permit.
 - f. Actively involved in in-service presentations as appropriate.
 - g. Chooses an assignment topic that furthers own learning, rather than duplicating information completed in earlier classes or fieldwork assignments.
- 38.** Responds constructively to feedback.
- a. Appropriately receives feedback/supervision from immediate supervisor or other professional staff using active listening skills.
 - b. Implements supervisory feedback in a timely manner and demonstrates carryover throughout the rest of the fieldwork.
 - c. Researches questions asked by supervisor or others and reports back answers in a timely manner.
- 39.** Demonstrates consistent work behaviors including initiative, preparedness, dependability and work site maintenance.
- a. Keeps work area clean and clutter free.
 - b. Offers to assist other staff without cueing.
 - c. Arrives at site in timely manner and ready to work as designated.
 - e. Demonstrates flexibility/adaptability with changing need in the department.
- 40.** Demonstrates effective time management.

- a. Plans daily schedule according to assigned caseload.
 - b. Completes documentation, client treatment sessions, preparation responsibilities, meeting and learning assignments in a timely manner without external reminders from the supervisor.
 - c. Collaborates cooperatively with the supervisor and other personnel in scheduling fieldwork and patient related activities.
 - d. Uses “downtime” effectively and productively.
 - e. Is flexible with rescheduling as needed.
- 41.** Demonstrates positive interpersonal skills including but not limited to cooperation, flexibility, tact and empathy.
- a. Displays ability to compromise when collaborating with patients.
 - b. Coordinates work schedule to accommodate program and departmental needs.
 - c. Changes priorities as needed, reflecting patient, treatment team, departmental and personal needs.
 - d. Demonstrates the ability to alter behavior based on patient needs or supervisor’s recommendations.
 - e. Deals effectively with a wide range of patients (disabilities, ages, cultures) and families.
- 42.** Demonstrates respect for diversity factors of others including but not limited to cultural, socio-economic, spiritual and lifestyle choices.
- a. Adapts/modifies behavior according to other cultural needs.
 - b. Relates to others with appreciation for differences.
 - c. Demonstrates understanding of cultural diversity and integrates into treatment.