Welcome!

Congratulations on your admittance into the Occupational Therapy Assistant program. Occupational Therapy is an exciting field with diverse opportunities. This handbook is designed to give you an overview and description of the program. You will want to reference the materials included in the handbook throughout the program. This handbook does not replace the college student handbook. The information contained in both handbooks applies to the program.

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All policies are subject to change. Students are held responsible for all policies in the current handbook available on-line.
ATTITUDE

“The longer I live, the more I realize the impact of attitude on life. Attitude, to me, is more important than the past, than education, than money, than circumstance, than successes, than what other people think, say, or do. It is more important than appearance, giftedness, or skill. It will make or break a company, a church, a home. The remarkable thing is we have a choice everyday regarding the attitude we will embrace for that day. We cannot change the inevitable. The only thing we can do is play on the one string we have, and that is our attitude. I am convinced that life is 10% what happens to me and 90% how I react to it. And so it is with you, we are in charge of our attitudes.”

Charles Swindoll

“Keep your thoughts positive because your thoughts become your words. Keep your words positive because your words become your behavior. Keep your behavior positive because your behavior becomes your habits. Keep your habits positive because your habits become your values. Keep your values positive because your values become your destiny.”

Mahatma Gandhi
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Mission

Preparing students, serving communities, creating opportunities.
In order to accomplish this mission, the board of trustees has empowered the chancellor, as executive officer, to implement its policies. The chancellor, with the other officers of the District, will provide leadership in the implementation of the mission and goals of the District.

Vision Statement

Learning is the focus of everything we do at Metropolitan Community College. Student learning is central to our mission; employee learning is key to our strength; and organizational learning is the foundation for innovation and growth. Learning is a lifelong process. Learners are whole persons with intellectual, physical, emotional, spiritual, social, ethical, vocational, and economic dimensions. As learners, as facilitators of learning, and as an organization, we accept responsibility to:

- Manage learning and commit the time and energy that meaningful learning requires.
- Encourage free, open, and respectful exchange of ideas as a natural part of change.
- Synthesize tradition and innovation in order to enhance academic achievement.
- Design and implement structures and processes that promote learning.
- Draw on diversity to influence and inform learning.
- Engage in continuous assessment, reflection, and adaptation.
- Create a physical, social, and intellectual environment that supports learning.
- Build partnerships that promote individual, institutional, and community betterment.

SCOUT Creed

As engaged members of the MCC-Penn Valley community, we pledge to create a safe and supportive learning environment. We understand that we are more successful together than apart. As we REACH for success, we agree to uphold the following standards:

Respect: We respect each other, ourselves, the college, and our community. We hold ourselves to high moral and academic principles. We demonstrate this through our actions and words.

Excellence: We challenge ourselves to set high standards and embrace life-long learning.

Accountability: We accept responsibility for our individual actions and their impact on others. We take ownership for our learning and strive to resolve matters in a peaceful way.

Community: We are part of a large and diverse society. We are engaged in building a positive college culture of involvement, collaboration, and completion. We accept all members of the community.

Honor: We are honest and truthful. We give recognition to the original ideas of others and expect recognition for our individual thoughts and ideas.

We commit to live this creed as Penn Valley Scouts.

We are PV Proud
The following purpose statements declare how MCC will carry out the mission of the District:

**Purpose Statements**

In pursuit of MCC’s mission, the District will:
- Provide courses and associate degree programs that prepare students to transfer to four-year colleges and universities to complete bachelor's degrees.
- Provide courses, certificates and associate degree programs to prepare students to enter the work force in skilled jobs and careers.
- Provide courses, certificates and associate degree programs to assist adult workers to upgrade their job skills, change careers, or advance in their careers.
- Provide instruction in core academic skills that prepare students to succeed in college-level courses and programs.
- Provide student development and support services to assist students to achieve their academic, career and personal goals.
- Provide and support activities to enhance student learning outside the classroom.
- Provide a range of services and accommodations to help all prospective students overcome barriers to access college programs and opportunities.
- Provide courses and other educational and cultural activities to enrich the lives of members of the community.
- Provide business support services and other training and assistance to support the economic development of the community.
- Collaborate with other educational institutions, community-based organizations, agencies, businesses and industries to meet the needs of the community.

**Philosophy**

The Metropolitan Community College is dedicated to serving the educational needs of the community. The college programs are intended to help students understand themselves, the society of which they are a part and the universe in which they live.

At the same time, MCC provides opportunities for students to develop occupational skills. Faculty and administrators cooperate to create an environment that stimulates intellectual growth and nurtures academic freedom for students and instructors alike. The programs offered are intended to encourage lifelong learning. Finally, the MCC employees are committed to providing equal opportunity for all persons regardless of age, creed, race or gender.
The Occupational Therapy Assistant Program at Metropolitan Community College is committed to providing quality education that is affordable and offers equal opportunity and accessibility while embracing diversity. The program design is complementary to the colleges and the American Occupational Therapy Association’s policies, procedures, and philosophical foundation. The instructional content and methods will prepare the student to be competent, well-rounded, adaptable and service-minded practitioners who are committed to a lifelong desire to achieve personal and professional excellence. The graduate of the Occupation Therapy Assistant Program at Metropolitan Community College will be able to practice as a competent, entry-level Occupational Therapy Assistant under the ethical standards of the profession and provide a necessary service to their community.

Revised 3/12/2012
Humans are complex beings. Humanity requires an interactive process of continuous adaptation and growth. The adaptation process is facilitated through occupation (purposeful activity) and influenced by physical, social, and cultural environments. Occupational therapy education advocates the use of occupation to facilitate adaptation. This adaptation results in a change in functional performance or context which then promotes survival, self-actualization, and quality of life.

The ability to continuously adapt to change in oneself, the environment, and one’s performance is the key component to success in any situation. The occupational therapy educational process prepares practitioners to function effectively in the dynamic environments of a diverse and multicultural society. The instructional format provides learning experiences that will assist the student in the adaptation process while acquiring knowledge, skills, and behavior necessary to practice in this society. Education needs to involve the learner in a collaborative, integrated and self-directed learning process to promote critical thinking, flexibility, creativity and the desire for lifelong learning. Situations are provided to challenge students to push themselves outside the confines of their culture and class to attempt to gain an accurate understanding of their clients’ worldview and life situations. Engaging the student as an active participant using occupation in a variety of contexts with multisensory instruction and current technology enhances learning.

The OTA faculty at Metropolitan Community College believes that certain concepts are fundamental to occupational therapy.

1. All people possess worth and dignity and have an undeniable right to be respected regardless of age, gender, race, creed, social, or economic status. Each person is a unique entity with certain bio-psychosocial needs whose ultimate search is for the achievement of full potential. During the life span, people proceed through a series of development stages and, within each stage, they undergo adaptive changes. In addition, an individual is continuously modifying and being modified by his or her environment. The vast arrays of experiences encountered by an individual in everyday life are products of both internal and external environments. Each person is a member of society and, to function successfully within society, one will adapt by interacting and communicating with a changing environment based upon individual perceptions as change is an inevitable factor for living.

2. Health is a dynamic word that includes the biological, psychological, and social being of an individual. Health is the optimum adaptation of the individual to the stresses of the external and internal environment. Adaptation is a change in function that promotes survival and self-actualization. Disturbances in adaptation can be the cause or effect of physical, emotional or social disorders. Illness, which is a manifestation of a disease process, can disrupt health. Illness may result in various levels of dysfunction. Dysfunction is defined as a disruption in a person’s ability to choose, organize or perform a task and may occur when adaptation is impaired. To the individual, dysfunction means poor health and a compromised state of being. Health and illness are viewed on a continuum. Health and illness are not constant or absolute but are ever changing states of being.

3. Occupational therapy is based on the belief that purposeful occupation, comprised of interpersonal and environmental factors, may be used to prevent and mediate dysfunction and maximize adaptation. Occupations are ordinary and familiar things people do every day, and occupations have a psychological dimension. Occupations include purposeful activities, and purposeful activities are goal-directed behaviors or tasks that an individual considers meaningful. Occupations are the activities and tasks that facilitate intrinsic motivation for each unique individual. They are the activities or tasks that an individual likes to perform wants to perform, or
has to perform in their life. Occupation as a modality for treatment is as diverse and complex as each individual we treat. The unique ability of the OT practitioner is to analyze and modify activities to be meaningful and satisfying to the participant.

4. Learning occurs within the individual and is activated by the learner. Learning is a developmental process where growth in all domains of life may occur simultaneously. Therefore, the learner may be growing professionally, psychologically, socially and culturally during any given educational experience. The learner enters the learning environment to attain goals. Progression toward goal achievement is promoted by moving from the familiar to the unfamiliar and actively involving the learner in the learning activity. Teaching provides others with opportunities to develop knowledge and insight, encouraging creative thinking, facilitating problem solving and developing skills. The teacher establishes the environment conducive to learning and guides the student in securing experiences that will promote optimal development. Instruction should occur in a variety of environments: the classrooms; the laboratories; and “real-life” experiences. Finally, the student has the obligation to contribute to this learning environment by actively seeking and utilizing educational opportunities.

5. Continual program evaluation is necessary to assure the effectiveness of instruction. Evaluation provides the instructor with valuable insight to understand the overall effectiveness of the instructional techniques being implemented and adapt instructional methods in order to meet educational goals. Professional development by faculty is necessary to provide instruction of current OT practice and thus ensuring quality education.
EDUCATIONAL GOALS

1. The OTA program faculty will prepare students for an Associate of Applied Science Degree – Occupational Therapy Assistant.

2. The OTA program will prepare all graduates for employment as entry-level Occupational Therapy Assistant practitioners as defined by the American Occupational Therapy Association competent to perform Occupational Therapy services in a wide variety of settings.

3. The OTA program will provide a course of study with clearly defined expectations for all students at all levels of the program and help each student to achieve these expectations.

4. The OTA program will provide equal opportunity for all people without regard to their race, color, religion, sex, sexual orientation, age, birth, ancestery, national origin, religion, or disability.

5. The OTA program will provide and promote accessibility and accommodations to those qualified students with disabilities.

6. The OTA program will enhance student awareness and appreciation of diversity within and outside the college community.

7. The OTA program will facilitate students’ integration of theory and practice by providing effective didactic, laboratory, and fieldwork opportunities.

8. The OTA program will provide multisensory, current technological classroom instruction that supports lifelong learning, personal/professional development, and critical thinking.

9. The OTA program will instill ethical standards and attitudes in personal and professional conduct and relationship.

10. The OTA program will collaborate with community based organizations and other educational institutions to ensure ongoing program effectiveness in instruction and for community needs.
METROPOLITAN COMMUNITY COLLEGE – PENN VALLEY
OCCUPATIONAL THERAPY ASSISTANT PROGRAM
STUDENT COMPETENCIES

Upon completion of the OTA Program, graduates will demonstrate:

- knowledge of the history of Occupational Therapy and the use of occupational as a basis for effective treatment implementation.
- knowledge of the role delineation between the OTR and the COTA.
- knowledge of the scientific basis and effectiveness of occupational therapy treatment.
- knowledge of AOTA’s standards and code of ethics for practice.
- knowledge of state and federal regulatory and legislative actions and their effect on the delivery of OT and health care services.
- knowledge of universal precautions.
- the ability to read and interpret professional literature and critically analyze new concepts.
- the ability to communicate effectively in written and oral communication.
- the ability to promote effective interpersonal relationships.
- the ability to implement occupation-based, comprehensive treatment which may include but is not limited to:
  - assessment of architectural barriers
  - ADLs and functional training
  - high and low assistive technology
  - developmental activities
  - endurance activities
  - environmental modifications
  - modalities (OT specific)
  - muscle re-education, strengthening
  - orthotic fabrication
  - client/family/significant other/staff education
  - positioning for wheelchair and bed
  - wellness and health maintenance
Student Competencies cont.

- an understanding of the importance and value of lifelong learning to promote personal and professional growth.

- an understanding of the principles of:
  
  authority and responsibility  
  planning and time management  
  flexibility and problem solving  
  the supervisory process  
  performance evaluation, policies and procedures  
  fiscal considerations for OT  
  quality assurance  
  client and family interaction  
  documentation and confidentiality  
  management in OT
POLICIES & PROCEDURES

Probation Policy

Students may be placed on probation within the OTA program for non-academic infractions including but not limited to clinical fieldwork. Students may also be subject to sanctions under the MCC Student Code of Conduct for the same violation. Once placed on probation, a student will remain on probation until they either graduate or a second incident occurs. If a second incident occurs, the student will be dismissed from the program as well as be accountable for the violation through the Student Code of Conduct.

Grounds for probation during class related activities shall include, but not be limited to, the following:
   a. Disruptive behavior
   b. Illicit activities
   c. Dishonest behavior
   d. Multiple tardies (5 or more within a class, tardy is defined as 5 or more minutes late)
   e. Multiple absences (beyond the policy of the course)
   f. Violation of OTA program policies

Grounds for probation related to clinical fieldwork include, but are not limited to, the following:
   a. Any grounds from above
   b. Insubordination
   c. Conduct potentially detrimental to the safety of clients, clinical facilities, staff, college faculty or staff, or other students
   d. Unsatisfactory clinical performance as determined by college faculty
   e. Attendance related
   f. Inappropriate, unprofessional and/or disruptive behavior

If the probation related to clinical fieldwork results in the student being removed from that fieldwork, the student will be dismissed from the program.

A student placed on probation will be given a letter indicating the reason for probation and the ramifications of another incidence of probation. A meeting will be held between the faculty and program director and the student at that time.

Dismissal: A Student can be dismissed from the OTA program for the following infractions:
   a. Any incidence of cheating, including but not limited to:
      completion of assignments as a group rather than individual
      more than one incidence of plagiarism
      sharing of test questions by any form
      copying assignments or test answers
   b. Failure of any fieldwork course
   c. Obtaining less than a ‘C’ in any course
   d. More than one incidence of probation
   e. Other reasons as determined by faculty
   f. Violation of MCC Student Code of Conduct
Additional Policies

Completion
In order to receive an AAS degree in Occupational Therapy the student must complete all courses with a grade of “C” or better in each course required for the degree and must successfully pass all laboratory checkouts as outlined in each course syllabus. As well, students are expected to maintain a GPA of at least a 2.0 in the program. Students failing to meet these requirements will be required to reapply to the Occupational Therapy Assistant (OTA) program, and if accepted, retake all OTHA courses in sequence beginning with semester 1 offerings.

The OTA student will follow guidelines set forth in individual course syllabi. Evidence of academic dishonesty in any OTHA course including fieldwork may result in termination from the program. If termination from the program results from academic dishonesty the student may not reapply to the program.

Satisfactory (S) or Unsatisfactory (U) grades will not be accepted for program prerequisite courses, OTHA courses, or any other courses included in the degree requirements.

Students who apply to the program with previous OT coursework, whether from an OTA or OT school will be evaluated on an individual basis. They may be expected to take all OTHA courses in sequence beginning with semester one offerings.

The OTA student must demonstrate personal and professional qualities such as positive attitude, appropriate judgment, flexibility, self-confidence, resourcefulness, ethical behavior, professionalism (behavior, dress, hygiene, and communication), respect to others, personal responsibility, and tact. Documented incidents of unprofessional behavior may result in being placed on probation.

Dress Code
The OTA student is expected to represent themselves and MCC in a professional manner both when off campus at an OTA program event and when outside speakers are presenting to the class. In these instances, students are expected to dress professionally. No jeans, shorts, tennis shoes or t-shirts will be allowed on these occasions. Students are expected to wear slacks, dress shirts or collared shirts or sweaters when representing the OTA program. Hats may not be worn on fieldwork or when guest speakers are present. Students will be asked to remove hats when taking an exam during class or lab.

Requirements
The OTA student is required to obtain a student identification badge indicating OTA student. You will need to present proof of current enrollment in order to obtain this badge. In some facilities a lab coat with OTA patch might be required.

The OTA student will receive and maintain current CPR (adult, child, and infant) certification through MCC. Failure to do so will result in termination from the program. A copy of both the front and back of the certification card must be provided to the Program Coordinator immediately following certification. Proof of certification is required for all fieldwork experience.

Students will be required to pay for document management and upload and maintain all required forms (blood borne pathogen, universal precautions, HIPAA examinations, liability & health insurance, CPR certification, immunizations, physical examination forms, etc.) to present at the request of the program coordinator, academic fieldwork coordinator, or the clinical fieldwork supervisor.
Students must maintain safety in all classroom and clinical settings. Safety considerations may be outlined in the individual course syllabi and could include limitations on footwear, use of safety equipment or other safety considerations.

Students are responsible for their own transportation to all educational activities including volunteer service learning, course related activities, and Level 1 and Level 2 fieldwork. They may be expected to drive 70+ miles each way.

It is recommended that the OTA student have health insurance throughout their involvement in the OTA program.

The student is responsible for notifying and providing documentation to the appropriate individuals if they have special needs and require accommodations. Metropolitan Community Colleges comply with the Americans with Disabilities Act. If you need any accommodations due to a documented disability, or if you have emergency medical information to share, contact the Penn Valley Disability Support Services coordinator by calling 816.604.4152 or 604.759.4383 (TDD). All information is confidential and released only upon your permission.

Social Media
It is suggested that students of each year’s class develop their own social networking page to communicate about course assignments, brainstorming sessions, education resources, etc. However with social networking sites such as Facebook, Twitter, MySpace, Instagram, etc., students are prohibited from posting about OTA clinical sites and supervisors; protected patient and family information; and the OTA program without the approval of the Program Coordinator. All students must comply with HIPAA policies. Absolutely no photos can be posted in regard to patients or patient care. Should the clinical site’s social media policy be more stringent, the student is required to comply with the clinical site’s policy. Failure to comply with this social networking policy will result in failure of fieldwork and dismissal from the OTA program.
**Grading Scale**
The program grading scale which is aligned with the majority of OTA programs across the country, is as follows:

A = 92-100  
B = 84-91  
C = 75-83  
D = 66-74  
F = Below 66

Instructors reserve the right to exercise professional judgment as to whether a student passes a course satisfactorily in cases where a student has borderline performance or has had documented difficulties with fieldwork.

Refer to individual course syllabi for specific grading points and criteria.

**Academic Dishonesty**
Cheating will not be tolerated. Evidence of cheating will result in termination from the program with no opportunity to reapply.

Cheating is an act of deception which includes but is not limited to the following:
- Copying another student’s assignment to turn in as their own
- Looking at another student’s examination
- Talking with other classmates during an examination, including practicals
- Providing incorrect information regarding performance and attendance at fieldwork

Plagiarism will not be tolerated and will result in a failing grade for the first occurrence. Additional acts of plagiarism will result in dismissal from the program.

Please note that all assignments, projects and exams are to be completed solely by the individual student and not in a group or with partners unless otherwise specified in the instructions. If assignments turned in completed with answers exactly the same or similar, those students will be asked to meet with the instructor and/or the coordinator of the program and may earn zero’s on that assignment.

**For additional information on the MCC Student Code of Conduct, please see [http://web.mcckc.edu/asp/infoex/prp/files/735010DR.pdf](http://web.mcckc.edu/asp/infoex/prp/files/735010DR.pdf)**
**Student Performance**
Examinations will be reviewed with the student per individual class instructor’s specifications. Exams will be kept through the end of the semester by the instructor before they are shredded.

Each student will participate in a mid-term report/conference at least yearly that will update them on their performance and allow them the opportunity to voice questions or concerns. Both the student and an instructor will complete the midterm assessment and then meet to discuss the ratings. Students are expected to reflect on their performance in all areas honestly and participate fully in the midterm process. If a student is having problems a plan for improvement will be initiated to assist the student in becoming more successful. A copy of the mid-term report will be kept in the student’s file.

If a student has concerns or difficulties in a course, the student should voice their concerns to the course instructor / fieldwork educator first. If the student’s needs are not met, the student should then contact the program coordinator. If the student feels the program faculty is not meeting their needs, they should contact the Director of Health Sciences, Sandy McIlnay. Further assistance may need to be obtained from the Dean of Instruction only after speaking with the Director of Health Sciences.

A student needs to represent themselves in matters of concern. Faculty and administrators will not respond to anyone but the individual who has the concern.
MCC – Penn Valley
Occupational Therapy Assistant Program

Metropolitan Community College
Occupational Therapy Assistant Program
Mid-Term Professional Behavior Assessment

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<th>Date ___________________________</th>
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Instructions: For each section, review the skill/behavior and rate the area on a scale of 1-5 (1 = poor, 3 = inconsistent/developing, 5 = exceptional). Offer comments/examples to support the rating given. Complete the strengths and areas of growth based on the assessment.

**Dependability**
- ✔ Punctual and consistent attendance
- ✔ Adheres to class/FW schedule
- ✔ Contacts instructors prior to absence from class/FW
- ✔ Takes responsibility for missed work
- ✔ No incidents of cheating/plagiarism
- ✔ Respects HSI and FW site property
- ✔ Adheres to MCC and OTA program policies

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Comments:

**Active Learning**
- ✔ Actively participates in all learning activities
- ✔ Offers own thoughts/ideas in discussions/class collaborations
- ✔ Formulates/asks relevant questions
- ✔ Identifies need for further information or clarification and appropriate time to seek this information
- ✔ Identifies relevant resources to access information
- ✔ Uses effective written communication skills
- ✔ Uses “down time” and lab time productively

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Comments:

**Preparation**
- ✔ Completes assignments on time and meets due dates
- ✔ Brings needed materials to class/FW/lab
- ✔ Reviews, reads and researches assigned materials
- ✔ Ready to engage in activities when class begins
- ✔ Uses available resources to track own work/due dates
- ✔ Maintains professional appearance during class
- ✔ Follows dress/safety requirements for lab/FW

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Comments:

**Interpersonal Relations**
- ✔ Understands roles of peers/educators
- ✔ Accepts personal differences and others opinions

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<th>Sensitive to others’ personal space/belongings</th>
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<td>Avoids use of offensive language/statements</td>
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<td>Listens attentively to peers/educators</td>
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<td>Avoids interrupting or monopolizing conversations</td>
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<td>Initiates conversation at appropriate place and time</td>
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**Communication**

- Recognizes impact of non-verbal communication (eye contact, voice tone/pace/volume, facial expressions, gestures)
- Offers two-way communication
- Contributes in group efforts/discussions equally
- Expresses self in a manner that encourages dialogue (direct, polite, clear, asks questions of others, etc)
- Receptive to feedback
- Practices active listening

**Problem Solving**

- Recognizes problems and begins to examine solutions independently
- Applies current resources and identifies those needed to develop answers/solutions to issues
- Confident with own knowledge and abilities
- Comfortable making mistakes and learning
- Exercises judgment in use of materials/resources

**Safety and Health**

- Approaches tasks in an alert, conscientious and self-paced manner
- Ensures a neat, organized and hazard free environment
- Handles tools and equipment correctly
- Consults with educator for any potential dangerous situation
- Assumes responsibility for adequate sleep, nutrition and health care needs
- Recognizes and attends to own stressors/personal needs
- Identifies and uses a support system
- Seeks advisement when needed
- Utilizes resources available at MCC or as advised by instructors

**Flexibility**

- Welcomes new learning and challenges
- Applies own creativity to generating alternatives
- Formulates critical thinking on various topics/approaches
- Comfortable with ambiguity, variables and change
- Cooperative in schedule group work or changes in schedules

**Self-Direction**

- Takes initiative in all phases/aspects of learning
- Works within knowledge/competency
| ✓ Accepts responsibility for actions and outcomes |
| ✓ Assesses own performances and adjusts as needed |
| ✓ Modifies behavior based on feedback |
| ✓ Utilizes professional literature effectively |

**Summary**

**Strengths:**

**Areas of Concern:**

**Plan of Action:**

__________________________________________  ________________________________
Student signature and date  Faculty signature and date
**Attendance and Tardiness Policy**

The faculty believes that frequent and prompt attendance in class and labs is critical for successful completion of the program. Getting information from classmates does not always adequately replicate the information given in the classroom.

**Attendance in lectures and labs**

You must call the instructor prior to the beginning of the class/lab to report absences. If your lecture class meets one time per week you are allowed a maximum of two absences during the semester. If the class meets two times per week you are allowed a maximum of three absences during the semester. You will be allowed one absence from a lab class with no opportunity to make up the content. Absences in excess of the above will result in student being withdrawn from the course. Students do not have the option of switching lab sections during the semester unless you have the prior approval of the instructor.

**Tardiness**

Each time a student is tardy, 2 points per incident will be deducted from their final point sub-total. Be mindful that there will always be traffic and there may be adverse weather conditions. The instructors watch will be the official time.

**Absence from an exam**

A student is only allowed to reschedule one exam per class per semester if the student has contacted the instructor prior to the exam to indicate the absence. The student will have one week following the original scheduled date of the exam to take the exam. After contacting the course instructor, make up exams will be given to the Allied Health Secretary in HSI 410. It is the responsibility of the student to schedule a time with the secretary to make up the exam. The secretary can be reached by calling (816) 604-4232. Lab practicals cannot be rescheduled. If you miss a lab practical without previously arranging a time to take the practical, you will not be able to retake it and will not pass that course.

Refer to individual course syllabi for additional attendance and make up exam requirements.
Health Information and Requirements

Health Insurance:

Student health insurance is the sole responsibility of the student and is recommended to be carried by all students.

Emergency:

In case of medical emergency on campus, individuals need to call campus police at (816) 604-1200 or 911. Cost for emergency services is the responsibility of the individual undergoing medical care.

Medical emergencies during fieldwork rotations require the student to follow the facilities protocol. Cost for emergency services is the responsibility of the individual undergoing medical care.

Extended Absence:

Extended absence from the program due to a situation beyond the student’s control will be dealt with on an individual basis. Faculty will attempt to work with the student to make up coursework as needed. If the absence is excessive the student will be withdrawn from the courses currently enrolled. Level II Fieldwork may be completed within 18 months of completion of didactic coursework only with the approval of both the fieldwork coordinator and program coordinator. Students who are allowed to extend their Level II fieldwork will have to demonstrate competencies through exams and laboratory check-outs and will not be guaranteed input on their placements.

CPR Certification:

Every student must take EMS 100 through Metropolitan Community College- PV. Evidence of CPR Certification must be provided prior to scheduling of Level I and Level II Fieldwork.

Blood Borne Pathogens, Universal Precautions and HIPAA:

All students must successfully complete the blood borne pathogen, universal precautions and HIPAA examinations prior to beginning their first fieldwork rotation.

Immunizations and Physical Examinations:

Students must submit a yearly physical examination

*On January 1, 2004, the Joint Commission instituted new regulations that must be followed in order for hospitals, home health agencies, clinics, etc., to gain or maintain accreditation status. One of these new regulations requires all persons who are involved with direct patient care activities, i.e., employees, volunteers and students, must have criminal background checks, as well as other healthcare related checks.

Official Documentation (lab results) for each titer must be provided. Immunization dates (mm/dd/yyyy) must be included in an official document stating the student’s name, date of immunization, and name of immunization. An “Official Document” must show the health care provider’s name/organization, and phone number and have appropriate signatures, for example a physician’s prescription pad, an official clinical record. TB testing results must show the student’s name, health care provider’s name/organization, date placed, date read, results in millimeters induration, and have appropriate signatures.
<table>
<thead>
<tr>
<th><strong>TITER / IMMUNIZATION REQUIREMENTS</strong></th>
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<tbody>
<tr>
<td><strong>Hepatitis B</strong> –</td>
<td>The Hepatitis B vaccine Official Documentation must be provided for all three injections and a titer drawn showing proof of immunity.</td>
</tr>
<tr>
<td>OR</td>
<td>A signed Hepatitis B waiver must be on file in the document manager on Castlebranch. Note: signing the waiver releases you from having a titer drawn if you have had the 3 injections. It is the choice of the student whether he/she wants information regarding immunity.</td>
</tr>
<tr>
<td><strong>Timeline</strong> - The second dose should be administered at least 1 month after the first dose; the third dose should be administered at least 2 months after the second dose (and at least 4 months after the first dose).</td>
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<tr>
<td><strong>Chickenpox (varicella) –</strong></td>
<td>Complete an IGG titer. Titer must be dated and the result showing evidence of immunity must be a part of the Official Documentation. (Equivocal or Negative is not acceptable.) If no immunity is present, two immunizations must be taken.</td>
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<tr>
<td>OR</td>
<td>Have two immunizations completed and upload the Official Documentation to Castlebranch. There will need to be a minimum of 4 weeks between injections.</td>
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<tr>
<td><strong>Measles, Mumps, Rubella –</strong> (Typically given in infancy at age of 12-15 months for first dose and completed prior to beginning Kindergarten)</td>
<td>Complete an IGG titer for each (measles, mumps, rubella). Titors must be dated and the result showing evidence of immunity for each (measles, mumps, and rubella) must be a part of the Official Documentation. (Equivocal or Negative is not acceptable.) If no immunity is present, two immunizations must be taken.</td>
</tr>
<tr>
<td>OR</td>
<td>Have two immunizations completed A Minimum of 28 days after the first vaccination and upload the Official Documentation to Castlebranch.</td>
</tr>
<tr>
<td><strong>Tuberculosis Screen –</strong></td>
<td>Skin Test - Must have official documentation of a current annual skin test (cannot be over one year old). If you have an expired or never had a TB skin test, then the 2 step Mantoux skin test is required. Results must be documented in millimeters of tissue involvement (induration). See next page for further information.</td>
</tr>
<tr>
<td>Alternative tests – T-Spot or Quantiferon Gold – blood tests</td>
<td>If TB test is positive or the student has history of positive skin tests, a Negative Chest X-Ray (less than two years old) is required.</td>
</tr>
<tr>
<td><strong>Tetanus-Diphtheria –</strong></td>
<td>The initial series is typically given in childhood and boosters are required every ten years. The booster should be of Tetanus-Diphtheria and acellular pertussis (TDaP). If the booster has been given within the last ten years, provide official documentation of the date (month/day/year) of the immunization. If the booster is ten years old or older, have the TDaP immunization and provide official documentation of the date (month/day/year) of the immunization. Titers are not acceptable for any portion of TDaP.</td>
</tr>
<tr>
<td><strong>Information on Two-Step TB Skin Test</strong></td>
<td>The two-step test is NOT the usual PPD skin test in which you receive an injection of PPD and the test area is observed one time at specific time frame. The two-step PPD test is used to detect individuals with past TB infection who now have diminished skin test reactivity. This procedure reduces the likelihood that a boosted reaction is later interpreted as a new infection. The reason for the 2 stage PPD test appears to be the &quot;booster phenomenon.&quot; It occurs in some people who were</td>
</tr>
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</table>
infected with TB in the past because the body loses its ability to react to the tuberculin solution. Thus, when these people are tested many years after the initial infection they may have a negative reaction. However, if they are tested a second time within up to one year of the first test, they may have a positive reaction. This positive reaction is due to a "boosted" ability to react to the tuberculin solution. To avoid misinterpretation between a boosted response and a new infection, many facilities employ the 2-step testing procedure. In this procedure a person is given a baseline PPD test. If the test is negative, a second test is administered one to three weeks later. If the second test is negative, the person is considered uninfected. If the second test is positive, then the person is considered to have a "boosted" reaction to an infection that occurred a long time ago. Beyond that, secondary testing is useful to help offset potential false negative testing results.

The Four Visit Approach
Visit 1, Day 1
The PPD antigen is applied under the skin.

Visit 2, Day 3
The PPD test is read. If the first test is positive, it indicates that the individual is infected with TB. A chest X-ray and evaluation is necessary. If the individual is asymptomatic and the chest X-ray indicates no active disease, the individual can enter patient care areas.

Visit 3, Day 7
A second PPD skin test is applied to those individual in whom the PPD skin test is negative.

Visit 4, Day 9
The second test is read. A positive test 2nd test indicates TB infection in the distant past. The individual is referred for a chest X-ray and evaluation by a physician. An asymptomatic individual whose chest X-ray indicates no active disease may enter patient care areas. Positive PPD tests at this point could indicate TB infection. Thus, a chest x-ray is necessary.
Drug-Free Workplace, Campus and Community
Drug Screen Policy

MCC – Penn Valley is committed to maintaining high standards in all programs including allied health and nursing education and practice. Safe practice includes efficient, reliable, and unimpaired student performance at all times including in the classroom and in a clinical setting. Being under the influence of drugs or alcohol poses serious safety and health risks not only to the user but also to all persons who come in contact with the user. Students are required to perform all education related activities in appropriate mental and physical condition.

MCC-PV has adopted the Federal Drug-Free Workplace Act of 1988 and Drug-Free Schools and Communities Act Amendments of 1989. The policy is one of zero tolerance. Together with the college’s Drug-Free policy, the Code of Student Conduct imposes prohibited conduct and possible disciplinary action. If in violation of these policies, students subject themselves to disciplinary actions up to and including suspension or expulsion from the college and its programs.

Clinical facilities are committed to providing a safe environment in order to protect its patients, residents, employees and visitors; to provide the highest level of service; and to minimize the potential for accidents and injuries. Therefore, many of the clinical contracts between MCC – PV and hospitals, clinics, and other facilities have a component requiring drug screening for allied health and/or nursing students. The clinical site might require that an MCC – PV allied health and/or nursing student complete and pass a drug screen prior to being admitted into the facility as a student. Additionally, some clinical facilities require random drug testing during the duration of a clinical rotation. Refusal to submit to a drug screen or testing positive can make a student ineligible to participate in clinical training. Students are not eligible to continue to a subsequent semester without successful completion of the clinical component in any semester of coursework.

The cost for further drug screening may be covered by the clinical facility. If not, the student is responsible for the cost.

Criminal Background Checks
Clinical sites require that only students with an acceptable consumer report, as it relates to criminal background, be allowed to participate in clinical rotations. Therefore, prior to commencing the clinical portion of your program, Metropolitan Community College (MCC) will have Validity Screening Solutions, a credit reporting agency, conduct a background check.

MCC shall not use the results of a background check as criteria for admission to any program or course. However, you should know that you will not be able to obtain a license to practice or be allowed to participate in clinicals should you have an unacceptable background as defined by state law regarding health care providers. An unacceptable background includes a felony and/or class “A” misdemeanor conviction.

Information Management
Health Information will be managed by CastleBranch, a secure platform with whom the student will enroll to complete background checks, drug testing and medical document management. Enrollment with CastleBranch includes the background check, drug test and document manager for a cost of $106. A Family Care Safety Registry report is also required at a cost of an additional $12. All required items must be uploaded to the CastleBranch website and reviewed for compliance in order for the student to be eligible for clinical Fieldwork placement.
Lisa Koch, MOT, OTR/L  
Academic Fieldwork Coordinator

Office: HSI 410 D  
Phone: 816.604.4463  
Email: For class work through blackboard class  
Elisabeth.koch@mcckc.edu  
Office Hours: see syllabi

The Penn Valley Occupational Therapy Assistant Program is a full time Kansas City based program. During fieldwork you will be required to have a car or transportation to report to your placement and possibly to different facilities during the day. You may need to drive up to 70 miles each way for a fieldwork placement.

ACCOMMODATIONS
If you need an accommodation due to a disability under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act, contact disability Support Services (DSS), 604-4293. Advance notice may be necessary for some accommodations to be provided in a timely manner. Accommodations must be supported by adequate documentation and are determined on an individualized basis.

Level I Fieldwork
Level I Fieldwork (FW) experiences are part of a class every semester. The first fall semester you will take OTHA 116, Level 1 FW 1, which has a lecture component as well as a 20 hour observation fieldwork component within an assigned month. The first spring semester you will complete OTHA 121 Level 1 FW 2, another 20 hour fieldwork within an assigned month. This course has a pediatric focus. The second fall semester you will take OTHA 212 Level 1 FW 3. You will be assigned to two different practice settings (ex: mental health and physical disabilities) and complete 40 hours at each site.

As stated in the 2011 Accreditation Council for Occupational Therapy Education (ACOTE) Standards which became effective 7/31/2013:

“The goal of Fieldwork Level I is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of the client. The program will ensure that Level I fieldwork is integral to the program’s curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process. The program will ensure that qualified personnel supervise Level I fieldwork. Examples may include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, nurses and physical therapists.”

Students will work on developing professional behaviors, attitudes, and skills while on Level I Fieldwork. In general, experiences are provided to help students progress from making observations, to co-treating individuals and/or groups, contributing to data collection, intervention plans, and documentation under the supervision and direction of their FW supervisor.

The Academic Fieldwork Coordinator will arrange Level I Fieldwork experiences for students and an attempt will be made to expose you to a variety of practice settings in the greater KC area. Some Fieldwork experiences
require a concentrated block of time, where as others are shorter and interspersed over a one month period. Specifics will be explained at the beginning of each FW course via blackboard, the Internet course delivery platform. If you have questions or concerns regarding fieldwork, the person you need to talk with is Lisa Koch, as other faculty will not be able to answer specific fieldwork course content questions.

Level I Fieldwork (FW) may be scheduled for part of a day, full days, or full weeks, that does not interfere with your class schedule and is convenient and agreeable with your fieldwork supervisor. Your personal schedule (child care, work schedule, recreation schedule, social time, etc) is NOT to interfere with scheduling Level I fieldwork. Again, FW is scheduled during the times students are not required to be in a regularly scheduled class. Students are not allowed to miss class, required class activities, or have personal life experiences interfere with participation in fieldwork experiences.

It is not recommended to work during the semester, however we realize some students will work. Working students need to advise their employers at the beginning of each semester of the approximate dates for Level I Fieldwork so that work hours can be adjusted to allow time for fieldwork. Dates and times for Fieldwork Level I are posted early enough to allow students to plan accordingly.

Level II Fieldwork

General Information
Level II Fieldwork (FW) is an exciting time and the highlight of your educational experiences. It provides an opportunity for students to implement their knowledge base and begin to “think and act like an occupational therapy assistant.” You should check the Fieldwork Data Information Sheets for each of your fieldwork sites to find out their requirements (see Lisa for access). All fieldwork centers request proof of immunizations, TB screening, & completion of site specific paperwork before you may begin fieldwork. You are responsible for keeping, making available, all above mentioned to your FW site through CastleBranch. Further, you may wish to clarify any other requirements with your fieldwork affiliation when you write them one month prior to your starting date.

ALL FIELDWORK STUDENTS MUST HAVE CURRENT CPR CERTIFICATION and most sites will require proof of that certification prior to beginning your fieldwork, or on the first day of your experience. You are responsible for independently recertifying at appropriate intervals. If you do not have current certification when your Level II experience begins, you may jeopardize your placement and will not be guaranteed a replacement experience.

Some sites will require additional steps before you may begin fieldwork. These may include, but are not limited to; additional criminal background check, fingerprinting, proof of malpractice insurance, completing of orientation and/or HIPAA training, a copy of your transcript and specific GPAs, interview, etc. Most of these items must be completed & submitted directly by the student. Please allow yourself plenty of time to take care of these steps before beginning your fieldwork experience so that you do not jeopardize your placement. Some sites will do random drug screenings during the fieldwork.

The Clinical Fieldwork Coordinator works to meet the individual, educational, and personal needs of an entire class of students, as well as meet the standards established by the Accreditation Council for Occupational Therapy Education (ACOTE) and Metropolitan Community College - Penn Valley OTA Education Department.
As stated in the 2011 ACOTE Standards which became effective 7/31/2013:

“The goal of Level II Fieldwork is to develop competent, entry-level, generalist occupational therapy assistants. Level II fieldwork must be integral to the program’s curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation. It is recommended that the student be exposed to a variety of clients across the life span and to a variety of settings. The program will ensure that the fieldwork experience is designed to promote clinical reasoning appropriate to the occupational therapy assistant role, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities. “

The fieldwork experience is to provide students with the opportunity to integrate academic knowledge with the application of skills in a practice setting.

The selection of fieldwork for an individual student is a collaborative process. Each student’s needs and preferences are considered, but the final decision for all fieldwork placements resides with the Fieldwork Coordinator. Your assigned clinical supervisor is assigned by a facility representative and is not negotiable by the student. Students are encouraged to be flexible and open to new learning opportunities as well as suggestions from the Fieldwork Coordinator.

A total of 16 weeks of Level II Fieldwork is required: typically, two months in two different practice settings. Each student will be required to complete two experiences that coincide with what would be considered appropriate practice areas for entry-level therapy assistants. These two experiences will be qualitatively different in terms of areas of practice and age groups of consumers served.

The Fieldwork Coordinator schedules and arranges all fieldwork placements. Only those facilities with which the Occupational Therapy Education Department has contracts are considered for student placement. Reservations for fieldwork at particular centers vary from year to year. Therefore, opportunities at a particular setting may be limited. The Fieldwork Coordinator will provide you with two confirmed reservations as you begin to prepare for your first Level II experience. The beginning and ending dates of your fieldwork have been confirmed with the center by the Fieldwork Coordinator. You will not be allowed to change your beginning and end dates.

**Types of Settings for Fieldwork & Populations**

Students will have fieldwork experiences in a variety of service provision systems & to a variety of populations. Some of the placements may include large and small hospitals, home-based programs for infants and toddlers or adults, hospice, community mental health centers, other community settings (ex American Stroke Foundation) rehabilitation centers, geriatric centers, public and private schools, therapeutic activity or work centers. This will allow for a broad exposure to the profession. Students will be exposed to individuals/groups across the life span and with various physical and psychosocial performance deficits.

Experiences may include those directly related to occupational therapy, as well as other situations to enhance an understanding of the developmental stages, tasks, and roles of individuals throughout the life span. Level I Fieldwork may also include services management and administrative experiences in occupational therapy settings, community agencies, or environmental analysis experiences.

Populations may include disabled or well populations, age-specific or diagnosis-specific clients.
Supervision
Level 1 Fieldwork
Students may be supervised by OTRs, COTAs, or other allied health personnel.

Level 2 Fieldwork
Students are supervised by OTRs or COTAs with at least one year of clinical work experience. Students may also be co-supervised by OTRs with less than a year of experience, COTAs, and/or other professionals. Group and part-time supervisory models may be used at some fieldwork sites. You may have multiple supervisors who contribute to your evaluation and daily experiences.

Timeframes
The Fieldwork Coordinator is responsible for scheduling all fieldwork experiences and for confirming the beginning and ending dates for each fieldwork. The scheduling process of Fieldwork Level II will begin the later part of your second fall semester.
Fieldwork typically occurs during the second Spring semester (January through February and March through April). Please note that the start day for Level II fieldwork does not correlate to the start of the MCC semester. Students will be starting fieldwork earlier in January than the general student population will begin spring courses. A student must successfully complete 16 weeks of FW. If a day is missed due to illness, snow, in-service, or any other reason, the day will be made up at the end of the rotation. You are not guaranteed a spring break week either.

Career Goals
Students should consider their goals for the future when requesting fieldwork placements. For students who are specifically interested in working in pediatrics or geriatrics, for example, it may be helpful to request fieldwork experiences that will provide these specific opportunities. Students who have not clearly defined a specific area of interest in OT should not be concerned. A benefit of fieldwork is to allow students the opportunity to have a variety of experiences and clarify their career goals.

Fieldwork Expenses
It is important to plan ahead to meet all financial obligations during fieldwork. Tuition as well as travel, living arrangements, commuting costs, and day-to-day personal expenses will continue as during an academic semester. Many fieldwork centers require students to commute between locations during the fieldwork; therefore, a car is necessary. Students may be asked to complete projects for their fieldwork site and may be required to pay for supplies to complete these projects.

Fieldwork in Other States
At this time, MCC cannot guarantee students would be able to complete FW in a state other than Kansas and Missouri. If completing a FW in another state is something you are interested in doing, you will need to discuss this with the Fieldwork Coordinator during the first semester of the program in order to have time to determine the possibility of doing so.

Placement in Sites Where Students Have Had Previous Experience
As a general policy, the Fieldwork Coordinator will not assign a student to a fieldwork site where he/she:
*Has been previously employed and/or has volunteered extensively. Such a placement could put the clinical educator in a difficult situation during evaluation of the student’s performance. The level of familiarity may also provide the student with an unfair advantage, and may restrict that student’s opportunity to gain experience from a number of different settings.

*Has completed a week-long Level I Fieldwork experience (i.e. as part of the Level 1 FW III class). Fieldwork should reflect a variety of settings, populations and age groups; completing two experiences at the same setting will limit the student’s opportunity to meet this goal.

*Has an agreement for employment after graduation. Such a placement could create an unfair situation and may restrict the student’s opportunity to gain experience.

*Has a family member working in, or collaborating with, a particular site. Such a placement could put the clinical educator in a difficult situation and/or provide the student with an unfair advantage. It is the student’s responsibility to keep the FW Coordinator informed of the above. If this is not done and a student has been placed at a site where they have been or will be affiliated, the student’s FW experience will be terminated and the student will be placed at another site for eight more weeks, delaying graduation.

Under special circumstances, the Fieldwork Coordinator will consider waiving the above policy.

**Changes in Fieldwork Placements**
Fieldwork centers may find it necessary to cancel a fieldwork reservation or placement due to unpredictable circumstances (i.e., unexpected staff shortage). When fieldwork placements are canceled it is important for students to maintain a sense of flexibility and optimism. The Fieldwork Coordinator will make every effort to reschedule the student quickly in a fieldwork setting that is of interest to the student and meets the student’s educational needs.

**Health Insurance for Fieldwork**
Metropolitan Community College - Penn Valley and all fieldwork centers recommend students carry & provide proof of current personal health insurance coverage. This is your option, but be advised if you decide not to carry health insurance and you become ill or get injured during FW, all expenses will be your responsibility.

**Professional Liability Insurance for Fieldwork**
Metropolitan Community College - Penn Valley covers all students enrolled for Level 1 & II Fieldwork under the college’s liability policy.

**Tracking Student Academic Performance**
It is important that the student communicate regularly with the Academic FW Coordinator as indicated in the course syllabus. Whenever student performance in FW falls below average, the student should contact the Clinical FW Coordinator in a timely manner to seek guidance as well as communicating with their clinical FW supervisor.

**Eligibility to Sit for the National Certification Examination for Occupational Therapy Assistants**
Students from Penn Valley must successfully graduate with an Associate in Applied Science degree to be eligible to sit for the certification exam given by the National Board for Certification in Occupational Therapy (NBCOT). Make sure you are familiar with the application process (see NBCOT). To be eligible to practice occupational therapy, students must successfully pass this exam.
Students must also obtain a temporary or permanent state license in order to practice occupational therapy (See The Kansas State Board of Healing Arts or Missouri Board of Occupational Therapy for requirements).

**Attendance / Absence**
Prompt & regular attendance at all scheduled FW class sessions is expected as part of the professional education process for occupational therapy assistant students. More specific guidelines for attendance will be established by the FW Coordinator for each academic or fieldwork course. Level 2 attendance requires the successful completion of 80 days / 16 weeks. Students are not allowed to shorten FW time for any reason.

Students are expected to arrive promptly to both class and fieldwork experiences. Tardiness will be brought to the student’s attention and to the Program Coordinator’s attention by the instructor and may preclude successful completion of the academic or fieldwork course. All assignment must be handed in by the due date for both FW placement and FW class.

You are expected to report for fieldwork each and every day unless there is an emergency or you are too ill to see your patients/clients. In either of these instances, it is imperative that you notify your immediate supervisor or the director of the OT department according to their departmental policies. Also email this information to the academic FW Coordinator via Blackboard. **You are required to make up any and all time missed regardless of the reason.** You may not accrue additional hours in order to shorten your fieldwork. Again, if a student must miss FW due to illness or unexpected emergency, the student is to notify the site FW supervisor & this instructor before your arrival time to FW and will have to make up the missed FW hours at the site. Absence during FW which is deemed to be excessive will be brought to the attention of the student by the FW educator & clinical supervisor. Excessive absence may preclude successful completion of any academic or fieldwork course. Written excuse for absences may be requested.

Please be flexible as your supervisor may schedule you for some evening or weekend hours to match his/her schedule or to participate in a particular program. Keep an open mind and remember that you will learn from any seasoned occupational therapy practitioner. You are expected to get along with your clinical supervisor and be respectful.

In the event of inclement weather, you are to follow the policies and procedures of your FW placement, but be aware that you will be required to make-up missed days, per the OTA Program policy. If your facility requires personnel to be on site during inclement weather, you will also be required to be present, and will need to make appropriate arrangements.

Allied health students participating in *part time clinical assignments will comply with MCC’s inclement weather policy, however in the case of a *full time clinical assignment the student is expected to follow the policy of the clinical site.

There will be an all class meeting at the end of the second Level 2 FW and all students are expected to attend.

**Extended Fieldwork**
If a student is unable to complete FW in the assigned time frame, the outstanding hours must be completed as soon as possible. Level 1 FW must be completed before the end of the semester, but ultimately before the next semester begins. Level 2 FW must be completed as soon as possible and in cooperation with the supervising FW educator’s schedule, as well as before beginning the next Level 2 placement or before summer semester begins. If a student has outstanding incomplete coursework, he/she is not eligible to continue in the program.
If a student anticipates not being able to complete FW, he/she must meet with the on-site clinical instructor as soon as possible to develop a written agreement; the clinical instructor and student will sign the agreement, and a copy will be provided to program coordinator. This agreement will include:

- FW expectations and a time frame for course completion.
  - The agreement will specify the consequences for failing to meet the terms of the agreement.
  - Copies of the signed agreement will be viewed by the academic FW instructor/program Coordinator, and placed in the student's departmental file.

After all of the above steps are completed & FW has been successfully completed, the instructor will submit a grade. When the student successfully completes the agreement in the time frame established, the instructor will submit a grade change from incomplete to the grade earned. If the student does not complete the requirements of the agreement in the time frame specified, his/her grade for the unfinished work will be a zero. The instructor will assign the subsequent final grade as outlined in the syllabus.

**Dress Code**

As a student in a professional program in patient/consumer care settings, the occupational therapy assistant student is expected to present a neat, clean, well-groomed appearance, which reflects well on the school and the profession as the student will be interacting with other professionals, patients and families throughout various care settings. When students are interacting with clients they are expected to conform to dress requirements that do not expose excessive body parts and are in accordance with the policies and procedures of the supervising agency. Facilities may have specific requirements regarding dress code, exposure of tattoos & multiple body piercing.

While you are at a fieldwork experience the focus should be on learning. You do not want your appearance to detract from your learning experience or the care you are providing to others. While on Level I and Level II fieldwork you will be expected to adhere to the following guidelines for professional dress code:

**Jewelry:**
1. Keep jewelry to a minimum. No big bracelets or necklaces that can be grabbed onto or that are distracting to others
2. No more than two studded earrings in each ear. Hoops or dangling earrings may not be worn.
3. No facial piercings of any type including nose and tongue
4. Any body piercings should be concealed and not visible
5. Ultimately you must follow the facilities dress code.

**Clothing:**
1. No low cut shirts or blouses
2. No t-shirts with words or sayings on them
3. Shirts should completely cover midriff
4. Tank tops and spaghetti straps are not permitted; bras must be work
5. No revealing clothing or undergarments should be shown
6. Pants and shirts should not be tight fitting
7. No sweats
8. Have a friend or a roommate help you make sure that when you bend over your pants don’t reveal more than they should. Same thing if you stretch your arms over your head.
9. You must follow the dress code of the clinical facility.
Hair & Facial:
1. Should be neat and pulled away from your face if applicable
2. Make-up should not be excessive
3. Facial hair shall be trimmed and neatly groomed
4. Fragrances should not be worn
5. You must follow the clinical facility policy.

Fingernails:
1. Should be clean and cut to an appropriate length
2. No artificial or acrylic nails
3. Neutral nail polish

Tattoos:
1. Use discretion with any tattoos on your body being visible. E.g. a small tattoo on your ankle is probably okay but a large tattoo on your arm should be covered. When in doubt cover it.

Shoes:
1. Shoes should be comfortable, supportive, and professional looking.
2. Closed toe, closed heel shoes usually are worn in medical settings.
3. No flip flops.
4. Facilities may require socks be worn.

Please be aware that some facilities may have dress codes and policies which are more stringent than what is listed here. In that case you should follow the dress code policies of your facility.

Professional Behavior
The occupational therapy student is expected to conduct him or herself in a professional manner at all times. This includes, but is not limited to: effectively representing the school and the profession; interacting appropriately with peers, academic/clinical faculty and supervisors, and patients/families; respecting lines of communication and utilizing channels of authority appropriately; and handling personal and professional frustrations in a mature manner. The student is referred to and is expected to conform to the Code of Ethics adopted by the American Occupational Therapy Association. http://www.aota.org/-/media/corporate/files/practice/ethics/code-of-ethics.pdf

Faculty will observe professional behaviors and attitudes, and may meet with students to discuss concerns about behaviors and performance that are not professional and which will interfere with fieldwork and in a professional career. Faculty will document behaviors that are of concern and place these in a report in the student’s file. The report is filed with the Program Coordinator who with faculty monitors performance issues and patterns to determine the need for future actions. Nonprofessional behavior may result I being withdrawn from a FW placement. Students will be given the behavioral expectations for FW and will sign acknowledgement of these expectations.

Students should be informed that nonacademic misconduct may subject the student to disciplinary action, disciplinary probation, suspension or expulsion.
Desirable professional behaviors (Washington University School of Medicine Program in OT):

- **Positive attitude**
  - Positive communication, accepting change, manages stressors in a positive & constructive way,

- **Flexibility**
  - Adapts & copes with change, modifies performance after feedback,

- **Professional Communication Skill**
  - Practices positive verbal & non-verbal interpersonal communication skills in work interactions
  - Concise in verbal & written communication
  - Handles conflict constructively
  - Uses assertive communication skills
  - Written communication demonstrates correct grammar, spelling, punctuation, etc.

- **Willingness To Go The Extra Mile**
  - Seeks ways to improve
  - Volunteers for additional responsibilities
  - Takes on additional responsibilities

- **Respect of Others**
  - Follows the chain of command,
  - Is supportive of others,
  - Can listen to other viewpoints - whether agree or disagree,
  - Respects diversity,
  - Attentive to consumer & staff needs,
  - Is sensitive to others timeframes,
  - Be punctual to appointments, meetings, conferences, & your patient schedule,
  - Meets deadlines, if unable to meet deadline informs necessary
  - Parties & schedules new deadline

- **A Team Player Attitude**
  - Strives to achieve team goals,
  - Is proactive & anticipates needs of others,
  - Pools resources & works efficiently within a group,
  - Assists with resolution development after problem is identified

- **Personal Responsibility**
  - Is aware of strengths & weaknesses,
  - Is punctual,
  - Demonstrates initiative,
  - Follows safety precautions,
  - Respects & maintains confidentiality,
  - Demonstrates awareness of / follows the Code of Ethics,
  - Recognize and act on personal responsibility for learning during the fieldwork experience (e.g., finding answers to questions, providing feedback to supervisor, utilize opportunities for observational learning experiences, i.e., other therapists, disciplines.)
  - Appropriate Dress & Hygiene
  - Follows program guidelines,
PROFESSIONAL DEVELOPMENT

Be receptive to guidance and regard constructive feedback as a learning tool. Actively assess, recognize, and express personal needs for further professional development. Demonstrate interest and actively participate in continuing education opportunities. Be willing to share professional knowledge and experience with others. Assume responsibility for learning. Be resourceful in finding answers to your questions. Actively seek learning experiences (e.g., look beyond scheduled learning experiences). Realize that as a student therapy assistant, you have valuable information and experiences to share with others. Be willing to share information, offer suggestions for OT and student programs, procedures, equipment, etc.

Problem-solving abilities – Demonstrate effective problem-solving skills in approach to patient treatment, and overall functioning within the department; readily identify and communicate problems impacting upon patient care and department functioning to appropriate individuals; maintain an open, objective attitude in assessing and confronting problem situations; appropriately act upon decisions and maintain communication and effective follow-up and feedback.

1. Be resourceful. Use common sense and think things through before asking someone else for the answer.
2. Utilize resources to help find answers to questions and suggestions for patient treatment.
4. Make self-aware of material resources available in the unit.

EVALUATION METHODS / GRADING SCALE

The Fieldwork Coordinator assigns your final for Level 1 FW with input from the Fieldwork Educator and the student’s assignments. Please refer to the syllabus for the grading scale each semester. All grades will be posted to the Blackboard grade book. Lack of assigned communication with Academic FW Coordinator will lower your final grade (see syllabus/blackboard for specific information).

Level 2 FW is primarily based on the Fieldwork Performance Evaluation (FWPE). Secondary factors include:
- Quality of student communication with the clinical Fieldwork Educator
- Quality of student communication with the Fieldwork Coordinator (as requested on Blackboard & completed midterm assignments)
- Evaluation of the fieldwork site

The FWPE is a pass/fail instrument. In order to pass, a student must earn 3s or above in “Fundamentals of Practice” and earn a minimum of 70/75 points or more overall on the FWPE items. A further factor includes weekly communication with Lisa and possible midterm assignments. Specific grading scale will be on the OTHA 222 course syllabus.

CLASS SCHEDULE

Each Level 2 FW experience will vary in terms of schedule; in general, you will complete a full time (40 hour/week) experience for the duration of 16 weeks at two different clinical sites. Given the time constraints of a 16 week semester, students will begin Level 2 FW earlier than the start of the semester. For most students, the start date of Level 2 FW will be the first scheduled work day after New Year’s day. For those in a school district, their first date will be the first date of the spring semester for the school district. No student is guaranteed a spring break during the last semester while on Level 2 FW. Some students may have a few days off between their 2 FW’s depending on start dates and amount of make-up days due to weather. However, students should not expect to have any time off between their Level 2 FW’s.
PROGRESS DURING LEVEL II FIELDWORK

Mid-Term Difficulties

Notification

1. When student performance on Level II Fieldwork is unsatisfactory at mid-term, the student and the Fieldwork Educator will notify the Academic Fieldwork Coordinator as soon as possible.

2. The FW Coordinator will discuss the situation and review progress with the student and the clinical Fieldwork Educator.

3. The student has two options:
   a. If it is recommended, the student will continue with the fieldwork trying to make suggested progress in areas outlined by FW educator, and seeking weekly feedback regarding performance.
   b. If it is determined that the student has no chance of passing the FW experience they may be withdrawn from the fieldwork with a grade of W at the determination of both the academic and clinical FW coordinators with consultation from the program coordinator. If the student is withdrawn, he/she will have to repeat a separate fieldwork experience. There is only one opportunity for a remedial fieldwork experience. The student will not have input regarding their remedial FW placement. If the student again has difficulty leading to failing performance, they will receive a failing grade and will be out of the program.

4. In either of the above options, the student develops a plan to address the difficulties and issues encountered with consultation from the Academic Fieldwork Educator and Clinical Fieldwork Coordinator. The Clinical Fieldwork Coordinator must approve the plan. Without an acceptable approved plan, the student will not proceed in the program. If delays exceed maximum program time allowed for completion (one semester), he or she will be ineligible to complete the program.

Following Midterm

If a student is passing at mid-term but does not end up passing at the final of FW, the academic FW coordinator and the program coordinator will collaborate to determine the next step. If the student had any documented incidence of unprofessionalism, had absences in excess of facility related closures or failed to earn at least all 3’s in the fundamentals, they will not have the option for remediation.

Final grade

Students must successfully pass their first level II FW in order to advance to the 2nd FW experience. If a student fails either FW, they will be removed from the program with the opportunity to reapply.

Student Request to Delay Level II Fieldwork Experience

A student may request to delay their spring semester Level 2 FW for personal reasons. The FW will be rescheduled at another fieldwork site as early as possible. A student’s academic progress may be impacted with a delay. There is only one opportunity to delay Level 2 FW. If the FW is not completed during the reassigned time frame the student will be withdrawn from the OTA program.

Students not able to do this will be handled on an individual basis which may include repeating courses. The Fieldwork Coordinator and Program Coordinator will direct this process and make the decisions required.
HOLIDAYS
Holidays which fall within a scheduled fieldwork placement are given to students in accordance with the affiliation facility policy. Patients/clients come first. Patients/clients do not disappear on national holidays. You may inquire about the facility’s policy for observing holidays when you write to confirm your fieldwork. You will be expected to follow their policy regarding time off for holidays. This means you may be expected to work or make up time for holidays.

FIELDWORK & HIPAA INFORMATION
Be aware of the following guidelines regarding client confidentiality during Fieldwork. If your site has more stringent expectations, you are required to follow the site’s policies.

Students may NOT share the following Personal Health Information (PHI):
1. Full name
2. City or address of the client
3. Specific dates of services
4. Phone, fax, e-mail, webpage/URL, IP address
5. Social security number, medical record number, health plan number, any account number, certificate/license number, VIN/license plate number, identifying number on medical devices
6. Biometrics (e.g., fingerprints)
7. Photo
8. Anything else that is unique (e.g., very rare diagnosis, uncommon name, etc.)

Students may share the following PHI:
1. Age (if <90)
2. Gender
3. Race
4. Ethnicity
5. Marital status

At the site:
1. Students may NOT use any pass codes assigned to staff at FW site. (e.g., FW educator’s pass code to log on to the computer). Students often are assigned a separate pass code.
2. Faxes may only be received/sent with client information if the recipient is by fax in locked room.

Level 2 Fieldwork Evaluations
Many evaluations occur during Level II Fieldwork by students & Fieldwork Educators, and the Fieldwork Team.

As a student, you will complete:
1. The Penn Valley - OTA Level II Fieldwork Mid-term Feedback Form during each of your clinical affiliations
2. The Student Evaluation of the Fieldwork Experience (SEFWE), Student Comments
3. Communication as requested with the academic FW Coordinator (part of your final grade). The student may fail this class if noncompliant with the online class component.

The Clinical Fieldwork Educator will complete:
1. The Fieldwork Performance Evaluation (FWPE) of the Occupational Therapy Assistant Student at mid-term and final. The back summary page will be returned to the academic FW Coordinator at Penn Valley OTA Program at mid-term. At mid-term only a pass or fail grade is assigned and recorded.
2. At the end of your FW experience mail or deliver to the department secretary to place in Lisa’s mail box. Prior to mailing the FWPE, please make a copy of the last page with final scores and e-mail it or fax it to Lisa. Within 2 business days, mail the FWPE and Student Evaluation of Fieldwork Experience to:
3. The academic Fieldwork Coordinator will facilitate the evaluation process, answer questions & assign the final grade. All parties are expected to communicate in a timely manner. Required documentation that is late may negatively affect the student’s grade.

4. Typically, Fieldwork Educators complete the FWPE. A few sites have additional items or a different evaluation. Please review the items prior to fieldwork and discuss the evaluation process with your Fieldwork Educator. It is helpful and professional to focus on site objectives and strategies for feedback rather than a specific score.

5. It is recommended that students make a copy of the final FWPE for their own records prior to mailing or delivering the form to Lisa.

The FWPE
The Fieldwork Educator will complete an evaluation at mid-term and at final. On the FWPE:
4 = Exceeds Standards (represents the top 5% of students; rarely assigned).
3 = Meets Standards (strong rating at final; infrequently given at midterm).
2 = Needs Improvement (realistic rating at midterm; you are progressing).
1 = Unsatisfactory (below standards; concern about performance)

Please see your copy of the FWPE for additional details.

This scoring system on the FWPE focuses on the presence/absence of entry-level competency. Please focus on your FW Educator’s narrative comments for information about the quality of your performance, such as strengths and weaknesses. Reviewing the FW site’s objectives will assist you in achieving entry-level competency.

If entry-level skills are present, a student may anticipate:

1. At midterm:
   a. An overall score in the mid 50s, by mainly earning “2” with “3” on some of the easier items.

2. At final:
   a. An overall score in the mid to high 70s, by earning “2” on a couple of the harder items while mainly earning “3”.

If entry-level skills are absent, a student may anticipate:

1. At midterm:
   a. An overall score below 54, by earning “1” on some items, mainly earning “2” and no or few “3”.
   b. If you earn “1”, the FW Educator will list reasons for each item on the addendum, so you have specific feedback to develop plan for that item.

Your FW supervisor will use narrative comments to communicate strengths and weaknesses to you.

Awarding a rating of “4” is a high honor and indicates you are performing similarly to an OTA practicing for at least 1 year for this item. The FW Educator will document TWO specific & unique reasons for each item, so the student has specific feedback (addendum).
**Student FW Assignment Agreement**

I understand it is my responsibility to:

Provide the Program with such confidential information as may be required or deemed necessary for the training and guidance of students (i.e., physician's statement of good health, record of current immunizations, academic transcript, references, and/or CPR certification, criminal background check, etc.), through CastleBranch.

1. Comply with the existing pertinent rules and regulations of the fieldwork centers,

2. Provide proof of purchase of health insurance and any other requested documentation if required by the fieldwork site & know that if not covered I will be responsible for all expenses if becoming ill or hurt during FW,

3. Send a letter to the assigned Level 2 FW Coordinator/Supervisor at least one month in advance of the beginning date of the fieldwork, or as required by the Academic FW Coordinator

4. Provide the necessary and appropriate uniforms required but not provided by the assigned facilities and dress in an appropriate manner in accordance with the dress code policy of the center,

5. Make my own living arrangements as housing is not provided by the assigned facility,

6. Provide my own transportation to and from the fieldwork center (of up to 70 miles each direction) and during the fieldwork, if required by the centers in order to meet the objectives of the student fieldwork program (i.e., as may be required for a fieldwork in home health, schools, or in a community facility).

7. Obtain and pay for any special procedures required by the fieldwork site; i.e. drug testing, background checks.

8. Inform the FW Coordinator of any affiliation with any health care facility throughout the program.

9. Have an available Internet connection and computer to communicate consistently with the PV FW Coordinator.

I am able to review information on file about the fieldwork centers. I have been informed and fully understand patients at any given fieldwork center may have contagious diseases. I understand there may be some risk involved in undertaking fieldwork activities. I have agreed to schedule Level II fieldwork at the fieldwork sites I will be assigned. I hereby agree to hold harmless the Occupational Therapy Program at Metropolitan Community College - Penn Valley – Health Science Institute, and their agents and employees for any liability arising out of such possible exposure.

Signed: _______________________________ Date: ___________________ (Student)
Occupational Therapy Assistant Program
Appendix: Forms
   Physical Exam Form
   Post Exposure Procedure
   Model Release
   Informed Consent
   Release of Liability
   Infectious Disease Policy
   Statement of Compliance
   Statement of Understanding
**MCC HEALTH SCIENCE INSTITUTE PHYSICAL EXAMINATION FORM**

**THE PHYSICIAN/NURSE PRACTITIONER** IS REQUESTED TO PERFORM A **COMPLETE PHYSICAL EXAMINATION**.

**THE PHYSICIAN/NURSE PRACTITIONER** MUST COMPLETE THIS ENTIRE FORM.

**Student Name:**

**CONDITION OF:**

<table>
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<td>VISION TEST</td>
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| TEETH                |          |
| NOSE                 |          |
| SINUSES              |          |
| THROAT (ADENOMS & TONSILS) |   |
| THYROID              |          |
| SKIN                  |          |
| LUNGS                |          |
| ■ ABNORMAL SIGNS     |          |

| HEART                 |          |
|■ SIZE                 |          |
|■ SOUND                |          |
|■ MURMURS              |          |
|■ RHYTHM               |          |

| ABDOMEN               |          |
|■ SCARS                |          |
|■ TENDERNESS           |          |
|■ PALPABLE MASSES      |          |

| POSTURE               |          |
| CONDITION OF FEET AND ARCHES | |

| ORTHOPEDIC CONDITIONS |          |

| STATE NATURE OF ANY PHYSICAL LIMITATIONS |          |
| STATE NATURE OF ANY MENTAL LIMITATIONS  |          |
Official documentation of immunizations and/or titers must include:

- complete dates (mm/dd/yyyy)
- results of IGG titers (positive/immune or negative/not immune)
- student/patient name
- health care provider’s name/organization
- phone number and appropriate signatures—such as a physician’s prescription pad
- official clinical record

_Dates written on this sheet are not acceptable._

### TITER / IMMUNIZATION REQUIREMENTS

#### Hepatitis B

The Hepatitis B vaccine is recommended for health care workers by the Centers for Disease Control (CDC).

Official documentation must be provided for all three injections and a titer drawn showing proof of immunity, OR a signed Hepatitis B waiver must be on file.

#### Chickenpox (varicella)

Complete an IGG titer (titer must be dated, reference ranges must be present with the results and the results must demonstrate evidence of immunity). (Equivocal or Negative is not acceptable.) If no immunity is present, two immunizations must be given, OR give two immunizations 4 weeks apart.

#### Measles, Mumps, Rubella

Complete an IGG titer for each (measles, mumps, rubella) Titer must be dated, reference ranges must be present with the results and the results must demonstrate evidence of immunity; (measles, mumps, rubella). (Equivocal or Negative is not acceptable.) If no immunity is present, two immunizations must be given, OR give two immunizations 4 weeks apart.

#### Tuberculosis Screen

A two-step Mantoux skin test is required.

A two-step can be completed in one of two ways:

1. Two recent screening three weeks apart OR
2. One annual screening less than one year old and one additional screening.

A student may opt to provide a Quantiferon blood test or T-Spot with negative results in place of the Two-step Mantoux skin test.

Proper documentation of the skin test will include:

Date the test was given with the signature of the person giving the test and the results of the skin test recorded in mm of induration with the results being read in 48-72 hours. The final results must also include the date the screening was read with the signature of the person reading the results.

Negative Chest X-Ray (less than five years old) required if TB test is positive or has history of positive skin tests. Annual symptoms assessment will be required every year thereafter.

#### Tetanus-Diphtheria

Must have been received within 8 years from today’s date.

The initial series is typically given in childhood and boosters are required every ten years. The booster should be of Tetanus-Diphtheria and acellular pertussis (TDaP). If the booster has been given within the last ten years, provide official documentation of the date (month/day/year) of the immunization. If the booster is ten years old or older, give the TDaP immunization and provide official documentation of the date (month/day/year) of the immunization.

Titers are not acceptable for any portion of TDaP.

#### Influenza Vaccine

Clinical facilities require that all health care workers have an annual flu shot. Documentation must be provided of the date of the immunization, the type of vaccine given, and the signature of the person administering the injection. Those with allergies to the influenza vaccine (all types) must provide written documentation from the health care provider that indicates the student cannot receive the immunization due to severe and/or life threatening allergy to the vaccine. **DUE IN FALL OF EACH YEAR.**
Please review the “FUNCTIONAL ABILITIES NECESSARY FOR PARTICIPATING IN NURSING PROGRAM” on the back of this form. Do you see any reason why this student would not be able to perform these standards?

☐ YES  ☐ NO

If there are any reasonable accommodations that would allow the student to perform as an MCC Health Science student, please list them.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

I HAVE EXAMINED THIS STUDENT AND FOUND HER/HIM ABLE TO PARTICIPATE IN A PROGRAM OF STUDY WITHIN THE NURSING OR ALLIED HEALTH DIVISIONS OF MCC-PENN VALLEY WITH THE FOLLOWING RESTRICTIONS (please check one):

☐ None  ☐ Specify

DATE:

P-R-I-N-T-E-D NAME OF PHYSICIAN/NURSE PRACTITIONER:

ADDRESS OF PHYSICIAN/NURSE PRACTITIONER:

PHONE NUMBER OF PHYSICIAN/NURSE PRACTITIONER:

Signature of physician/nurse practitioner:

Please note:

1. The PHYSICIAN/NURSE PRACTITIONER IS TO RETURN THIS COMPLETED PHYSICAL EXAMINATION FORM DIRECTLY TO THE STUDENT/PATIENT IN A SEALED LETTERHEAD ENVELOPE SHOWING YOUR NAME/HEALTH CARE FACILITY, ETC.

2. All titer results (lab reports) and official immunization documentation are to be given to the student/patient.

PHYSICAL EXAM FORM / SEPT 2013
MCC-PENN VALLEY
HEALTH SCIENCE INSTITUTE

FUNCTIONAL ABILITIES NECESSARY FOR PARTICIPATING IN NURSING AND ALLIED HEALTH PROGRAMS

Functional abilities to meet these roles include cognitive, sensor/perceptual, psychosocial/emotional and physical principal capabilities to provide safer care to individuals or groups of individuals.

<table>
<thead>
<tr>
<th>I. COGNITIVE REQUIREMENT</th>
<th>FUNCTIONAL ABILITY</th>
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<tr>
<td>ACADEMIC STANDARD</td>
<td>Includes the comprehension and application of information and the ability to assimilate information with previous learning to form new understandings. Meet conditional admission requirements for PVCC. This may include COMPASS, GPA, TEAS™ and similar test scores.</td>
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<th>II. SENSORY/PERCEPTUAL REQUIREMENTS</th>
<th>FUNCTIONAL ABILITY</th>
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<tr>
<td>VISION STANDARD</td>
<td>Read small print, charts, orders, medication labels, ampules, vials, syringes, technological tools and monitoring equipment. Vision sufficient for accurate assessment of clients by using visual inspection to implement appropriate interventions. Includes the ability to recognize emergency lights and/or equipment functions/alerts, clarity of medications, or other situations necessary for client safety.</td>
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<tr>
<th>HEARING, SMELL, SPEECH STANDARD</th>
<th>FUNCTIONAL ABILITY</th>
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<tr>
<td>Sufficient hearing and smell to discriminate and assign meaning to sensory input. Speech to communicate and to be understood clearly by others. Be alerted to sounds and odors that signal emergency situations. Utilize standard equipment that allows for hearing of heart, lung and other sounds that contribute to a patient assessment. Ability to communicate by both obtaining and delivering the information appropriate in a patient care situation.</td>
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<th>III. PSYCHOSOCIAL REQUIREMENT</th>
<th>FUNCTIONAL ABILITY</th>
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<td>INTERPERSONAL STANDARD</td>
<td>Psychosocial skills, emotional stability and sensitivity sufficient to maintain a cooperative atmosphere among other health care persons and clients and families. Ability to respond to a variety of clinical situations with therapeutic interpersonal techniques. Establish and maintain effective relationships. Ability to function in a variety of situations with varying degrees of stress, including emergent and rapidly changing situations.</td>
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<tr>
<th>IV. PHYSICAL REQUIREMENT</th>
<th>FUNCTIONAL ABILITY</th>
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<tr>
<td>PSYCHOMOTOR STANDARD</td>
<td>Maintain motor coordination, strength, flexibility, dexterity, balance and sensory capabilities sufficient for safe and accurate assessment and performance of client care. Adhere to infection control standards, provide direct client care; including walking, lifting, turning, moving clients safely during care, in activities of daily living and in emergent situation including CPR. The ability to manipulate standard equipment.</td>
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POST-EXPOSURE PROCEDURE
Nursing and Allied Health

Either of the following exposures could put a student at risk of HIV infection if the exposure involves blood, tissue, or other body fluids containing visible blood:
- Percutaneous injury (e.g., a needle stick or cut with a sharp object)
- Contact with mucous membrane or non-intact skin (e.g., exposed skin that is chapped, abraded, or affected by dermatitis)

After occupational HIV exposure, a short-term course of ARV drugs (e.g., one month) may be used to reduce the likelihood of infection. This is referred to as post-exposure prophylaxis (PEP), and is a key part of a comprehensive universal precautions strategy during clinical placements.

In healthcare settings the occupational risk of becoming HIV-infected due to a needle stick is low (less than 1%). Most cases involve injuries from needles or sharps that have been used on a patient who is HIV-infected. The risk of HIV transmission from exposure to infected fluids or tissues is believed to be lower than from exposure to infected blood.

Guidelines for Providing PEP
Healthcare workers shall report occupational exposure to HIV immediately after it occurs. Early rapid testing of the source patient (the patient involved in the incident) can help determine the need for PEP—and may avert the unnecessary use of ARV drugs, which may have adverse side effects. If necessary, **PEP should begin as soon as possible after exposure, ideally within 2 hours**. Currently, there is no single approved PEP regimen; however, dual or triple drug therapy is recommended and believed to be more effective than a single agent.

The treating physician will determine the treatment period (2-4 weeks) and make the drug selection for PEP based on the following factors:
- Type of injury and transmission device
- Source patient's HIV viral load and treatment history
- ARV drugs available

Some healthcare workers taking PEP experience adverse symptoms including nausea, malaise, headache, and anorexia. Pregnant students or women of childbearing age who may become pregnant may receive PEP, but must avoid efavirenz, which has harmful effects on the fetus.

Managing exposure to HIV

Immediate steps
Any student exposed to blood or body fluids must take the following steps:
- Wash the wound and skin sites exposed to blood and body fluids with soap and water. Wash for at least 5 minutes using ample soap.
- For injuries that break the skin and where bleeding occurs, allow bleeding for a few seconds before washing with soap and water.
Topical use of antiseptics is optional.
Do not apply caustic agents, such as bleach, onto the wound or inject antiseptics or disinfectants into the wound.
Flush mucous membranes, such as eyes, exposed to blood and body fluids with water.
Immediately inform the clinical supervisor, or person in charge, of the exposure type and the action taken. Call your Clinical Coordinator and/or Program Coordinator to apprise him/her of your situation.

Once informed, the clinical supervisor will:
Assess the exposure to determine the risk of transmission.
Call the Clinical Coordinator and/or Program Coordinator to update him/her of the situation so that the following steps can be taken.
- Inform the patient and student about the exposure and request permission for HIV testing.
- If there is risk of transmission, follow the written protocol of hospital/facility for rapid testing.
- If there is not a written protocol, immediately arrange for the patient and student to visit their personal physician. If they do not have a personal physician or the exposure occurs after hours, send them to the nearest emergency room after gaining permission of the patient and student.
- Provide immediate support and information on post-exposure prophylaxis (PEP) to the student.
- Record the exposure on the appropriate form/s and forward the information to the individual or department assigned to manage such exposures at the site and send a copy to the student’s Clinical Coordinator/Program Coordinator.
- Maintain the confidentiality of all related records.

Please note that the student is responsible for all costs related to post-exposure procedures. The clinical facility may provide the treatment at no cost to the student.

**General Guidelines for PEP**

- In all cases of exposure, start PEP within 2 hours of the exposure, whether or not patient’s HIV status is known.
- PEP is usually discontinued if there is confirmation that the patient’s HIV test is negative.
- If the patient is HIV-infected (with a positive test result), continue PEP.
- ARV therapy should be provided according to national or facility protocol. A minimum of two weeks and a maximum of four weeks treatment is recommended. When possible, consultation with a HIV specialist, particularly when exposure to drug resistant HIV may have occurred, is recommended.
- If the student’s initial HIV test is positive, counsel the person on the test result and refer to a HIV/AIDS program for care and treatment.
MODEL RELEASE
Metropolitan Community College - Penn Valley
Occupational Therapy Assistant

I do hereby consent and authorize the Junior College District of Metropolitan Kansas
City, Missouri, its component colleges and their agents, to take photographs and/or recordings
(audio, video, film) of me and to cause the same to be copyrighted, published, displayed,
reproduced, retouched, altered, exhibited, or circulated, with or without advertising, sponsorship,
for any and all purposes, including publications and advertisements of all kinds in all media: and
do hereby assign to said parties all right, title and interest in and to all such material.

I further release said Junior College District, its component colleges and their agents,
from any and all claims for damages for libel, slander, invasion of the right of privacy or any
other claim based on the use of said material.

No Promises have been made to me to secure my signature to this consent and release.

Brief Description of Said Material:

CAREER VIDEO, PRINT MATERIALS, ADVERTISING, AND WEBSITE FEATURES

Date:________________________ Name __________________________

Student ID # __________________________

(Signature)________________________

(Address)________________________

Witness to signature
STUDENT CONFIDENTIALITY STATEMENT
Metropolitan Community College - Penn Valley
Occupational Therapy Assistant

Objective:
To preserve the medical record and hold inviolate the privileged contents of the record and any other information of a confidential nature.

Policy:
The medical record is the property of the health care facility, while the personal data contained in the record are considered confidential communication in which the patient has a protectable interest. It is compiled, preserved and protected from unauthorized inspection for the benefit of the patient, hospital and physician.

It is the responsibility of each occupational therapy assistant student not to discuss any confidential information with any individual, inside or outside of the hospital or classroom except as such discussion is part of the performance of duty within the health care facility.

Computer generated information, whether of a medical, personal or financial nature is considered confidential information and is subject to the same restraints regarding discussion and disclosure.

Student submission of patient related documentation to campus faculty, for any classroom or clinical assignment must not contain any information which identifies the patient. Failure to remove patient information from any documents, submitted to program faculty, external to the clinical affiliate, is in direct conflict with HIPAA, and will not be tolerated under any circumstance.

Any violation of this policy may result in disciplinary action up to and including possible dismissal from the program.

I have read and understand the above statement that I must not disclose confidential information, except as such disclosure is part of the performance of duties related to my clinical assignment. I further understand that such disclosure may result in disciplinary action up to and including possible dismissal from the program.

Signature_____________________________________________
Printed name___________________________________________________________________________
Date________________________________________
STUDENT INFORMED CONSENT
Metropolitan Community College - Penn Valley
Occupational Therapy Assistant

I, ______________________, understand that students will be expected to perform occupational therapy clinical skills on each other. I am willing to participate in these activities. This agreement is voluntarily executed and by signing, I so state.

I will inform the instructor of any condition which may be considered a precaution or contra-indication for a particular procedure and will thereby be excused according to instructor’s direction.

I understand that if I become ill or injured, my condition may require a physician’s release for return to school or clinical.

I will demonstrate professionalism in the lab by careful administration of procedures and consideration of the privacy, modesty, and respect of other students.

I understand that as a student, I may be exposed to environmental hazards and infectious diseases including, but not limited to, tuberculosis, hepatitis B and HIV (AIDS) while in a clinical facility.

Neither Metropolitan Community College nor any of the clinical facilities used for clinical practice assumes liability if a student is injured on the campus or in the clinical facility during training unless the injury is a direct result of negligence by the college or clinical facility. I understand that I am responsible for the cost of health care for any personal injury I may suffer during my education. I understand that I should purchase private health insurance.

I understand and assume responsibility for the policies, objectives, course requirements and inherent risks involved in the education of occupational therapy assistant students on the Penn Valley campus of the Metropolitan Community College.

Signature________________________________________________________________________

Printed name________________________________________________________________________

Date________________________________________
CONSENT TO DRUG/ALCOHOL TESTING
AND
RELEASE OF LIABILITY FORM

I have read, understand and agree to MCC-Penn Valley’s Drug-Free Workplace, Campus and Community Drug Screen Policy in accordance with which I may be required to undergo drug/alcohol testing both by MCC-Penn Valley and by any clinical site to which I may be assigned as part of my clinical rotation. A positive test may not only cause me to be excluded from clinical placement but may also result in my removal from the Allied Health or Nursing program to which I have been admitted and may cause me to be suspended and/or expelled from the College. I understand that if I have tested positive I may not be permitted to take any state licensure examination.

My signature below indicates that:

1. I consent to the testing as outlined in the Drug-Free Workplace, Campus and Community Drug Screen Policy.

2. I understand that I may be responsible for all costs incurred with the drug testing.

3. I hereby release and hold harmless the Metropolitan Community College (“MCC”), including MCC-Penn Valley, and MCC’s Board of Trustees, employees, and agents from any and all claims arising from the administering of any test, the analysis of test results, and the use and disclosure of test results: provided, however, this release and hold harmless shall not apply to intentional torts, gross negligence or activities involving the public interest.

My signature indicates that I have read and understand this consent and release form, and that I have signed it voluntarily.

Signature

Printed name

Date
The risk of contracting Hepatitis B virus or other infectious diseases are greater than the risk of contracting HIV. Therefore recommendations for the control of Hepatitis B infections will effectively prevent the spread of AIDS. In such recommendations are therefore incorporated herein.

1. Sharp items (needles, scalpel blades, and other sharp instruments) shall be considered as potentially infective and be handled with extraordinary care to prevent accidental injuries. Proper disposal of sharp items according to OSHA guidelines shall be followed.

2. Disposable syringes and needles, scalpel blades and other sharp items should be placed in puncture resistant containers located as close as practical to the area in which they were used. To prevent needle stick injuries, needles shall not be recapped, purposely bent, broken, removed from disposable syringes, or otherwise manipulated by hand.

3. When the possibility of exposure to blood or other body fluid exists, routinely recommended universal precautions should be followed. The anticipated exposure may require gloves alone, as in handling items soiled with blood or other body fluids, or may also require gowns, masks and eye coverings when performing procedures where splashing is possible. Hands should be washed thoroughly and immediately if they accidentally become contaminated with blood or body fluids.

4. To minimize the need for emergency mouth-to-mouth resuscitation, mouth-pieces, resuscitation bags, or other ventilation devices should be located and available for use in areas where the need for resuscitation is predictable.

5. Pregnant students or students engaged in health care are not known to be at greater risk of contacting the HIV virus than students who are not pregnant. However, if a student develops infection with the HIV virus during pregnancy, an infant has an increased risk of infection through prenatal or perinatal transmission. Because of this risk, pregnant students should be especially familiar with precautions regarding the HIV virus.
6. Occupational Therapy Assistant students engaged in health care who are infected with the HIV virus and who are not involved in invasive procedures need not be restricted from work unless they have some other illness for which any health care worker would be restricted.

7. For Occupational Therapy Assistant students engaged in health care who have been diagnosed as HIV positive, there is an increased danger from infection due to disease. Students who are HIV infected are at risk of acquiring or experiencing serious complications of such diseases. Of particular concern is the risk of severe infection following exposure to patients with easily transmitted infectious diseases (e.g. tuberculosis or chicken pox). HIV infected students will be counseled about potential risk associated with exposure to or taking care of patients with transmissible infections and should continue to follow universal precautions to minimize their risk of exposure to other infectious agents.

8. The Occupational Therapy Assistant student’s physician, in conjunction with the appropriate college official, will determine on an individual basis whether the student who is HIV positive, with symptoms, can adequately and safely perform patient care.

9. An Occupational Therapy Assistant Program student with an infectious disease who cannot control bodily secretions and students who have uncoverable ooze lesions will not be permitted to participate in health care services. The determination of whether an infected student should be excluded from providing health care shall be made on a case-by-case basis by the student’s physician and the appropriate college officials.

10. Occupational Therapy Assistant students who are exposed to infectious body fluids in the clinical area must report to the clinical instructor immediately. The hospital shall be notified and the hospital protocol for such exposure followed.

Signature

Printed name

Date
STATEMENT OF COMPLIANCE
Metropolitan Community College - Penn Valley
Occupational Therapy Assistant Program

I have read this student code of conduct for the Occupational Therapy Assistant Program conducted at Metropolitan Community College - Penn Valley, in its entirety. I understand the policies and procedures and agree to comply with each and every one of the policies and procedures as stated. I understand that failure to comply with this code of conduct may result in grade penalties and/or disciplinary action.

Signature___________________________________________________________

Printed name______________________________________________________

Date_____________________________________________________________
STATEMENT OF UNDERSTANDING
Metropolitan Community College - Penn Valley
Occupational Therapy Assistant Program

I have read this student handbook for the Occupational Therapy Assistant Program conducted at Metropolitan Community College - Penn Valley, in its entirety. I understand the policies and procedures and agree to comply with each and every one of the policies and procedures as stated in this student handbook and policy manual.

Signature________________________________________________________

Printed name_____________________________________________________

Date____________________________________________________________