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# LEVEL 3 - OCCUPATIONAL THERAPY FIELDWORK ASSESSMENT IN CANADA FORM

Student name: _____ Supervisor name: _____

Start date: _____ End Date: _____

Form completed by: ☐ Student ☐ Supervisor

Setting: _____

Hours missed: _____

Mid-term (M) date: _____ Final (F) date: _____

Recommendation

☐ Pass ☐ Fail ☐ Incomplete

Signatures

Student: _____

Supervisor: _____

## Record of fieldwork experience

| Situations | Exposures | | | | | | | | Comments |
|---|---|---|---|---|---|---|---|---|---|
| | 0 | | 1 – 3 | | 4 – 6 | | 7 + | | |
| | M | F | M | F | M | F | M | F | |
| 1. Service coordination | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 2. Assessment process | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 3. Intervention process | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 4. Documentation | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 5. Inter/ intraprofessional collaboration | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 6. Time management | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 7. Project | | | | | | | | | |
| 8. Other | | | | | | | | | |

## Assessment of the six domains

| Competency domains | 1 Problematic | | 2 Partially | | 3 Meets | | 4 Exceeds | | Comments |
|---|---|---|---|---|---|---|---|---|---|
| | M | F | M | F | M | F | M | F | |
| A. Occupational Therapy Expertise | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| B. Communication and Collaboration | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| C. Culture, Equity, and Justice | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| D. Excellence in Practice | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| E. Professional Responsibility | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| F. Engagement with the Profession | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

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## Overall comments (optional)

## Future recommendations (optional)

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## Tool introduction

Fieldwork is an integral part of the curriculum. In most programs, learners are exposed to a variety of fieldwork experiences as part of their training. This tool has been developed according to four levels of fieldwork. Fieldwork courses are primarily designed to enable learners to practice drawing upon, in authentic/real life learning situations, the knowledge they have acquired, and thus deploy their competencies in the six domains. Repeated exposure to authentic/real life learning situations helps to develop the learner's level of competence. A fieldwork supervisor supports the learner by providing formative feedback. Written feedback is typically offered at mid-fieldwork and at the end of the fieldwork, using this tool. In most programs, the fieldwork supervisor makes a recommendation as to the success of the fieldwork course, and a university committee is responsible for issuing the final grade. The tool can also be used to help learners self-assess their level of competence.

## Tool

This tool consists essentially of two sections: 1) fieldwork experience and 2) assessment of competency levels in the six domains. A program may decide to use other complementary tools/resources to support the fieldwork courses (e.g. specific fieldwork objectives, fieldwork learning contract, appendix of essential knowledge to which the learner has).

## Record of fieldwork experience

The record of fieldwork experiences is intended to describe the student's learning context, to better contextualise each fieldwork course (e.g. placements). Preceptors (supervisors) are invited to enter the approximate frequency of the learner's exposure to each learning experience (e.g. number of assessments completed). Space is provided for comments or clarification. This description of the learner's exposure to different experiences provides essential information to be considered when assigning a grade. The record of fieldwork experience is also important for planning future clinical placements, assuring a balanced profile for the student. It may also assist the student and preceptor (supervisor) in prioritising future learning experiences. Note that all six domains of competency are applicable for each of the described fieldwork experiences, with varying relative weightings depending on the setting. Thus, a given experience does not aim to assess only one domain of competency, since each domain of competency is required, with varying intensity, for each of the experiences.

## Assessment of the six domains

Since the competencies of each domain are global, complex, interactive, integrative and evolving, an overall rating is assigned to each of the six domains, along with comments justifying the rating. To help assign this rating, a list of examples of expected observable behaviours (examples of fieldwork indicators) for the fieldwork level being assessed is made available for each of the six domains. The person completing the assessment can then draw on these examples to assign the rating and justify it with comments.

## Scoring scale

A four-level rating scale is used, presented with numbers (1 to 4) and colour anchors (red, yellow, green and blue). To pass the fieldwork course, it is expected that the ratings in all six domains will be 3 or 4 (green or blue) by the end of the course, and that the comments supporting these ratings align. If not, it is likely that the program will further analyse the assessment according to its existing grading process.

| 1. Problematic | 2. Partially Meets Expectations | 3. Meets Expectations | 4. Exceeds Expectations |
|---|---|---|---|
| Overall, does not meet the competency indicators expected for the level, requiring constant supervision, guidance and/or cueing. | Partially meets the competency indicators expected for that level, needing occasional coaching, and/or consistent with the competency level expected mid-stage. | Overall, meets the competency indicators for the level. | Exceeds the competency indicators for the level. |

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## FIELDWORK EXPERIENCE DESCRIPTION

| Keywords | Definitions | Level 3 examples |
|---|---|---|
| 1. Service coordination | Application of practice process; decides and selects the appropriate steps. | Takes the lead in collaboration with the client and others, to perform most steps in the occupational therapy process (e.g. referral management, initial assessment, intervention plan, intervention, reassessment, follow-up and discharge, depending on site context). |
| 2. Assessment process | Plans, selects, justifies and carries out assessments and interprets. | Plans, selects, justifies, analyses and carries out a standardised/non-standardised assessment or observation, and interprets the results. |
| 3. Intervention process | Plans, recommends and leads an intervention (individual or group). | Plans, recommends and leads an intervention (individual or group). |
| 4. Documentation | Writes notes and reports related to various stages of the practice process. | Writes notes and reports related to the practice process (e.g. assessment report, follow-up note, discharge note, needs analysis, project report). |
| 5. Interprofessional / intraprofessional collaboration | Participates in interdisciplinary team meetings (or intra-team meetings depending on the context) or is exposed to various forms of collaboration with other professionals (intra- or extra-institutional), where they express themselves. | Actively participates in team meetings or is exposed to various forms of collaboration with other healthcare professionals, where the student expresses observations and opinions. |
| 6. Time management | Plans schedule according to the requirements, priorities and possibilities of the environment. | Plans schedule according to the requirements, priorities and opportunities of the environment, and adjusts their planning as needed. |
| 7. Project | Completes an internship project directly related to the context (e.g., analysis and implementation of an activity, presentation of a complex case, literature review on an evaluation, intervention, pathology or project), development of educational material and disseminates (e.g. oral presentation). | Completes a project directly related to the context (e.g. analysis and implementation of an activity, presentation of a complex case, literature review on an evaluation, intervention, pathology or project) and delivers an oral presentation to an audience (e.g. occupational therapy team). The format is at the discretion of the setting. |

## A. Occupational Therapy Expertise

- Establishes professional relationships with client demonstrating trust and respect (e.g. interest, curiosity and empathy).
- Reframes, reformulates and clarifies the reason for the occupational therapy referral/consultation.
- Develops a comprehensive assessment plan (e.g. model, method, measurement instruments, timetable, justification of choices based on knowledge).
- Justifies choices (e.g. models, assessments, interventions) with evidence-based data.
- Gathers information as planned in the assessment plan, while respecting the planned timeline.
- Anchors the clinical process in a theoretical approach, remaining consistent to the concepts inherent in the chosen model.
- Interprets the results of assessments in such a way as to identify what actions to take.
- Establishes and prioritises goals (e.g. SMART) collaboratively.
- Plans and implements a meaningful intervention with the client while identifying the resources required to implement the intervention plan and recognising their own limits.
- Implements an intervention in line with the plan and recognises any need to make adjustments.
- Follows standards relating to assignment to assistants, where applicable.

## B. Communication and Collaboration

- Complies with facility rules for accessing/transmitting information.
- Gathers relevant information from the client during the encounter.
- Explains role and responsibilities, considering other team members' contributions.
- Uses technology appropriately and responsibly.
- Presents written information in a structured manner, respecting language rules (e.g. spelling, syntax).
- Uses professional, accurate and client-oriented language (e.g. verbal, non-verbal and written).
- Demonstrates respect at all times towards clients (including relatives) and team members.
- Is respectful in all exchanges (e.g. avoids interrupting, expresses self tactfully, gives opinion diplomatically).
- Expresses self verbally, clearly and concisely, while reflecting sensitivity to power imbalance.
- Takes non-verbal communication into account when interacting with clients and adjusts accordingly.
- Initiates communication with others, as needed (e.g. professionals, family).
- Takes part in meetings and, where relevant, gives opinions and asks questions.
- Integrates communication techniques (e.g. reflection or validation).
- Organises own schedule while considering the schedules and availability of others.
- Completes a report (e.g. initial assessment, observations, progress note) that is accurate, clear, concise and in a timely manner.
- Initiates and actively participates in supervisory discussions.
- Collaborates to share insights (e.g. occupational therapist's roles, own perceptions) with the preceptor (supervisor) and other team members.
- Recognises the presence of tension in a group and contributes to its resolution.
- Contributes to team decisions and explains their reasoning in cases where opinions differ.
- Synthesises the information and observations gathered, writes an analysis aligned with the chosen theoretical occupational therapy approach.

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## C. Culture, Equity, and Justice

- Demonstrates respect and humility when interacting with clients.
- Integrates an understanding of health, well-being, healing and occupational participation into decision making (e.g. assessment and intervention).
- Integrates cultural differences and client's values when co-creating a culturally safer space.
- Questions the potential influences of a practice environment (e.g. culturally safer, anti-racist, anti-ableist and inclusive environments) and proposes potential alternatives.
- Monitors their own positionality (e.g. privileged position, own identity and power).
- Integrates anti-oppressive and trauma-informed approaches, and gender-affirmative language in practice.
- Monitors the availability/accessibility of resources (e.g. human, physical, financial) for a given client, considering the impact on other clients.
- Analyses the associated costs and resources required when engaging in planning (e.g. client assessment or intervention).
- Explains structural factors (e.g. colonisation, historical, biases and social structures that privilege or marginalise) that could potentially influence occupational participation over time.

## D. Excellence in Practice

- Identifies learning goals through self-assessment and implements feedback on learning goals.
- Asks questions and shares own knowledge applicable to the practice context.
- Uses work resources and responds to demands considering context (e.g. socioeconomic, ecological, political, technological).
- Draws on knowledge and evidence applicable to the practice context.
- Reflects on gaps in knowledge, skills and attitudes.
- Asks targeted questions, refers to or discusses with the preceptor (supervisor) how to proceed.
- Evaluates learning experiences and shares insights with the preceptor (supervisor).
- Demonstrates receptiveness to feedback.
- Integrates feedback into future actions.
- Provides useful feedback to others.
- Completes a task within a reasonable timeframe (considering the level of learner and practice context).
- Balances work activities (deemed realistic) within work schedule.
- Demonstrates reflective practice following pre-established learning contract (e.g. reflective journal).
- Identifies priority competencies to be developed with an action plan (e.g. learning contract).
- Justifies decisions (e.g. models, evaluations, interventions) with evidence.

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## E. Professional Responsibility

- Is diligent, punctual and presents self as a learner.
- Dresses in accordance with the dress code of the environment.
- Demonstrates distinction between personal and professional life while establishing and maintaining professional boundaries.
- Identifies potential professional boundary crossing or violation and reflects on courses of action with the preceptor (supervisor).
- Presents self systematically as a student occupational therapist and obtains consent.
- Behaves with integrity, honesty, fairness and respect.
- Respects laws, regulations, and the establishment's code of conduct consistently.
- Respects the Code of Ethics and applies ethical principles (e.g. non-maleficence, beneficence, justice, fidelity, autonomy, truthfulness).
- Identifies ethical issues in practice and develops an action plan with the preceptor (supervisor).
- Respects confidentiality.
- Respects clients' occupational rights and choices at all times.
- Applies risk management strategies to ensure safety.

## F. Engagement with the Profession

- Draws on knowledge from various sources (e.g. learned in school, previous fieldwork, peers) and analyses application in practice.
- Takes initiative in proposing evidence, considering scientific qualities (critical thinking) and applicability in the clinical context.
- Consistently fills knowledge gaps in practice.
- Contributes to building occupational therapist's role with the work of others such as assistants, volunteers and other team members.
- Integrates role modeling.
- Promotes to others (e.g. clients, family, staff) the benefits of activity-occupation-participation.

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