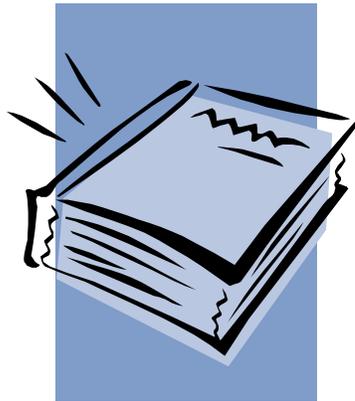


**ORIENTATION AND TRAINING MANUAL
FOR
OCCUPATIONAL THERAPY STUDENTS**



WEILL CORNELL MEDICAL CENTER

DEPARTMENT OF REHABILITATION MEDICINE

ABOUT NEWYORK-PRESBYTERIAN HOSPITAL

The NewYork-Presbyterian Hospital Weill Cornell Medical Center is an academic medical center located on the Upper East Side of Manhattan. It consists of the New York Hospital, a voluntary non-profit acute care general hospital, and Weill Medical College of Cornell University. The New York Hospital opened in 1791 as the city's first hospital and is the second oldest hospital in the country. The medical center is a major center for training and research in the medical sciences. In addition to educating and training physicians, the hospital maintains a school to train surgeon's assistants as well as affiliation agreements with other institutions for the continuing education of other health professionals, such as yourself.

Weill Cornell Medical Center occupies more than three city blocks. There are clinical departments in all major areas of medical science, and specialty facilities such as the regional Neonatology Center, the Burn Center and the Rogosin Kidney Center. The Samuel J. Wood Library and C. V. Starr Biomedical Information Center were remodeled and expanded in 1990 to better serve the Cornell University and New York Hospital personnel. All departments provide services for both inpatients and outpatients. In addition, there are two psychiatric facilities, the Payne Whitney Psychiatric clinic, located in the main hospital, and the Westchester Division in White Plains. Each of these facilities is an administrative division of the Society of the New York Hospital. The Emergency Department is accessed from 68th Street. In 1997, the Hospital opened the new inpatient hospital wing called the Greenberg Pavilion. This is the most eastern portion of the hospital and is connected to the "old" building of the hospital and college via several corridors.

In 1997, the New York Hospital and Columbia-Presbyterian Hospital merged to form **NewYork-Presbyterian Hospital**. It is also referred to as The University Hospital of Columbia and Cornell. The combined hospitals have a capacity of 2,369 beds in New York City and 322 beds in Westchester, with an occupancy rate of about 94%. Additionally in 1999, there were 826,000 outpatient visits in the Ambulatory Care Clinics. There are approximately 4,650 physicians and 13,300 employees at NewYork-Presbyterian Hospital.

The NewYork-Presbyterian Hospital and the Cornell Medical College have entered into formal and informal institutional and departmental affiliation agreements with various medical institutions and organizations in order to enrich their patient care, education, and research activities. The network of over 50 affiliations include our York Avenue neighbors, Hospital for Special Surgery, Memorial Sloan-Kettering Cancer Center, and Rockefeller University, as well as North Shore University Hospital, Jamaica Hospital, DeWitt Nursing Home, and Burke Rehabilitation Center in Westchester, New York Hospital Center-Queens.

ABOUT THE DEPARTMENT OF REHABILITATION MEDICINE

The Department of Rehabilitation Medicine is located on the 16th, 17th and 18th floors of the Baker Tower in the Hospital. These floors house the doctors' offices, outpatient physical and occupational therapy offices and clinic spaces, therapy pool, conference room, the inpatient rehabilitation unit including patient beds, staff and administrative offices. There are also a number of treatment gyms and inpatient therapy offices located in the Greenberg Pavilion. Depending on a patient's need and capacity, therapy sessions are carried out either at bedside or in one of these satellite gyms.

The Rehabilitation Medicine Department caters to a variety of patient conditions along the continuum of care. Patients are referred for rehabilitation in the acute stages of their conditions and are followed through convalescence and community reintegration stages through the inpatient rehabilitation unit and outpatient therapy services respectively.

The Rehabilitation Medicine staff includes full time and part-time attending physiatrists, physiatry residents, Rehab Administrator, Coordinator of Rehabilitation Services, physical therapy managers and staff, occupational therapy managers and staff, speech therapist, recreation therapists, secretarial staff and therapy aides. On the acute care service, speech therapy is also available through Department of Otorhinolaryngology.

ABOUT THE DIVISION OF OCCUPATIONAL THERAPY

A. Occupational Therapy Rotations and Services:

The occupational therapists at New-York Presbyterian Weill Cornell work in different services and may rotate to expand their experiences to a variety of patient populations. They rotate through various services approximately every eight months. There are 6 service units where staff OT's rotate full or part-time.

These service units are:

- ❖ Neurology Service – includes Outpatient Occupational Therapy and the Inpatient Neurology/Neurosurgery services
- ❖ Acute Care – includes Inpatient Fracture, Inpatient General Bedside, and Inpatient Dysphagia services
- ❖ Pediatric Rehab service – includes both Inpatient and Outpatient Pediatric services
- ❖ Hand Therapy –Outpatient only (but includes UE burns)
- ❖ Burn Center – includes the Inpatient Burn and Outpatient Burn (PT only) services
- ❖ Inpatient Rehabilitation Unit (IRU) – Inpatient only

The following is a more detailed description of the inpatient and outpatient services:

OUTPATIENTS

1. OUTPATIENT OCCUPATIONAL THERAPY

Location: Baker Tower, F-1823

Types of Patients: Common diagnoses seen include CVA, MS, TBI, Arthritis, central and peripheral vestibular disorders (BPPV, UVL, etc.) and visual disorders (e.g., binocular vision and low vision).

Assessments: Structured vision assessment; structured vestibular assessment; clinical assessment of neuromuscular skills; and standardized cognitive assessments such as Contextual Memory Test, Trail-Making Test,

Stroop, Hopkins Verbal Learning, Toggia Category Assessment, and Cognistat.

Interventions: ADL training with or without adaptive equipment, Therapeutic exercises, neuromuscular re-education (including NDT, PNF, Brunnstrom, etc.), cognitive rehabilitation, visual skills training, vestibular rehabilitation, neurologic hand splinting (prefab and custom) wheelchair seating and positioning and specialized neuromuscular re-ed systems such as the Bioness and Sae-Bo Flex.

Equipment/Modalities: Biometrics MULE, hi-lo tables, Dynavision, cognitive and vision rehab kits, Balance Master, Bioness, Sae-Bo Flex orthotics.

2. HAND THERAPY

Location: Baker Tower, F1826

Types of Patients: Patients with upper extremity injuries including fractures, tendon injuries, repetitive strain injuries and post-surgical burns.

Assessments: Structured UE evaluation of ROM, muscle strength, soft tissue integrity, edema, pain, scar and wound; Semmes-Weinstein monofilament testing; dynamometry; functional assessment; and outcome measures (DASH).

Interventions: Functional training; therapeutic exercises to improve ROM and muscle strength; splinting (static, static progressive and dynamic) and casting (plaster, silicon, and fiber glass); scar management techniques; manual therapy; manual therapy techniques (joint mobilization, scar and soft tissue mobilization, edema management). Other preparatory methods used include: hot and cold modalities, paraffin bath, ultrasound/ phonophoresis, electrical stimulation (TENS and NMES) and pulsatile lavage for selective wound debridement.

Equipment/Modalities: Valpar Work series 4 and 9, Multi-purpose Upper Limb Exerciser, and Baltimore Therapeutic Equipment for exercises and work hardening/simulation, Hi-Lo tables, Ultrasound and Electrical Stimulation units, Biofeedback/surface EMG unit, pulleys and weights.

3. PEDIATRIC REHABILITATION

Location: Baker Tower, F-1820.

Types of Patients: Outpatient infants and young children who have delayed or abnormal sensory-motor development or who are at risk.

Assessment and Interventions: Interdisciplinary group of PT's and OT's uses various neurodevelopmental and sensory integrative evaluation and treatment techniques.

Equipment/Modalities: Mats, balls, tools, toys, etc.

INPATIENTS:

1. FRACTURE SERVICE

Location: Greenberg Pavilion

□ "Infield Fracture " - Most patients are on the 8th floor

□ "Out-field Fracture" - Located on any medical/surgical/pediatric floor

Types of Patients: Inpatients with upper or lower extremity injuries requiring internal fixation or hemi-arthroplasties,

Interventions: ADL evaluation and training, equipment evaluation and training, general conditioning exercises, ROM, splinting of both Upper and Lower extremity as needed.

Equipment/Modalities: Long handled dressing equipment, toilet and bathtub equipment is available.

2. NEUROLOGY/NEUROSURGERY

Location: Most patients on Greenberg 6 Central and 2 Southwest

Types of Patients: Neurological diseases/disorders including brain and spinal cord tumors, CVA, MS, neurodegenerative diseases, TBI, SCI, S/P spinal surgery, etc.

Assessments: Comprehensive bedside evaluation of neuromuscular skills, vision, cognition and functional skills. Standardized cognitive assessments may be used such as the Mini-MSE, Hopkins, O-Log and JFK Coma Scale.

Interventions: ADL training including self care and mobility, therapeutic exercises, neuromuscular re-education, primary cognitive rehabilitation, coma stimulation, bed positioning. Occupational therapists collaborate with physical therapists in co-treatment sessions.

Equipment/Modalities: Mat table, physioballs, exercise and cognitive treatment kits are available in the satellite Gym located on the 6th floor.

3. GENERAL BEDSIDE

Location: All the medical/surgical floors, including the ICU's.

Types of Patients: Inpatients with various medical conditions that lead to deconditioning and problems with mobility and who are not well enough to be treated in the rehab gym. Conditions may include cardiopulmonary, neurological disorders, and renal and gastrointestinal pathologies.

Assessments: Comprehensive bedside evaluation of neuromuscular skills, musculoskeletal, cognitive, sensory-perceptual and functional skills.

Interventions: ADL training including self care and mobility, therapeutic exercises for general conditioning and range of motion, and neuromuscular re-education,

4. BURN CENTER

Location: Greenberg 8 West and in the 8th floor gym.

Types of Patients: Inpatients, who have been burned and/or sustained injuries due to smoke inhalation, as well as patients who are admitted for reconstructive or contracture release surgery.

Assessment and Interventions: Therapists at the Burn Center evaluate scars, wound status, joint range of motion and functional skills. Treatment is geared towards managing scars, preventing contractures and deformities, and promoting

function through the use scar management tools (e.g., inserts, garments), exercises, splints, and home programs.

5. DYSPHAGIA PROGRAM

Location: Greenberg Pavilion – All floors, adults only

Types of Patients: Medical and surgical patients with dysphagia secondary to compromised pulmonary, neurological or structural impairments.

Interventions: Diet modifications, recommendations for further testing using videoesophagram or FEESST, facilitation/ inhibition treatment techniques and compensatory strategies.

6. PEDIATRIC THERAPY

Location: Pediatric floors including the neonatal and pediatric intensive care units. Babies are also screened at the Premie and Maxillofacial Clinics.

Types of Patients: Neonates, infants and young children who have abnormal sensory-motor development or who are at risk. Pediatric conditions vary with musculoskeletal or neurologic impairments.

Assessment and Interventions: Interdisciplinary group of PT's and OT's uses various neurodevelopmental and sensory integrative evaluation and treatment techniques.

7. INPATIENT REHABILITATION UNIT

Location: Baker Tower 16th and 17th Floor

Twenty-two rehabilitation beds are located on the 17th floor in the Baker Tower; these patients are treated in the 16th floor Gym.

Types of Patients: Patients with CVA's, TBI, MS and other neurological conditions, amputations, orthopedic conditions, medically complex conditions, cardiopulmonary conditions, burns, and a variety of post surgical conditions etc., who require a comprehensive rehabilitation program.

Interventions: Treatment may include but not limited to occupation-based interventions, therapeutic activities and exercises, neuromuscular re-education

techniques, visual skills training, cognitive rehabilitation, vestibular and balance training, splinting and orthotic training. Treatment is delivered on a 1-to-1 basis and in-groups. Treatment collaborations or co-treatments with physical therapy, speech therapy and/or recreational therapy are also conducted.

Equipment/Modalities: Furnished ADL apartment, saccadic fixator, UBE, BAPS board, therapeutic balls, treadmill, balance master, hi-lo mats, parallel bars, stairs, "Lite Gait, " various adaptive equipment for self-care and mobility, various manual and electric wheelchairs with standard and specialized seating systems, thermal and electrical modalities, crafts, splinting and casting equipment, and car simulator.

Scheduled Activities:

Each service unit has its own schedule of activities such as meetings and care conferences or rounds. Students may be required to attend all or some of these scheduled activities.

Hours of Operation:

Hours of operation are from 8:30am – 4:30pm, Monday through Friday. Therapists take turns in working weekends and holidays. For consistency of student training and patient care, students may be required or given the option to join his/her supervisor if/when he/she works on a weekend. The Burn Center and Acute Care services provide seven day per week coverage, while the Inpatient Rehabilitation Unit provide six day per week coverage.

GENERAL INFORMATION FOR STUDENTS

COORDINATORS/CONTACT PERSONS:

Level I Students: Lisa Finnen – 212-746-1592

Level II Students: Salvador Bondoc - 212-746-1531

A. Student Supervision:

The NewYork-Presbyterian Hospital's occupational therapy clinical coordinators will coordinate your affiliation with your school and oversee your stay at the NewYork-Presbyterian Hospital. You will be assigned to a primary supervisor.

If you are assigned to more than one service while at this affiliation, you may be assigned to a secondary supervisor as well.

Students are encouraged to give frequent feedback and constructive criticism with regard to the type and amount of supervision that they are receiving. This will enable supervisors to individualize as well as optimize your learning experience.

B. Student Orientation:

On the first morning of your affiliation you will receive a general orientation to the NewYork-Presbyterian Hospital and to its Department of Rehabilitation Medicine, a tour of the Department of Rehabilitation Medicine and a general orientation to your rotation assignments by the clinical coordinator. You will be given a specific orientation to your assigned rotations by your supervisor in each area. Locker assignment, department rules and regulations, emergency procedure, etc., will be reviewed with you at that time.

C. Rotation Assignments:

Students will be assigned to services they request whenever possible.

Specialty experiences unique to the NewYork-Presbyterian Hospital will be

provided on a limited basis. This will be dependent upon availability, staffing and student performance.

D. Work Assignments:

1. Note Writing: Students will be expected to write notes following the NewYork-Presbyterian Hospital's format and policies. Please refer to NOTEWRITING GUIDELINES FOR OCCUPATIONAL THERAPY.
2. Student Presentations: Student presentations are required of all level II students. These provide them with valuable learning experiences the assignments require independent research, integration of theoretical and clinical knowledge and an opportunity for public speaking. Presentations are usually scheduled during staff in-service time. It is the student's responsibility to coordinate a schedule with his/her supervisor on when/where the in-service is to be held.
3. Other Assignments: Students may be given other assignments by their supervisors as well. They are expected to complete them by the assigned date.

E. Student Evaluations:

Students will receive a mid-term and final evaluation from their clinical instructor(s) using AOTA's FWPE. In addition, students are evaluated against clinical objectives set by this program. In New York State, students are also required to perform a self-evaluation. Supervisors are encouraged to provide, and students are encouraged to request frequent feedback.

The student's performance is evaluated primarily through supervisor observation and assessment of performance on goals. Specifically, the procedures include:

1. Supervision session with student's immediate supervisor at least once weekly. At this time discussion includes evaluation and treatment skills, student's performance, and learning needs.

2. Midterm evaluation is done halfway through the affiliation using the standard FWPE, and numerical grades.
3. Final evaluation is done using the FWPE.
4. Additional evaluations may be performed whenever a learning contract is executed.

F. Educational Materials:

Books, journals, tapes, etc., are available in most service areas. Students may also access the Cornell University Medical College Library via Infonet and in person. The library is located on the first floor of the medical school (entrance at 69th Street and York Avenue), as well as within the department.

G. Lateness/Illness/Absence:

The NewYork-Presbyterian Hospital strictly enforces its attendance and lateness policy. Students are required to report to their services on or before their start time (see Hours of Operation). If a student will be late or absent, he/she must contact his/her clinical instructor and the clinical fieldwork coordinator on or before 8:30 a.m.

H. Meals:

Meals can be purchased in the hospital cafeteria, which is located in the basement, (discount with I.D.) or in nearby delicatessens and restaurants. If you wish to bring your lunch, you may use the refrigerators located in Physical Therapy or Occupational Therapy department or in the staff lounge for inpatient units in the Greenberg Pavilion.

I. Housing:

Students are responsible for arranging their own housing.

In rare instances, housing may be available through Cornell or the hospital. Some students have arranged to stay at the local YMCA (212) 756-9600 or YWCA (212) 755-4500.

J. Miscellaneous:

1. Students must respect the confidentiality of all patients they treat or encounter and any records they have access to. All students will adhere to HIPPA guidelines. You will be required to sign a confidentiality agreement form.
2. For fire and patient-related emergencies, please refer to the departmental policies and procedures. You will also be oriented to those specific to your rotation by your supervisor.
3. All notes will be documented in the Eclipsys computer documentation system. Passwords will be provided to students on their first day.

H. Dress Code

- ❖ See NYPH Policy on Dress Code

Dress Code for Clinical Rehabilitation Medicine Staff
NewYork Presbyterian Weill Cornell

POLICY: All staff should have neat conservative clothing with visible identification

PURPOSE: To present a professional appearance

APPLICABILITY: Physical therapy and occupational therapy staff treating patients

PROCEDURE:

- Professional, conservative dress and hem length; neat and tidy appearance
- Business, casual for men (e.g. collared shirts, ties optional)
- Shoes or clean leather sneakers (in basic colors); No open-toed shoes with bare feet
- Identification tags must be visible
- Lab coats are encouraged, especially at bedside
- No blue jeans or faded colored jeans
- No walking shorts or “capri” pants
- No leggings
- Legs should be appropriately covered
- “Scrubs” may be worn by staff working with patients at bedside who may have the potential for becoming soiled with bodily secretions during treatment
- “Scrub” color must be royal blue (except on the burn service)
- All staff are responsible for the purchase of his/her own “scrubs” (except on the burn service)
- Hair should be neat and pulled back if needed when working with patients
- Fingernails should be appropriate to ensure the comfort of the patient during handling. No artificial nail enhancements are permitted.

**THE NEWYORK-PRESBYTERIAN HOSPITAL
Department of Rehabilitation Medicine**

Occupational Therapy Student Program

I. Mission. Philosophy and Goals of the Student Program

A. CLINICAL EDUCATION PHILOSOPHY STATEMENT

The Occupational Therapy Department of the NewYork-Presbyterian Hospital believes the clinical affiliation period is a critical link between the academic and professional career of the occupational therapy student. Our Department is committed to providing quality learning experiences and guidance for the student to develop his/her skills in becoming a vital, ethical and responsible member of the profession.

B. GOALS and OUTCOMES

At the end of the student's clinical affiliation, he/she will meet the following objectives:

1. The student will demonstrate effective clinical reasoning and psychomotor skills in performing, completing and analyzing the results of an occupational therapy evaluation consistent with that of an entry-level occupational therapist.
2. The student will demonstrate effective problem solving, clinical reasoning and psychomotor skills in developing an intervention plan and implementing the plan using best practice approaches / modalities, consistent with that of an entry level practitioner. The student will also demonstrate adequate knowledge to be able to provide rationale or justification for intervention.
3. The student will demonstrate effective clinical reasoning to assess outcomes and plan for appropriate discharge, consistent with that of an entry-level practitioner.

4. The student will effectively communicate occupational therapy goals and treatment plan to the health care team, the patient and to his/her significant others.
5. The student will advocate for his/her patient and represent occupational therapy with the highest standards of professionalism.
6. The student will establish and utilize the supervisory relationships with members of the occupational therapy staff and rehabilitation team to facilitate the learning process and enhance professional growth.
7. The student will develop and refine professional behaviors consistent with that of an entry-level therapist.
8. The student will demonstrate an in-depth knowledge and understanding of the role of occupational therapy in physical rehabilitation and effectively articulate it to his/her patients and families.
9. The student will maintain and uphold professional values and ethical standards in all his/her activities and interactions during the entire duration of his/her rotation.

II. **FIELDWORK REQUIREMENTS**

A. Fieldwork Objectives and Schedule

The affiliation period at NewYork-Presbyterian Hospital Occupational Therapy department lasts for 10-12 weeks. The proceeding outline provides student training guidelines including student expectations and activities.

WEEK 1 Objectives:

- 1) The student will demonstrate awareness and familiarity of department policies and procedures, structure and process of student affiliation, and assignments.
- 2) The student will complete a minimum of two chart reviews to the supervisor's satisfaction.
- 3) The student will complete the treatment / evaluation observation form on one patient (observation of supervisor) per day.

- 4) The student will be familiar with the documentation system and billing procedures specific to the area of placement (e.g. Rehab unit, acute care, and outpatient).

WEEK 2 Objectives:

- 1) The student will actively observe and / or assist in treatment sessions with supervisor and / or collaborative partner.
- 2) The student will come to weekly supervision meeting prepared with questions and possible solutions.
- 3) The student be assigned and be responsible with **one** patient. The student will conduct all treatment given direct 1-on-1 supervision 100% of the time. (Note: For outpatient Medicare patients, student will always require 1:1 supervision).
- 4) The student will assist in completing one-two evaluation(s), and treatment plans as directed by the supervisor.
- 5) The student will accurately and effectively complete all documentation with no more than 50% corrections by the supervisor.
- 6) The student will provide a critique of his/her treatment session provided by another student or therapist.

WEEK 3 Objectives:

- 1) The student will complete two (2) standard OT evaluations, and (generic) treatment plans given direct 1-on-1 supervision. One of these 2 evaluations may be used for the student's case study.
- 2) The student will write a comprehensive treatment plan that outlines session goals and activities that address each deficit/deficit area identified in either one of or both evaluations.
- 3) The student will conduct all treatment sessions of patients in his/her caseload with no more than 50% direct 1-on-1 supervision. (Note: For outpatient Medicare patients, student will always require 1:1 supervision).
- 4) The student will accurately and effectively complete all documentation with no more than 50% corrections by the supervisor.

- 5) The student will assist his/her supervisor in completing re-evaluations and discharge summaries and provide recommendations for treatment plan revision and follow-up care respectively.
- 6) The student will attend team rounds and participate in discussing his/her patient's status and contributing to discharge planning, when applicable.
- 7) The student will observe at least 1 or 2 specialty OT evaluations, when applicable.
- 8) The student, with supervisor's input, will submit to and discuss with the coordinator 3 proposals for a case study. The coordinator will then select one of the three proposals.
- 9) The student will participate in planning a therapy group, when applicable.

WEEK 4 Objectives:

- 1) The student will carry out his/her caseload of patients previously evaluated and any additional patient/s that his/her supervisor may assign. The student is expected to meet 33-50% productivity per service standard.
- 2) The student will conduct all treatment sessions of patients in his/her caseload with no more than 25% direct 1-on-1 supervision. (Note: For outpatient Medicare patients, student will always require 1:1 supervision).
- 3) The student will accurately and effectively document all daily therapy notes with no more than 25% corrections by the supervisor.
- 4) The student will complete re-evaluations and discharge summaries and provide recommendations for treatment plan revision and follow-up care with no greater than 25% guidance.
- 5) The student will attend team rounds and independently discuss his/her patient's status and contribute to discharge planning, when applicable.
- 6) The student will independently plan an occupational therapy group and coordinate scheduling of patients with supervisor's guidance, when applicable.
- 7) The student will present a draft of the case study to the coordinator in preparation for week 6 case presentation.

WEEK 5-6 Objectives:

- 1) The student will carry out his/her caseload of patients previously evaluated and any additional patient/s that his/her supervisor may assign. The student is expected to meet 50-75% productivity per service standard by the end of **week 6.**
- 2) The student will conduct all treatment sessions of patients in his/her caseload with distant supervision and intermittent consultation with supervisor.
- 3) The student will accurately and effectively document all daily therapy notes with no more than 10% corrections by the supervisor.
- 4) The student will complete re-evaluations and discharge summaries and provide recommendations for treatment plan revision and follow-up care independently.
- 5) The student will continue to attend team rounds and independently discuss his/her patient's status and contribute to discharge planning for the rest of his/her rotation period when applicable.
- 6) The student will conduct an occupational therapy group independently when applicable. The student will present his/her **case study** during the clinical group meeting corresponding to the student's **week 6.**
- 7) **Midterm evaluations** (of self and by supervisor) are also due by end of **week 6.**

WEEK 7-8 Objectives

- 1) The student will carry out his/her caseload of patients previously evaluated and any additional patient/s that his/her supervisor may assign. The student is expected to meet 75-100% productivity per service standard by the end of **week 8.**
- 2) The student will independently complete all documentation in a timely and efficient manner. The supervisor will provide corrections only when absolutely necessary.

- 3) The student will discuss 2-3 proposals for an administrative project to the coordinator by start of **week 7**. He/she is expected to work on this project immediately upon approval by the coordinator.
- 4) The student will participate in conducting specialty evaluations (vision eval, cog eval, wheelchair eval, etc.), when applicable.

WEEKS 9-10 Objectives:

- 1) The student will carry out a full caseload of patients previously evaluated and assigned by supervisor. The student is expected to be close to or at 100% productivity per service standard by the end of **week 9**.
- 2) The student is expected to function as an **entry-level OT practitioner by the end of week 10**. He/she will continue to demonstrate the ability to administer basic evaluations, develop treatment plans, carry out treatment interventions in 1-on-1, 2:1, and group formats (when applicable) and complete discharge and re-evaluation assessments on patients with a variety of common diagnoses.
- 3) The student is expected to be independent in her clinical reasoning especially in problem-solving situations and in seeking supervision appropriately.

WEEKS 11-12 Objectives:

- 1) On the student's 11th week, he/she may be offered to rotate to other units in the hospital where OT rotations are available. Options to rotate on the 11th week are based on 3 factors: supervisor's and coordinator's discretion based on the student's performance during the past 10 weeks; availability of a supervisor from the rotation of interest; and the student's professional and clinical goals.
- 2) If a student rotates to a different service on week 11, he/she is expected to operate at **week 4 objectives** where he/she may be called to perform basic evaluation and treatment and accept supervision in more specialized areas.
- 3) The student will present his/her **administrative project** during a clinical group meeting that corresponds to the student's **week 12**. He/she is expected

to coordinate a schedule with her supervisor on where, when and how to present her project.

- 4) **Final evaluations (by self and supervisor) are due the day before the student's last day.**

B. Requirements for Passing

The student must satisfy the following criteria to receive a “Pass:”

1. Fulfill all the fieldwork objectives and requirements as outlined above
2. Receive a passing mark from the FWPE
3. Receive a “3” on the first 3 items of the FWPE (Fundamentals of Practice).
4. If applicable, receive a mark of “satisfactory” or “meets standards” against all objectives set forth in a learning contract.

LEARNING CONTRACT

The purpose of a learning contract is to identify key behaviors, knowledge, skill areas or competencies that a student was lacking and must demonstrate consistently in order to pass the fieldwork. A learning contract may be executed if

- a. The student receives an “Unsatisfactory Performance” mark during his/her midterm
- b. The student receives a “Satisfactory Performance” mark during his/her midterm but is below standard or “unsatisfactory” in at least one of the three competencies outlined under the “Fundamentals of Practice” section of the FWPE.

When a student is identified to have performance issues, the clinical fieldwork coordinator informs his/her school’s academic fieldwork coordinator (AFW).

When a student is deemed “at risk” of failing, the AFW initiates a learning contract. The clinical fieldwork coordinator and the student’s supervisor collaborate on learning objectives and in drafting the learning contract.

The AFW is invited to visit NYPH to meet with the student along with his/her supervisors. The learning contract is discussed and signed by all parties.

If a student does not meet the objectives set forth in the learning contract, NYPH OT department reserves the right to exercise the following options:

- a. Dismiss the student immediately prior to the completion of his/her affiliation. The student receives a "Fail" mark.
- b. Allow the student to complete his/her affiliation. However, the student receives a "Fail" mark.
- c. Extend the student's affiliation period for no more than 2 weeks. An extension does not guarantee a pass. The student must still meet all the criteria for a "Pass." Should a failing student refuse this option, the student automatically receives a "Fail" mark.

ASSIGNMENT GUIDELINES

A. Chart Reviews

Purpose: To develop skills in synthesizing clinical background data pertinent to the occupational therapy process.

Guidelines: The student is expected to complete at least 2 chart reviews summarizing the following data:

- History of present illness and past medical conditions
- Social history
- Precautions
- Reason for referral

B. Treatment / Evaluation Observation

Purpose: Completed during the orientation phase of the student's affiliation, the structured observation will provide opportunities for the student to get acclimated to the evaluation and treatment process and promote a mode of clinical reasoning in preparation for a future active involvement in future actual therapy sessions.

Guidelines: The student is expected to complete at least 2 observation questionnaires - treatment and evaluation - and discuss his/her findings with the supervisor.

1. Evaluation Observation Questionnaire

- What is the patient's medical diagnosis and why was he/she referred?
- Is the patient aware of his/her problem? Do you think the patient's awareness of his/her problems is accurate? Why or Why not?
- What evaluation tasks did the therapist choose to do and what was the clinical reasoning behind those tasks. Describe any behaviors that you observed that you cannot interpret (or do not understand why they occurred).
- What aspects of the patient's function that needs further evaluation?
- What evaluation would you choose for the next session? Why?

2. Treatment Observation Questionnaire

- What goals do you think the therapist was working on? How are the goals being addressed?
- What abilities appear to be the patient's strengths? Deficits?
- How do you think the observed deficits could interfere with occupational performance?
- What treatment approaches/ frames of reference was the therapist using in the session? Explain your clinical reasoning?
- How did the patient respond to the session?
- How could the activity be downgraded or upgraded to promote/ maintain the right challenge for the patient?
- Suggest 2 other activities/procedures that could be used to meet the same goal. Why did you choose them?

C. Administrative Project

Purpose: To gain an understanding and appreciation and develop skills in the administrative aspects of clinical practice.

Guidelines: The student should discuss with her clinical supervisor and the fieldwork coordinator his/her project proposal. The proposal should identify and problem-solve an organizational, operational, or service delivery issue. The student is expected to participate in the problem solving process and in the development of a plan to address the issue. He/she is expected to actively carry out the plan with assistance to be given to the extent identified as needed by the student. The student must be able to articulate the nature of the issue, its impact on patient care and day-to-day operations, and suggest viable solutions. The student is expected to provide a presentation on her project before her finals. It is the student's responsibility to coordinate a schedule with his/her supervisor on when and where the presentation is to be held.

D. Case Study

Purpose: To provide an opportunity for the student to integrate his/her knowledge and skills of the occupational therapy process (evaluation, intervention and

outcomes), present evidence that is relevant to the case, and facilitate discourse and discussion that may facilitate learning and clinical reasoning.

Guidelines: The case study should be presented for approximately 30-40 minutes followed by a 20-minute discussion to be facilitated by the student. The case study must contain the following information:

- 1) History of present illness and past medical history.
- 2) Occupational profile including the patient's social history
- 3) Course of acute care including therapies received if applicable
- 4) Rationale for OT referral
- 5) Clinical findings based on the evaluation and subsequent re-evaluations
- 6) Detailed treatment plan
- 7) Course of occupational therapy from initial treatment to discharge.
- 8) Outcomes of occupational therapy
- 9) Evidence based on 3 literature sources.

Examples:

- a) Study of a specific treatment intervention, technique or approach
- b) Reliability or validity study of a tool or instrument, evaluation procedure
- c) Alternative treatment approaches to the problems addressed which are found to be effective/efficacious

It is the student's responsibility to coordinate a schedule with her clinical supervisor on when and where the presentation is to be held.

E. Specialty Topic Inservices

Purpose: To promote learning of specialized approaches/techniques used in the evaluation and treatment of rehab population.

Guidelines: The student will voluntarily schedule 1-on-1 or small group inservices (involving other students) with his/her supervisor and other rehab clinicians who are designated to provide clinical education on specialized topics. These topics include but are not limited to: vision rehabilitation, multi-contextual approach to cognitive rehabilitation, vestibular rehabilitation, neurodevelopmental therapy (NDT), motor control, dysphagia evaluation and treatment, burn rehabilitation, casting and splinting.

**THE NEWYORK-PRESBYTERIAN HOSPITAL
DEPARTMENT OF REHABILITATION**

OCCUPATIONAL THERAPY TREATMENT PLAN

Patient's Name: _____

Floor: _____

Age: _____

Medical Diagnosis: _____

Functional Disability: _____

Typical Picture and Course of Illness:

PROBLEM	CAUSE	GOALS	ACTIVITIES	GRADATION	CLINICAL RATIONALE

PROCEDURES ON ECLIPSYS DOCUMENTATION

Documenting Evaluation/ Re-evaluation/ Discharge Note/ or Treatment Note

1. Log in with your user name and password
2. Click on patient's name
3. Click "F1 Open Chart" tab at the bottom of the screen or Type F1
4. Click "Notes" tab at the top of the screen
5. Click "Ancillary" tab at the top of the screen
6. Click "F5: Enter Note" tab at the bottom of the screen or type F5
7. Select the appropriate template under the "Note Topic" window
8. Enter your notes
9. At the end of your note, you must type "**Student name, OTS Beeper ##### (of your clinical instructor)**" before signing out.
10. At the bottom of the screen on the line that reads "Note Complete: Yes." If note is completed, make sure that "yes" appears on the screen. If note is not yet complete, make sure that "no" appears on the screen.
11. Click the "Sign" tab
12. Type your password in the "password" field.

To the CLINICAL INSTRUCTOR:

- Go to the patient's chart in the Ancillary section.
- Select appropriate note by clicking the cursor on it. It will highlight in black.
- Choose F3: **Correct Data**
- Review the student's documentation and make appropriate changes as needed.
- Upon completion of review, type: " **Reviewed by Therapist's Name, OTR/L B# 12345.**"
- SIGN data.

Documenting Rehab Rounds (IRU Only)

1. Log in with your user name and password
2. Click on patient's name
3. Click "F1 Open Chart" tab at the bottom of the screen or Type F1

4. Click "Notes" tab at the top of the screen
5. Click "Rehab Round" tab at the top of the screen
6. To put in new date (new entries), click on "F10: Add Time" tab
7. Enter your name and credentials next to the "Occupational Therapist" cell
8. Enter FIM values and FIM goals in parentheses
9. Click the "Sign" tab
10. Type your password in the "password" field.

To the CLINICAL INSTRUCTOR:

- Go to the Rehab Round form and review the student's entries.
- Click the "Occupational Therapist" tab. The box will be shaded black.
- Choose F3: **Correct Data**. The "Correct Data" window appears.
- In the window, delete the student's entry and type in your name. Click OK.
- Click the F7 Highlight tab. The entries will revert to black font.
- SIGN data

Documenting Patient Education

1. Log in with your user name and password
2. Click on patient's name
3. Click "F1 Open Chart" tab at the bottom of the screen or Type F1
4. Click "Patient Ed" tab at the top of the screen
5. Enter patient education notes using the drop down menus
6. In the barrier column, type "**CosignOT**" immediately after your entry. Click OK.
7. Highlight the barrier section using "F7: Highlight On/Off" tab at the bottom of the screen. The entries will turn red.
8. Click the "Sign" tab
9. Type your password in the "password" field.

To the CLINICAL INSTRUCTOR:

- Go to the Pt Ed form and review the student's entries.
- Click the barriers section. The box will be shaded black.
- Choose F3: **Correct Data**. The "Correct Cell Data" window appears.
- In the window, correct any entries as needed. In the barrier line, re-enter the appropriate entry. Click "OK." "Cosign" will be deleted.
- Click the F7 Highlight tab. The entries will revert to black font.
- SIGN data

NOTE: All entries entered by the student and changes made to them are tracked and recorded in an audit trail. You may use the "**F2: Detail**" tab and "**show detail**" function to reveal all recorded entries including the original ones. The information seen represents the most recent entries.

**NewYork-Presbyterian Hospital
Weill Cornell Medical Center
Occupational Therapy Student Orientation Checklist**

Student Name: _____

Date: _____

ORIENTATION WITH FIELDWORK COORDINATOR

- Questions From Student Manual
- NYPH Identification Card
- Rotation Assignment and Student Responsibilities/Expectations
- Fieldwork Coordinator, Unit Supervisors (AC and Senior) and Clinical Instructor Roles and Delineation
- Timetable For Midterm/Final Evaluation, Case Study In-service, Administrative Project
- Orientation to the Departmental Organization
- Review of Hospital's Vision, Mission, Philosophy and Service Excellence Principles
- Review of Hospital's HIPAA Policy
- Review of Lateness/Absence Policy
- Review of Infection Control Procedures (including Blood-borne Pathogens and Fit testing)
- Required Documentation/Materials

Start of Rotation	End of Rotation
<input type="checkbox"/> Copy of Professional Liability Insurance	<input type="checkbox"/> NYPH ID Card
<input type="checkbox"/> Copy of Current Health Assessment – Rubella, Rubeola, Varicella, Hepatitis B, TB Test	<input type="checkbox"/> Original plus 1 photocopy of completed FWPE and Student Evaluation of Fieldwork Site
<input type="checkbox"/> Proof of CPR Certification	<input type="checkbox"/> Locker Key (return to Clinical Instructor)

ORIENTATION WITH CLINICAL INSTRUCTOR

- Student Review of Weekly Goals
- Orientation to Scheduling, Billing and Documentation Policies and Procedures
 - Computer systems: Eclipsys, Climacs, etc.
 - Patient Education
 - Co-signing of Notes
- Unit-Specific Emergency Procedures For Fire, Cardiac Arrest, and Non-Cardiac Emergencies
- Mandatory/Optional Meetings, In-services, Conferences
- Contact Information and Communication Procedures (Beeper and Phone system)
- Equipment Use (PC, Xerox, Fax, and Phone)
- Office Area and Locker Area
- Tour of Service Unit and Introduction to Staff and Related Personnel
- Supervision Schedule and Preferences

Student's Signature: _____

Date: _____

Clinical Instructor: _____

Date: _____

Fieldwork Coordinator: _____

Date: _____