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<td><strong>SECTION C: FIELDWORK EDUCATION AND DOCTORAL EXPERIENTIAL COMPONENT</strong></td>
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<tr>
<td><strong>C.1.0: FIELDWORK EDUCATION</strong></td>
<td>Fieldwork education is a crucial part of professional preparation and is best integrated as a component of the curriculum design. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under supervision of a qualified occupational therapy practitioner serving as a role model. The academic fieldwork coordinator is responsible for the program's compliance with fieldwork education requirements. The academic fieldwork coordinator will</td>
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<tr>
<td>C.1.1.</td>
<td>Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that fieldwork experiences strengthen the ties between didactic and fieldwork education.</td>
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<td>C.1.2.</td>
<td>Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students.</td>
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<td>C.1.3.</td>
<td>Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives and communicate with the student and fieldwork educator about progress and performance during fieldwork.</td>
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<td>C.1.4.</td>
<td>Ensure that the ratio of fieldwork educators to students enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.</td>
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<td>C.1.5.</td>
<td>Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner in accordance with the policy adopted by the program as required by Standard A.4.14.</td>
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<td>C.1.6. The program must have evidence of valid memoranda of understanding in effect and signed by both parties at the time the student is completing the Level I or Level II fieldwork experience. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding.</td>
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<tr>
<td>C.1.7.</td>
<td>Ensure that at least one fieldwork experience (either Level I or Level II) has as its focus psychological and social factors that influence engagement in occupation.</td>
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<td>C.1.8.</td>
<td>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.</td>
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<td>C.1.9.</td>
<td>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.</td>
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<td>C.1.10.</td>
<td>Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork.</td>
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The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients. 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.

Ensure that at least one fieldwork experience (either Level I or Level II) has as its focus psychological and social factors that influence engagement in occupation.

The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. 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 and research, administration, and management of occupational therapy services. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. 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.

Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork.
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<td>C.1.11.</td>
<td>Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.</td>
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<td>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.</td>
</tr>
<tr>
<td>C.1.12.</td>
<td>Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.</td>
<td>Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.</td>
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<td>C.1.13.</td>
<td>Require a minimum of 24 weeks’ full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement’s usual and customary personnel policies, as long as it is at least 50% of an FTE at that site.</td>
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<td>Require a minimum of 16 weeks’ full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement’s usual and customary personnel policies, as long as it is at least 50% of an FTE at that site.</td>
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<tr>
<td>C.1.14.</td>
<td>Ensure that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program.</td>
<td>Ensure that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program.</td>
<td>Ensure that the student is supervised by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the supervision of an occupational therapist) who has a minimum of 1 year full-time (or its equivalent) of practice experience subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program.</td>
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<td>C.1.15.</td>
<td>Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).</td>
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<td>C.1.16.</td>
<td>Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client’s condition, and the ability of the student.</td>
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<td>C.1.17.</td>
<td>Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed otherwise regulated occupational therapist with at least 3 years’ full-time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.</td>
<td>Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed otherwise regulated occupational therapist with at least 3 years’ full-time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.</td>
<td>Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy assistant services and supervision by a currently licensed otherwise regulated occupational therapist or occupational therapy assistant (under the direction of an occupational therapist) with at least 3 years’ full-time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.</td>
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<td>C.1.18.</td>
<td>Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA Fieldwork Performance Evaluation for the Occupational Therapy Student or equivalent).</td>
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<td>C.1.19.</td>
<td>Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice.</td>
<td>Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice.</td>
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**C.2.0. DOCTORAL EXPERIENTIAL COMPONENT**

The goal of the doctoral experiential component is to develop occupational therapists with advanced skills (those that are beyond a generalist level). The doctoral experiential component shall be an integral part of the program’s curriculum design and shall include an in-depth experience in one or more of the following: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory development.
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<td>The student must successfully complete all coursework and Level II fieldwork and pass a competency requirement prior to the commencement of the doctoral experiential component. The specific content and format of the competency requirement is determined by the program. Examples include a written comprehensive exam, oral exam, NBCOT certification exam readiness tool, and the NBCOT practice exams.</td>
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<tr>
<td>C.2.1.</td>
<td>Ensure that the doctoral experiential component is designed and administered by faculty and provided in setting(s) consistent with the program’s curriculum design, including individualized specific objectives and plans for supervision.</td>
<td>(No related Standard)</td>
<td>(No related Standard)</td>
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<td>C.2.2.</td>
<td>Ensure that there is a memorandum of understanding that, at a minimum, includes individualized specific objectives, plans for supervision or mentoring, and responsibilities of all parties.</td>
<td>(No related Standard)</td>
<td>(No related Standard)</td>
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<tr>
<td>C.2.3.</td>
<td>Require that the length of this doctoral experiential component be a minimum of 16 weeks (640 hours). This may be completed on a part-time basis and must be consistent with the individualized specific objectives and culminating project. No more than 20% of the 640 hours can be completed outside of the mentored practice setting(s). Prior fieldwork or work experience may not be substituted for this experiential component.</td>
<td>(No related Standard)</td>
<td>(No related Standard)</td>
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<td>C.2.4.</td>
<td>Ensure that the student is mentored by an individual with expertise consistent with the student’s area of focus. The mentor does not have to be an occupational therapist.</td>
<td>(No related Standard)</td>
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**MENTORING IS DEFINED AS A RELATIONSHIP BETWEEN TWO PEOPLE IN WHICH ONE PERSON (THE MENTOR) IS DEDICATED TO THE PERSONAL AND PROFESSIONAL GROWTH OF THE OTHER (THE MENTEE). A MENTOR HAS MORE EXPERIENCE AND KNOWLEDGE THAN THE MENTEE. THE PROGRAM MUST HAVE A SYSTEM TO ENSURE THAT MENTOR HAS DEMONSTRATED EXPERTISE IN ONE OR MORE OF THE FOLLOWING AREAS IDENTIFIED AS THE STUDENT’S FOCUSED AREA OF STUDY: CLINICAL PRACTICE SKILLS, RESEARCH SKILLS, ADMINISTRATION, LEADERSHIP, PROGRAM AND POLICY DEVELOPMENT, ADVOCACY, EDUCATION, OR THEORY DEVELOPMENT.**
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<tr>
<td>C.2.5.</td>
<td>Document a formal evaluation mechanism for objective assessment of the student’s performance during and at the completion of the doctoral experiential component.</td>
<td>(No related Standard)</td>
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GLOSSARY

Accreditation Standards for a Doctoral-Degree-Level Educational Program for the Occupational Therapist, Masters-Degree-Level Educational Program for the Occupational Therapist, and Associate-Degree-Level Educational Program for the Occupational Therapy Assistant

Definitions given below are for the purposes of these documents.

ABILITY TO BENEFIT: A phrase that refers to a student who does not have a high school diploma or its recognized equivalent, but is eligible to receive funds under the Title IV Higher Education Act programs after taking an independently administered examination and achieving a score, specified by the Secretary of the U.S. Department of Education (USDE), indicating that the student has the ability to benefit from the education being offered.

ACADEMIC CALENDAR: The official institutional document that lists registration dates, semester/quarter stop and start dates, holidays, graduation dates, and other pertinent events. Generally, the academic year is divided into two major semesters, each approximately 14 to 16 weeks long. A smaller number of institutions have quarters rather than semesters. Quarters are approximately 10 weeks long; there are three major quarters and the summer session.

ACTIVITY: A term that describes a class of human actions that are goal directed (AOTA, 2008b).

ADVANCED: The stage of being beyond the elementary or introductory.

AFFILIATE: An entity that formally cooperates with a sponsoring institution in implementing the occupational therapy educational program.

AREAS OF OCCUPATION: Activities in which people engage: activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation.

ASSIST: To aid, help, or hold an auxiliary position.

BODY FUNCTIONS: The physiological functions of body systems (including psychological functions).

BODY STRUCTURES: Anatomical parts of the body such as organs, limbs, and their components.

CARE COORDINATION: The process that links clients with appropriate services and resources.

CASE MANAGEMENT: A system to ensure that individuals receive appropriate health care services.

CLIENT: The term used to name the entity that receives occupational therapy services. Clients may include (1) individuals and other persons relevant to the client’s life including family, caregivers, teachers, employers, and others who may also help or be served indirectly; (2) organizations, such as businesses, industries, or agencies; and (3) populations within a community (AOTA, 2008b).

CLIENT-CENTERED SERVICE DELIVERY: An orientation that honors the desires and priorities of clients in designing and implementing interventions.

CLIENT FACTORS: Factors that reside within the client and that may affect performance in areas of occupation. Client factors include body functions and body structures.

CLINICAL REASONING: Complex multifaceted cognitive process used by practitioners to plan, direct, perform, and reflect on intervention.

COLLABORATE: To work together with a mutual sharing of thoughts and ideas.

COMPETENT: To have the requisite abilities/qualities and capacity to function in a professional environment.

CONSORTIUM: Two or more higher education institutions having a formal agreement to share resources for the operation of an educational program.
CONSUMER: The direct and/or indirect recipient of educational and/or practitioner services offered.

CONTEXT/CONTEXTUAL FACTORS AND ENVIRONMENT:

CONTEXT: The variety of interrelated conditions within and surrounding the client that influence performance. Contexts include cultural, personal, temporal, and virtual aspects.

ENVIRONMENT: The external physical and social environment that surrounds the client and in which the client’s daily life occupations occur.

CONTEXT OF SERVICE DELIVERY: The knowledge and understanding of the various contexts in which occupational therapy services are provided.

COOPERATIVE PROGRAM: Two administrative entities having a cooperative agreement to offer a single program. At least one of the entities must hold degree-granting authority as required by the ACOTE Standards.

CRITERION-REFERENCED: Tests that compare the performance of an individual to that of another group, known as the norm group.

CULMINATING PROJECT: A project that is completed by a doctoral student that demonstrates the student’s ability to relate theory to practice and to synthesize advanced knowledge in a practice area.

CURRICULUM DESIGN: An overarching set of assumptions that explains how the curriculum is planned, implemented, and evaluated. Typically, a curriculum design includes educational goals and curriculum threads and provides a clear rationale for the selection of content, the determination of scope of content, and the sequence of the content. A curriculum design is expected to be consistent with the mission and philosophy of the sponsoring institution and the program.

CURRICULUM THREADS: Curriculum threads, or themes, are identified by the program as areas of study and development that follow a path through the curriculum and represent the unique qualities of the program, as demonstrated by the program’s graduates. Curriculum threads are typically based on the profession’s and program's vision, mission, and philosophy (e.g., occupational needs of society, critical thinking/professional reasoning, diversity/globalization. (AOTA, 2008a).

DIAGNOSIS: The process of analyzing the cause or nature of a condition, situation, or problem. Diagnosis as stated in Standard B.4.0. refers to the occupational therapist's ability to analyze a problem associated with occupational performance and participation.

DISTANCE EDUCATION: Education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include

- The Internet;
- One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- Audio conferencing; or
- Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course.

DISTANCE EDUCATION DELIVERY MODEL: There is one curriculum with some (or all) of the students receiving the didactic portion of the program taught via distance education from the primary campus. The didactic portion of the program is delivered to all students (irrespective of whether it is delivered in class or by distance education) by the same instructors. Students may receive the experiential and lab components at either the primary campus or at other locations.

DRIVER REHABILITATION: Specialized evaluation and training to develop mastery of specific skills and techniques to effectively drive a motor vehicle independently and in accordance with state department of motor vehicles regulations.

ENTRY-LEVEL OCCUPATIONAL THERAPIST: The outcome of the occupational therapy educational and certification process; an individual prepared to begin generalist practice as an occupational therapist with less than 1 year of experience.

ENTRY-LEVEL OCCUPATIONAL THERAPY ASSISTANT: The outcome of the occupational therapy educational and certification process; an individual prepared to begin generalist practice as an occupational therapy assistant with less than 1 year of experience.
FACULTY:

FACULTY, CORE: Persons who are resident faculty, including the program director, appointed to and employed primarily in the occupational therapy educational program.

FACULTY, FULL TIME: Core faculty members who hold an appointment that are full-time, as defined by the institution, and whose job responsibilities include teaching and/or contributing to the delivery of the designed curriculum regardless of the position title (e.g., full-time instructional staff and clinical instructors would be considered faculty).

FACULTY, PART TIME: Core faculty members who hold an appointment that is considered by that institution to constitute less than full-time service and whose job responsibilities include teaching and/or contributing to the delivery of the designed curriculum regardless of the position title.

FACULTY, ADJUNCT: Persons who are responsible for teaching at least 50% of a course and are part-time, nonsalaried, non-tenure-track faculty members who are paid for each class they teach.

FIELDWORK COORDINATOR: Faculty member who is responsible for the development, implementation, management, and evaluation of fieldwork education.

FRAME OF REFERENCE: A set of interrelated, internally consistent concepts, definitions, postulates, and principles that provide a systematic description of a practitioner’s interaction with clients. A frame of reference is intended to link theory to practice.

FULL-TIME EQUIVALENT (FTE): An equivalent position for a full-time faculty member (as defined by the institution). A full-time equivalent can be made up of no more than 3 individuals.

GRADUATION RATE: The total number of students who graduated from a program within 150% of the published length of the program, divided by the number of students on the roster who started in the program.

HABITS: “Automatic behavior that is integrated into more complex patterns that enable people to function on a day-to-day basis” (Neidstadt & Crepeau, 1998).

HEALTH LITERACY: Degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (National Network of Libraries of Medicine, 2011).

INTERPROFESSIONAL COLLABORATIVE PRACTICE: “Multiple health workers from different professional backgrounds working together with patients, families, careers, and communities to deliver the highest quality of care” (World Health Organization, 2010).

MEMORANDUM OF UNDERSTANDING (MOU): A document outlining the terms and details of an agreement between parties, including each parties’ requirements and responsibilities. A memorandum of understanding may be signed by any individual who is authorized by the institution to sign fieldwork memoranda of understanding on behalf of the institution.

MENTORING: A relationship between two people in which one person (the mentor) is dedicated to the personal and professional growth of the other (the mentee). A mentor has more experience and knowledge than the mentee.

MISSION: A statement that explains the unique nature of a program or institution and how it helps fulfill or advance the goals of the sponsoring institution, including religious missions.

MODALITIES: Application of a therapeutic agent, usually a physical agent modality.

   DEEP THERMAL MODALITIES: Modalities such as therapeutic ultrasound and phonophoresis.

   ELECTROTHERAPEUTIC MODALITIES: Modalities such as biofeedback, neuromuscular electrical stimulation, functional electrical stimulation, transcutaneous electrical nerve stimulation, electrical stimulations for tissue repair, high-voltage galvanic stimulation, and iontophoresis.

   MECHANICAL MODALITIES: Modalities such as vasopneumatic devices and continuous passive motion.
SUPERFICIAL THERMAL MODALITIES: Modalities such as hydrotherapy, whirlpool, cryotherapy, fluidotherapy, hot packs, paraffin, water, and infrared.

MODEL OF PRACTICE: The set of theories and philosophies that defines the views, beliefs, assumptions, values, and domain of concern of a particular profession or discipline. Models of practice delimit the boundaries of a profession.

OCCUPATION: “Activities . . . of everyday life, named, organized and given value and meaning by individuals and a culture. Occupation is everything that people do to occupy themselves, including looking after themselves . . . enjoying life . . . and contributing to the social and economic fabric of their communities” (Law, Polatajko, Baptiste, & Townsend, 1997).

OCCUPATIONAL PROFILE: An analysis of a client’s occupational history, routines, interests, values, and needs to engage in occupations and occupational roles.

OCCUPATIONAL THERAPY: The art and science of applying occupation as a means to effect positive, measurable change in the health status and functional outcomes of a client by a qualified occupational therapist and/or occupational therapy assistant (as appropriate).

OCCUPATIONAL THERAPY PRACTITIONER: An individual who is initially credentialled as an occupational therapist or an occupational therapy assistant.

PARTICIPATION: Active engagement in occupations.

PERFORMANCE PATTERNS: Patterns of behavior related to daily life activities that are habitual or routine. Performance patterns include habits, routines, rituals, and roles.

PERFORMANCE SKILLS: Features of what one does, not what one has, related to observable elements of action that have implicit functional purposes. Performance skills include motor and praxis, sensory/perceptual, emotional regulation, cognitive, and communication and social skills.

PHILOSOPHY: The underlying belief and value structure for a program that is consistent with the sponsoring institution and which permeates the curriculum and the teaching learning process.

POPULATION-BASED INTERVENTIONS: Interventions focused on promoting the overall health status of the community by preventing disease, injury, disability, and premature death. A population-based health intervention can include assessment of the community’s needs, health promotion and public education, disease and disability prevention, monitoring of services, and media interventions. Most interventions are tailored to reach a subset of a population, although some may be targeted toward the population at large. Populations and subsets may be defined by geography, culture, race and ethnicity, socioeconomic status, age, or other characteristics. Many of these characteristics relate to the health of the described population (Keller, Schaffer, Lia-Hoagberg, & Strohschein, 2002).

PREPARATORY METHODS: Intervention techniques focused on client factors to help a client’s function in specific activities.

PROGRAM DIRECTOR (associate-degree-level occupational therapy assistant): An initially certified occupational therapist or occupational therapy assistant who is licensed or credentialled according to regulations in the state or jurisdiction in which the program is located. The program director must hold a minimum of a master’s degree.

PROGRAM DIRECTOR (master’s-degree-level occupational therapist): An initially certified occupational therapist who is licensed or credentialled according to regulations in the state or jurisdiction in which the program is located. The program director must hold a doctoral degree.

PROGRAM DIRECTOR (doctoral-degree-level occupational therapist): An initially certified occupational therapist who is licensed or credentialled according to regulations in the state or jurisdiction in which the program is located. The program director must hold a doctoral degree.

PROGRAM EVALUATION: A continuing system for routinely and systematically analyzing data to determine the extent to which the program is meeting its stated goals and objectives.

PURPOSEFUL ACTIVITY: “An activity used in treatment that is goal directed and that the [client] sees as meaningful or purposeful” (Low, 2002).

RECOGNIZED REGIONAL OR NATIONAL ACCREDITING AUTHORITY: Regional and national accrediting agencies recognized by the USDE and/or the Council for Higher Education Accreditation (CHEA) to accredit postsecondary educational programs/institutions. The purpose of recognition is to ensure that the accrediting agencies are reliable authorities for evaluating quality education or training programs in the institutions they accredit.
Regional accrediting bodies recognized by USDE:
- Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges (ACCJC/WASC)
- Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges (ACSCU/WASC)
- Commission on Colleges, Southern Association of Colleges and Schools (SACS)
- Commission on Institutions of Higher Education, New England Association of Schools and Colleges (CIHE/NEASC)
- Higher Learning Commission, North Central Association of Colleges and Schools (HLC)
- Middle States Commission on Higher Education, Middle States Association of Colleges and Schools (MSCHE)
- Northwest Commission on Colleges and Universities (NWCCU)

National accrediting bodies recognized by USDE:
- Accrediting Bureau of Health Education Schools (ABHES)
- Accrediting Commission of Career Schools and Colleges (ACCSC)
- Accrediting Council for Continuing Education and Training (ACCET)
- Accrediting Council for Independent Colleges and Schools (ACICS)
- Council on Occupational Education (COE)
- Distance Education and Training Council Accrediting Commission (DETC)
- New York State Board of Regents

REFLECTIVE PRACTICE: Thoughtful consideration of one’s experiences and knowledge when applying such knowledge to practice. Reflective practice includes being coached by professionals.

RELEASE TIME: Period when a person is freed from regular duties, especially teaching, to allow time for other tasks or activities.

RETENTION RATE: A measure of the rate at which students persist in their educational program, calculated as the percentage of students on the roster, after the add period, from the beginning of the previous academic year who are again enrolled at, or graduated prior to, the beginning of the subsequent academic year.

SCHOLARSHIP: “A systematic investigation . . . designed to develop or to contribute to generalizable knowledge” (45 CFR § 46). Scholarship is made public, subject to review, and part of the discipline or professional knowledge base (Glassick, Huber, & Maeroff, 1997). It allows others to build on it and further advance the field (AOTA, 2009).

- SCHOLARSHIP OF DISCOVERY: Engagement in activity that leads to the development of “knowledge for its own sake.” The Scholarship of Discovery encompasses original research that contributes to expanding the knowledge base of a discipline (Boyer,1990).
- SCHOLARSHIP OF INTEGRATION: Investigations making creative connections both within and across disciplines to integrate, synthesize, interpret, and create new perspectives and theories (Boyer , 1990).
- SCHOLARSHIP OF APPLICATION: Practitioners apply the knowledge generated by Scholarship of Discovery or Integration to address real problems at all levels of society (Boyer, 1990). In occupational therapy, an example would be the application of theoretical knowledge to practice interventions or to teaching in the classroom.
- SCHOLARSHIP OF TEACHING AND LEARNING: “Involves the systematic study of teaching and/or learning and the public sharing and review of such work through presentations, publications, and performances” (McKinney, 2007, p. 10).

SKILL: The ability to use one’s knowledge effectively and readily in execution or performance.

SPONSORING INSTITUTION: The identified legal entity that assumes total responsibility for meeting the minimal standards for ACOTE accreditation.

STRATEGIC PLAN: A comprehensive plan that articulates the program’s future vision and guides the program development (e.g., faculty recruitment and professional growth, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites). A program’s strategic plan must include, but need not be limited to,
- Evidence that the plan is based on program evaluation and an analysis of external and internal environments,
- Long-term goals that address the vision and mission of both the institution and program, as well as specific needs of the program,
• Specific measurable action steps with expected timelines by which the program will reach its long-term goals,
• Person(s) responsible for action steps, and
• Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.

SUPERVISE: To direct and inspect the performance of workers or work.

SUPERVISION, DIRECT: Supervision that occurs in real time and offers both audio and visual capabilities to ensure opportunities for timely feedback.

SUPERVISOR: One who ensures that tasks assigned to others are performed correctly and efficiently.

THEORY: A set of interrelated concepts used to describe, explain, or predict phenomena.

TRANSFER OF CREDIT: A term used in higher education to award a student credit for courses earned in another institution prior to admission to the occupational therapy or occupational therapy assistant program.

References


