



Te Kura Whakaora Ngangahau | School of Occupational Therapy

Fieldwork Manual

Bachelor of Occupational Therapy

OTAGO POLYTECHNIC 2025

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This manual relates to all five fieldwork placements within the Bachelor of Occupational Therapy undergraduate programme at Otago Polytechnic.

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Introduction

This manual applies to all fieldwork placements within the Bachelor of Occupational Therapy programme.

Ākonga | students and supervising kaiwhakaora ngangahau | occupational therapists can access an additional assessment guide specific to each placement on our webpage.

The supervising kaiwhakaora ngangahau webpage provides all necessary documentation, podcasts, and answers to frequently asked questions.

<https://recruitment.op.ac.nz/study/occupational-therapy/fieldwork-information/>

The Assessment Guide

The Assessment guide is a working document it is tailored for each specific placement. This guide includes details about the learning tasks and expectations for the placement. Ākonga and supervisors receive a copy of this guide to use as a working document, allowing them to add comments, discuss performance indicators during supervision, and reference it during midway and final assessments.

Please note that we provide a separate copy of the assessment form for supervisors to complete and return. This form includes the negotiated grading, reflections, hours record, reflections and future recommendations.

Contact Information

You will be assigned a fieldwork lecturer for the duration of the placement. Please do not hesitate to contact them if you have any questions.

Contact details of the fieldwork lecturers are below:

Fieldwork Lecturers

Name	Position	Email	Phone no.	Workdays
Narinder Verma	Fieldwork Team Lead	Narinder.Verma@op.ac.nz	03 972 7336 021 735 236	Monday- Friday.
Tiffany Brooke	Fieldwork Lecturer	Tiffany.Brooke@op.ac.nz	03 479 6019 021 735 662	Monday-Thursday

Fieldwork Administrators

Name	Position	Email	Phone no.	Workdays
Rebecca Bokser	Main Contact/ Fieldwork Administrator	OTFieldwork@op.ac.nz	03 972 7222 Ext 3481.	Monday to Wednesday and Friday.
Kata Bagyon- Parker	Fieldwork Administrator	OTFieldwork@op.ac.nz	07 834 8800 Ext 3481.	Monday-Friday

Return all Assessments to:

The following email OTfieldwork@op.ac.nz

Making Contact

If you have any questions or concerns, please contact your allocated fieldwork lecturer.

Supervising kaiwhakaora ngangahau will be contacted by the fieldwork lecturer for:

- Pre-placement group telephone conference
- Communication regarding midway progress
- If there are any concerns about the ākongā or their performance

Supervising kaiwhakaora ngangahau contact the fieldwork lecturer if:

- They have any queries or concerns about the ākongā or processes.
- The ākongā is struggling at any point in their fieldwork.
- The ākongā is at risk of failing.

Occupational therapy/ whakaora ngangahau ākongā contact the fieldwork lecturer after discussions with their supervising kaiwhakaora ngangahau if:

- They need additional support/advise while on fieldwork.
- They feel they are at risk of failing.
- They are absent for more than 3 days (i.e., bereavement/sickness)

Glossary

Ākonga: The Māori word ākonga translates to "student," "learner," "pupil," or "apprentice."

Aotearoa: The Māori-language name for New Zealand.

Aromatawai: Assessment

Kaiwhakaora ngangahau: occupational therapist

Kaupapa Māori service: These are culturally and spiritually safe services that provide holistic support for Māori people. They are designed to meet the needs of Māori people and their whānau.

Kaimahi: staff

Māori: is the term for an indigenous New Zealander, indigenous person of Aotearoa/New Zealand

- Noun
 1. a member of the indigenous people of New Zealand.
 2. the Polynesian language of the Māori; te reo.
- Adjective

Relating to the Māori or their language.

Mātauranga Māori (Māori knowledge): This is the knowledge and understanding of the world from a Māori perspective. It's a holistic, dynamic system that includes cultural practices, environmental knowledge, and the Māori worldview.

New graduate: within the context of this work, this term refers to is a person who has recently graduated from Otago Polytechnic having completed an undergraduate Bachelor's degree in Occupational Therapy.

Occupational Therapy Board of New Zealand, Te Poari Whakaora Ngangahau o

Aotearoa: The Occupational Therapy Board of New Zealand (OTBNZ) is a regulatory authority for occupational therapy practitioners.

Role-emerging/contemporary placements: This refers to is a clinical fieldwork experience where ākonga develops a whakaora ngangahau role in a setting without an established whakaora ngangahau role.

Te Kura Whakaora Ngangahau: School of Occupational Therapy

Te Puāwaitanga: This is a Māori phrase that means "to blossom, to flourish, or to break through". It can also refer to a program or initiative that aims to strengthen, empower, or nurture people.

Tikanga: Refers to customs and traditional values, especially in a Māori context. It relates specifically to customary practices or behaviours. The concept is derived from the Māori word 'tika' which means 'right' or 'correct'.

Whakaora ngangahau: occupational therapy

World Federation of Occupational Therapists (WFOT): This is an international organisation that represents occupational therapists worldwide. The WFOT's mission is to promote excellence in occupational therapy education, research, and practice.

Ultimately it does the following:

Sets standards: The WFOT sets international standards for occupational therapy education.

Promotes research: The WFOT promotes excellence in occupational therapy research.

Provides resources: The WFOT provides resources for occupational therapists, students, and assistants.

Advocates: The WFOT advocates for occupational therapy to improve global health and well-being.

Supports development: The WFOT supports the development of occupational therapy in countries where it is new.

Facilitates education programs: The WFOT helps education programs achieve WFOT-approved status.

Note: We recognise Te Reo Māori as an official language of New Zealand under the Māori Language Act 1987. We have included Te Reo Māori translations in this glossary to enhance the accessibility of this manual.

Timeline

<i>Before the placement</i>
Supervising kaiwhakaora ngangahau completes a Placement Information Form, this form provides details relevant to the placement setting.
Supervising kaiwhakaora ngangahau /DHB contact receives letter for Otago Polytechnic/ in accordance with the Vulnerable Children's Act indicating ākongā status
Ākongā undertakes MRSA testing if required.
<p>Ākongā provided access to the completed Placement Information Form</p> <ul style="list-style-type: none"> • ākongā undertakes the necessary preparation sessions which outline the key aims and expectations of the placement. • ākongā emails the supervising kaiwhakaora ngangahau introducing themselves
<i>During Placement</i>
Orientation – place, policies, procedures, H&S, legislation, confidentiality
Supervision - Set up weekly supervision times, discuss supervision model, go through supervision contract/expectations.
Ākongā shows and discusses learning objectives
Set learning objectives in accordance with learning needs
Weekly supervision occurs
Ākongā and supervising kaiwhakaora ngangahau undertake preparation for midway assessment
Midway Assessment completed, signed
Ākongā and supervising kaiwhakaora ngangahau undertake preparation for final assessment
Final Assessment completed, signed and emailed to OTFieldwork@op.ac.nz
<i>After Placement</i>
Return of signed assessment reviewed and result processed
Ākongā completes feedback for supervising kaiwhakaora ngangahau which is then is emailed to their supervising kaiwhakaora ngangahau alongside a certificate of appreciation.
Ākongā attend a debrief session reflecting on learning gained following their fieldwork placement and areas to develop as they progress into their study.

Fieldwork Overview

Hours of Work

The World Federation of Occupational Therapists requires kaiwhakaora ngangahau to complete no less than 1000 hours of occupational therapy practice. The table below shows a breakdown of fieldwork hours in the program.

Bachelor of Occupational Therapy - Authentic Work Experience					
Fieldwork Hours					
Course Name	Class based	Placement			Total Authentic work experience hours
		Number of weeks	Hours per week	Total on Placement Hours	
Year One					
Foundations of Occupational Therapy	10				10
Professional Practice	10				10
Human Body & Movement 1	10				10
Human Body & Movement 2	10				10
Fieldwork 1	10	4	35	140	150
Fieldwork 2		14	3 (plus x hrs event)	90	90
Total Fieldwork hours Year 1					280
Year Two					
Applied Professional Practice	30				30
Theory in Practice	5				5
Informing Practice: Progressive Neurological Conditions	10				10
Informing Practice: Mental Health	10				10
Fieldwork 3 8 x 35	20	8	35	280	300
Total FW hours year 2					355
Year Three					
Fieldwork 4	20	8	35	280	300
Fieldwork 5		8	19	150	150
Future Practice	15				15
Future Practice: Negotiated Learning	15				15
Total Fieldwork hours year 3					480
Total Fieldwork placement hours				940	
Total class-based hours	175				
Total Authentic Work Experience hours					1115

NB: In FW1, 3 and 4 it is anticipated that ākonga will have 5 study hours per week

For each placement, ākonga are responsible for maintaining a log of their hours, which must be signed by the supervising kaiwhakaora ngangahau.

If absences reduce the total placement hours to less than 1,000, ākonga may be required to complete additional hours or placements. This will involve negotiation and collaborative discussion between ākonga, the supervising kaiwhakaora ngangahau, and a member of the fieldwork team.

Te Kura Whakaora Ngangahau | School of Occupational Therapy Programme Overview

The Bachelor of Occupational Therapy is an applied pre-registration degree completed over three years of full-time study. The academic semester is organised as outlined in the table below.

Programme Structure

YEAR 1 – Level 5

Semester 1 (weeks)															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Foundations of Occupational Therapy – 15 credits												Fieldwork 1 15 credits			
Professional Practice – 15 credits															
Human Body and Movement 1 – 15 credits															

Semester 2 (weeks)															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Fieldwork 2 – 15 credits															
Te Puāwaitanga – 15 credits															
Human Mind and Behaviour – 15 credits															
Human Body and Movement 2 – 15 credits															

YEAR 2 – Level 6

Semester 1 (weeks)															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Applied Professional Practice – 30 credits															
Occupational Therapy: Theory in Practice – 15 credits								Informing Practice: Mental Health – 15 credits							

Semester 2 (weeks)															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Informing Practice: School Based Practice – 15 credits										Fieldwork 3 – 30 credits					
Informing Practice: Progressive Neurological Conditions 15 credits															

YEAR 3 - Level 7

Semester 1 (weeks)															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Professional Reasoning – 15 credits	Occupational Participation: Ageing Well – 15 credits														Professional Reasoning – 15 credits
	Occupational Participation: Neurorehabilitation – 15 credits														
	Occupational Participation: Long-term Wellbeing – 15 credits.														

Semester 2 (weeks)															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Fieldwork 4 – 30 credits								Fieldwork 5 – 15 credits							
								Elective: Future Practice or Future Practice: Negotiated Learning – 15 credits							

Course Descriptors

Year 1

BT507002 Foundations of Occupational Therapy

Aim

This course enables ākonga | learners to understand the concept of occupation and explore the fundamental principles of occupational therapy in the context of health and wellbeing.

Learning Outcomes

At the successful completion of this course, ākonga will be able to:

1. Discuss the significance of occupation to health and wellbeing.
2. Articulate the whakapapa | genesis of whakaora ngangahau | occupational therapy practice in Aotearoa New Zealand.
3. Discuss the application of selected occupational therapy models/frameworks to simple scenarios.
4. Apply the concepts of an occupational therapy process to simple scenarios.

BT508002 Professional Practice

Aim

This course enables ākonga | learners to develop and apply foundational professional practice skills in a variety of situations.

Learning Outcomes

At the successful completion of this course, ākonga will be able to:

1. Apply effective communication skills and therapeutic use of self to develop whānaungatanga | relationships.
2. Analyse the components and demands of an occupation and grade and adapt it effectively.
3. Apply reflective models to enhance professional practice skills

BT514001 Human Body and Movement 1

Aim

The course enables ākongā | learners to develop foundational knowledge in key body systems and movement.

Learning Outcomes

At the successful completion of this course, ākongā | learners will be able to:

1. Identify and explain relevant structures and functions of the human musculoskeletal system.
2. Explain foundational concepts of kinesiology and biomechanics as they apply to purposeful movement and occupational performance.
3. Identify and explain the skills and processes required to assess purposeful movement.

BT515001 Human Body and Movement 2

Aim

The course enables ākongā | learners to demonstrate an understanding of key body systems and relate them to occupational performance and participation.

Learning Outcomes

At the successful completion of this course, ākongā will be able to:

1. Identify and explain structures and physiological functions of identified human body systems and senses.
2. Explain the impact of system dysfunction on human health, purposeful movement, and occupational performance.

BT510002 Fieldwork 1

Aim

This course enables ākongā | learners to explore and discuss the role of the kaiwhakaora ngangahau | occupational therapist in placement setting(s) and demonstrate emerging professional skills, behaviours and attitudes.

Learning Outcomes

At the successful completion of this course, ākongā will be able to:

1. Discuss the role of the kaiwhakaora ngangahau and whakaora ngangahau | occupational therapy within the local context.
2. Demonstrate the ability to practise whakaora ngangahau at an emergent level* across identified areas of competence within the placement(s).

BT513001 Fieldwork 2

Aim

This course enables ākonga | learners to develop and maintain relationships, participate alongside others, and facilitate occupation within communities.

Learning Outcomes

At the successful completion of this course, ākonga will be able to:

1. Discuss the occupational identity of self and others within communities.
2. Demonstrate participation in and facilitation of occupations that meet the need(s) of people within a placement setting.
3. Explain how the placement setting sustains a sense of place and community within Aotearoa New Zealand.
4. Demonstrate communication and relationship building skills in diverse populations

BT511002 Te Puāwaitanga

Aim

This course enables ākonga | learners to develop their learning of culture and reflect on how kawa whakaruruhau | cultural safety can be demonstrated as a kaiwhakaora ngangahau | occupational therapist in an Aotearoa New Zealand context.

Learning Outcomes

At the successful completion of this course, ākonga will be able to:

1. Reflect on cultural identities and how these inform whakaora ngangahau practice.
2. Discuss the importance of culturally safe practice within whakaora ngangahau
3. Apply tikanga practices appropriately in a mārae or equivalent wānanga setting.

BT512001 Human Mind and Behaviour

Aim

This course enables ākonga | learners to demonstrate knowledge of psychological theories that are relevant to the practice of whakaora ngangahau | occupational therapy.

Learning Outcomes

At the successful completion of this course, ākonga will be able to:

1. Analyse a range of psychological theories and the core beliefs underpinning occupational development and functioning.

Recognise and apply psychological concepts in relation to self and others in an occupational context relevant to Aotearoa New Zealand.

BT606001 Applied Professional Practice

Aim

This course enables ākonga | learners to apply and integrate evidence-informed professional practice skills necessary for both whakaora ngangahau | occupational therapy and inter-professional practice in Aotearoa New Zealand.

Learning Outcomes

At the successful completion of this course, ākonga will be able to:

1. Apply an occupational therapy process that is responsive to Te Tiriti o Waitangi in the Aotearoa New Zealand context.
2. Justify and demonstrate core occupation centered practice skills used by kaiwhakaora ngangahau | occupational therapists.
3. Critically reflect on interprofessional practice and collaboration skills relevant to whakaora ngangahau practice in the Aotearoa New Zealand context.

BT607002 Occupational Therapy: Theory in Practice

Aim

This course enables ākonga | learners to develop and apply professional reasoning strategies to justify whakaora ngangahau | occupational therapy practice decisions.

Learning Outcomes

At the successful completion of this course, ākonga will be able to:

1. Apply relevant inquiry methods to support evidence-informed whakaora ngangahau practice.
2. Justify the use of appropriate occupation-based models and frames of reference in practice scenarios.

Apply professional reasoning strategies to support whakaora ngangahau decision making.

BT613001 Informing Practice: Mental Health

Aim

This course enables ākonga to critically analyse the complex inter-relationship of the person, occupation, and environment in school-based practice, and to use, collaborative, effective, and culturally safe solutions to facilitate occupational participation.

Learning Outcomes

At the successful completion of this course, ākonga will be able to:

1. Critically evaluate the impact of illness, injury, disability and/or life stage or circumstances, in relation to a child's school-based occupations.
2. Select and justify occupational therapy practice that enhances a child(ren's) occupational participation within school-based contexts.
3. Apply occupational science concepts and te Tiriti responsiveness to school-based scenarios.

BT612001 Informing Practice: Progressive Neurological Conditions

Aim

This course enables ākonga to critically analyse the complex inter-relationship of the person, occupation and environment for people or collectives, who experience a progressive neurological condition, and to use collaborative, effective, and culturally safe solutions to facilitate occupational participation.

Learning Outcomes

At the successful completion of this course, ākonga will be able to:

1. Critically evaluate the impact of progressive neurological conditions and/or life stage and circumstances on health and wellbeing, considering the person, whānau, and/or community and their occupations and environment.
2. Select and justify occupational therapy practice that enhances and/or sustains the occupational participation of a person with a progressive neurological condition.
3. Apply the concepts of occupational science and te Tiriti responsive to practice scenarios.

BT611002 Fieldwork 3

Aim

This course enables ākonga | learners to apply specific whakaora ngangahau | occupational therapy skills and knowledge within the practice setting and demonstrate appropriate professional behaviours and attitudes.

Learning Outcomes

At the successful completion of this course, ākonga will be able to:

1. Justify the role of the whakaora ngangahau | occupational therapy within the local context using evidence-informed practice.
2. Demonstrate the ability to practise whakaora ngangahau at an * appropriate level across identified areas of competence within the placement(s) setting.

BT706001 Professional Reasoning

Aim

This course enables ākonga to apply professional reasoning to complex situations.

Learning Outcomes

At the successful completion of this course, ākonga will be able to use professional reasoning to:

1. Critique and evaluate a range of sources of evidence to justify practice decisions.
2. Critically analyse the inter-relatedness of occupational therapy practice within complex practice situations.
3. Justify and negotiate ethical dilemmas within whakaora ngangahau | occupational therapy practice in Aotearoa New Zealand.

BT715001 Occupational Participation: Long-term Wellbeing

Aim

This course enables ākonga | learners to work collaboratively with people who experience long-term hauora | wellbeing needs, drawing on trauma-informed approaches for equitable and sustainable occupational participation within Aotearoa New Zealand.

Learning Outcomes

At the successful completion of this course, ākonga will be able to:

1. Critically analyse and justify a whakaora ngangahau | occupational therapy approach with people who experience long-term hauora | wellbeing needs, to enable participation in occupations.
2. Critically justify professional reasoning which considers the influence of contextual factors, and an occupational justice perspective when working with people who experience long-term hauora | wellbeing needs.

BT716001 Occupational Participation: Neurological Rehabilitation

Aim

This course enables ākongā | learners to work collaboratively with people who experience neurological challenges, drawing on occupation-based and neurological approaches for equitable and sustainable occupational participation within Aotearoa New Zealand.

Learning Outcomes

At the successful completion of this course, ākongā will be able to:

1. Critically analyse and justify a whakaora ngangahau | occupational therapy approach with people who experience neurological challenges, to enable participation in occupations.
2. Critically justify professional reasoning which considers the influence of contextual factors and an occupational justice perspective when working with people who experience neurological challenges.

BT717001 Occupational Participation: Ageing Well

Aim

This course enables ākongā | learners to work collaboratively with the older population to age well, drawing on occupation-based approaches for equitable and sustainable occupational participation within Aotearoa New Zealand.

Learning Outcome

At the successful completion of this course, ākongā will be able to:

1. Critically analyse and justify a whakaora ngangahau | occupational therapy approach with older people who experience age-related changes and comorbidities, to enable participation in occupations.
2. Critically justify professional reasoning which considers the influence of contextual factors and an occupational justice perspective when working with people to facilitate ageing well.

BT710002 Fieldwork 4

Aim

This course enables ākongā | learners to demonstrate professional competence through consistent application of whakaora ngangahau | occupational therapy skills and knowledge, within the practice setting, sustaining professional behaviours and attitudes at a consistent level*.

Learning Outcomes

At the successful completion of this course, ākongā will be able to:

1. Critique the role of the kaiwhakaora ngangahau | occupational therapist and whakaora ngangahau using evidence informed practice within the local context.
2. Practise whakaora ngangahau at a consistent level* across identified areas of competence within the placement(s) setting.

BT711002 Fieldwork 5

Aim

This course enables ākonga | learners to apply whakaora ngangahau | occupational therapy knowledge, skills and values, to collaboratively develop and implement a project that meets an identified community need, while sustaining professional behaviours and attitudes at a consistent level*.

Learning Outcomes

At the successful completion of this course, ākonga will be able to:

1. Identify and justify a community project to meet an occupational need
2. Use evidence-informed practice to develop and implement a sustainable community-based project, in collaboration with a community partner.
3. Practise whakaora ngangahau | occupational therapy within a community setting, at a consistent level* across identified areas of competence.

BT713002 Future Practice: Negotiated Learning (elective)

Aim

This course enables ākonga | learners to undertake individualised study, which focuses in-depth on a selected topic in whakaora ngangahau | occupational therapy.

Learning Outcomes

At the successful completion of this course, ākonga will be able to:

1. Critically evaluate literature on a selected topic relevant to whakaora ngangahau therapy practice and discuss its significance to Aotearoa New Zealand.
2. Critique aspects of occupational therapy practice for a sustainable future within Aotearoa New Zealand.
3. Apply appropriate tikanga of the marae or equivalent wananga setting.
4. Critically reflect on cultural safe whakaora ngangahau practice.

BT712002 Future Practice (elective)

Aim

This course enables ākonga | learners to become competent, reflective, sustainable future kaiwhakaora ngangahau | occupational therapy practitioners in Aotearoa New Zealand.

Learning Outcomes

At the successful completion of this course, ākonga will be able to

1. Critically evaluate literature on a selected topic relevant to whakaora ngangahau | occupational therapy practice, demonstrating responsiveness to Te Tiriti o Waitangi
2. Develop and critique aspects of occupational therapy practice for a sustainable future within Aotearoa New Zealand.
3. Apply appropriate tikanga of the marae or equivalent wānanga setting
4. Critically reflect on cultural safe whakaora ngangahau practice.

Fieldwork Processes

Fitness to Practice

In accordance with the *Health Practitioners Competence Assurance Act, (2003)* all ākonga have completed a declaration before they are able to go on placement. The ākonga in collaboration with the fieldwork lecturer will have identified strategies to implement on placement to ensure that they are fit to practice. If this situation changes, ākonga must inform the supervising kaiwhakaora ngangahau and the fieldwork lecturer. This will be reviewed, and a plan put in place.

Fieldwork Hours

Fieldwork hours are based on the actual time spent working during placement. Note that lunch breaks, eating in the lunchroom, informal conversations with colleagues, or leaving the site for personal free time **do not count** toward your allocated hours.

However, activities such as attending a meeting while eating lunch, facilitating a lunch group, working with patients, driving to appointments, discussing clinical work, or writing notes and reports are considered clinical hours and should be included in your timesheet. Placement-related professional development visits to other sites are also counted as fieldwork hours. You may clarify what qualifies as a working lunch with your supervising kaiwhakaora ngangahau.

Set hours are allocated for each placement. The supervising kaiwhakaora ngangahau will determine the specific days you are required to attend. Ākonga must adhere to these scheduled days and hours. Under no circumstances should ākonga dictate their placement schedule unless explicitly instructed otherwise. All placements must be completed on the designated dates.

Study Hours

Each fieldwork placement includes allocated study time each week to support learning and development. This time is intended for activities such as researching relevant information about conditions, diagnoses, or legislation applicable to your placement setting. It can also be used to work on projects or complete worksheets and may be spent either on or off-site.

Please note, **study time is not an opportunity to finish early or arrange travel home**. It is provided to enhance your knowledge and understanding in alignment with your placement objectives.

Public Holidays

Public holidays do not count toward your fieldwork hours. If you need to make up additional hours, this must be negotiated with your supervising kaiwhakaora ngangahau therapist and your fieldwork lecturer.

Ākonga Sickness

Ākonga must adhere to both Otago Polytechnic requirements and the workplace requirements in relation to sickness.

School of Occupational Therapy Fieldwork Sickness Policy

- Ākonga **must** ring and let the supervising kaiwhakaora ngangahau know they are off sick; this must be done each day they are off.
- Ākonga **must** provide the supervising kaiwhakaora ngangahau with a medical certificate on day three.
- Ākonga **must** notify the fieldwork team of their sickness on day 1 and following each subsequent day of sickness. Upon day three of sickness ākonga must ensure that they send through a copy of the medical certificate e.g., scan, photograph.
- The original medical certificate must be sent to the fieldwork team at the completion of the placement.
- In circumstances where ākonga are off sick for more than **3 days** the supervising kaiwhakaora ngangahau and the fieldwork lecturer will assess the impact of this on the placement and ensure a plan is in place.

Bereavement Policy

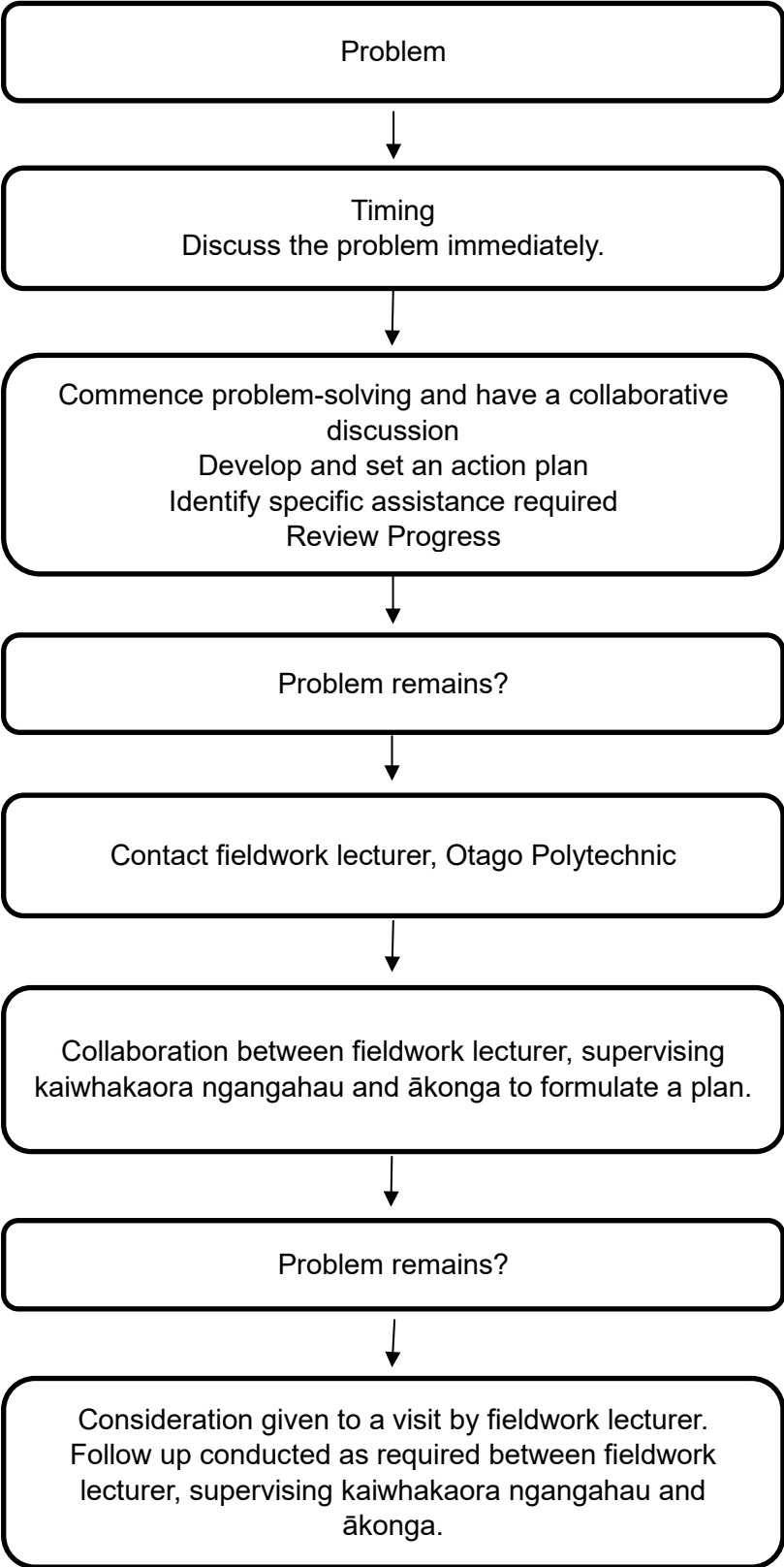
In the event of a bereavement.

- Ākonga **must** notify the supervising kaiwhakaora ngangahau and the fieldwork lecturer as soon as possible.
- A plan will be put in place following collaboration between the ākonga, supervising kaiwhakaora ngangahau and the fieldwork lecturer.
- Ākonga will need to provide the fieldwork lecturer with evidence of the bereavement e.g., a clipping from a newspaper. This will be sent to the fieldwork team at the completion of the placement.

Ākonga debriefs

All ākonga are expected to attend a debrief following their fieldwork placement. This will occur upon completion of the placement. Please ensure that you complete your learning objectives following your placement. Further details regarding the debrief will be available on Moodle.

Process to Follow if Problems Arise



Ākongā code of conduct

Occupational therapy learners will:

Demonstrate professional behaviour and presentation appropriate to the context; on fieldwork placements, student hui, at events where learners could be seen to be representing the School of Occupational Therapy or Otago Polytechnic, including within the campus itself.

To achieve this, ākongā have signed a declaration stating that they will:

1. Develop and maintain a safe environment (for themselves and others) by recognising and ensuring their own level of safety is not compromised, and by having awareness for the well-being and safety of others.
2. Not threaten to, or use acts of aggression, or be involved in bullying or intimidatory behaviour, sexual/racial/other types of harassment, which includes language and imagery which may be offensive (oral, gesture, written or electronic).
3. Treat all individuals and property with respect.
4. Comply with New Zealand law e.g., in relation to drugs, alcohol, theft, vandalism, and assault.
5. Recognise and manage relevant personal health needs and seek help by communicating issues of health which may affect their own performance, or others, as they participate in fieldwork or other activities associated with the school.

Laptops and electronic devices (including mobile phones)

Whakaora ngāngahau ākongā learn collaboration, communication, creativity, and critical thinking in a variety of way during their time at both Otago Polytechnic and during their fieldwork education. In recognising the growth and importance of digital technologies in our lives ākongā are permitted, and encouraged, to use laptops and handheld electronic devices in class as appropriate to support their learning. It is the school's expectation that any use of laptops and electronic devices in class time is directly related to taught content. During placement, this needs to be discussed and negotiated.

Ākongā are expected to adhere to professional guides when using electronic devices (including cell phones) during fieldwork placements. Professional guides will be outlined in fieldwork preparation sessions. In addition, ākongā are expected to follow any guidance from their supervising therapists and their placement setting. Settings often have policies regarding the use of cell phones and electronic devices. As with course work, any use of electronic devices during placement time should directly relate to learning requirements as guided by supervising therapists, the setting, and/or the fieldwork team. Any inappropriate use of electronic devices on placement may breach the student code of conduct, and/or fieldwork agreements. Any breach may result in a student not meeting their fieldwork objectives.

The following points apply.

- If ākongā are expecting an important phone call, they should inform their supervisor that they might need to leave to answer the call. If agreed that this is possible, the cell phone should be set to silent mode. Ākongā either turn off their cell phones during placement or not respond to calls or texts if they are using their phone as a learning support.
- Any recording and/or online distribution of video, audio, or still images of other ākongā or kaiako without their permission will breach the Student Code of Conduct.

- Use of electronic devices, cell phones, or social media to “bully” or to post derogatory statements about other learners or staff members will breach the Student Code of Conduct.
- The distribution, or sharing, of objectionable materials will breach the Student Code of Conduct.
- Cell phones and electronic devices may be used during placements by negotiation and discussion with supervisor. Any use of devices in assessment without permission will be referred to the Assessment Committee.

Driving and Clinical Placement

Placement is part of many of our health programmes. All ākonga will have completed an online module titled “Health and Safety Ākonga Driver Training”. This information is to assist you with driving to and from placement.

Safe Driving Practices

Plan your journey

- Plan your route. Know your travel times and distances prior to leaving home. Waka Kotahi Journey planner can help with this <https://www.journeys.nzta.govt.nz/>. This site also includes road conditions and closures.
- Plan in stops; places to eat; safe places to rest. (Break for 10 minutes every 2 hours)
- While it is not recommended to drive between 12.00am and 6.00am, we do recognise that some placement opportunities will include driving within these hours.
- Share the driving if you are able, consider traveling with other ākonga that may be going to the same destination.
- Plan to get enough sleep leading up to traveling.
- It is recommended that no alcohol should be consumed for at least an 8-hour period prior to travel, or during travel. No drugs or medications which may affect driving should be taken prior to or during a period of driving.

Things to Check Before You Drive

Road/ Weather conditions:

Check the forecast and the road conditions of the area you are planning to travel through. It is recommended that travel be postponed during adverse weather conditions or if they are forecast during your travel period.

Vehicle pre-start check:

Complete a walk around of your vehicle check:

- Vehicle position – make sure the vehicle is sitting square to the road, demonstrating that all tyres have equal pressure. If it isn't, you will need to check the pressure in your tyres.
- Vehicle body - there should be no obvious damage to the vehicle body that could be considered dangerous. Small dents are acceptable.
- Tyres and wheels - the tyre tread depth must be at least 1.5 millimetres. Wheels should not be damaged.
- Indicators and brake lights - should all be fully functional. If your vehicle has a high mounted stop light, then that must also work.

- Headlights - should work on both high and low beams.
- Windscreen wipers - should be fully functional and windscreen fluid topped up
- Mirrors - should be in the correct position for you to see behind you when sitting in the driver's seat.
- Horn – should be fully functional.
- Safety belts - should be fully functional and should not be frayed or damaged.
- Licence label - must be current and displayed on the lower left-hand corner of the windscreen (registration).
- Warrant of fitness (WoF) must be current and displayed top right-hand corner of the windscreen.

Journey Management

Fatigue while you drive.

People often think that driver fatigue means falling asleep at the wheel. Falling asleep, however, is an extreme form of fatigue.

Fatigue is tiredness, weariness, or exhaustion. You can be fatigued enough for it to impair your driving long before you 'nod off' at the wheel.

Warning signs of driver fatigue

Look out for the following signs that you are entering, or are in, the 'fatigue danger zone' for driving:

- you begin to blink
- you can't stop yawning
- you have trouble keeping your head up
- your eyes close for a moment or go out of focus
- you have wondering, disconnected thoughts
- you find that you can't remember driving the last few kilometres
- you miss a gear
- you miss a road sign or exit
- you find you have slowed unintentionally
- you brake too late
- you drift over the centre line or onto the other side of the road.

Don't be tempted to keep driving when you are tired just because you are close to your destination. Many collisions occur close to the driver destination because they have relaxed, the body takes this as a signal that it is ok to fall asleep.

Many of the things' people do to stop themselves falling asleep at the wheel are only effective for a very limited time. The following do not work and will refresh you only for a short while: Drinking caffeine; Getting out of your vehicle to stretch your legs; Opening the window; Turning up the radio volume.

Once fatigue has set in, no amount of willpower will keep you awake. The only answer is sleep and you should stop in a safe place and for a short nap, 15 to 30 minutes or seek assistance to get home.

Planning your return trip from placement is important, if possible do not travel home on your last day. Have a good night sleep and start your journey afresh in the morning.

Safe Travel Tips

- Always obey the speed limits.
- Cell phones: recommend cell phones turned off while driving to stop distractions.
- Visibility: It is recommended to always drive with lights on when on the open road

Extend your vision

One of the most important things you can do to be a safer driver is to look well ahead of you when you're driving, so you can pick up potentially dangerous situations before it's too late.

As well as looking ahead, you should also use your mirrors to look to the sides and behind often, to be aware of surrounding traffic. This will help you spot potentially dangerous situations that could be forming around or behind you.

Create a safety cushion

You should create a cushion of safety. This will give you and other road users more time and space to avoid any hazards.

- Create a cushion of safety ahead of you by keeping a safe following distance. Use the 2-second rule or the 4-second rule when appropriate.
- Create a cushion of safety behind you by keeping a safe distance between you and any following vehicles. If a vehicle is following you too closely, slow down, move over and let it pass as soon as you can do so safely.
- Create a safety cushion to your sides by keeping a safe distance from any hazards on your sides, such as driveways, parked vehicles, cyclists or children playing on the footpath.

Here is a reminder of the 2-second and 4-second rules.

Stay focused.

- Never take your eyes off the road for longer than is necessary. For example, while driving at 90km/h, if you take your eyes off the road for 2 seconds, you'll have travelled 50 metres.

Tips for Handling Driving Emergencies

Check out [Waka Kotahi Tips for handling driving emergencies](#).

Here you can review your knowledge on how to handle Skids, 4-wheel skid, Front-wheel skid, Rear-wheel skid- oversteer, Tyre blowouts, Engine failure, jammed accelerator, shattered windscreen, Vehicle fire, Earthquake, Submerged vehicle, Bonnet flying up, Brake failure, Headlight failure and Avoiding head on crash.

What To Do If You Have Been Involved in a Minor Vehicle Incident

If the police are not involved. After a non-injury crash, you should swap names and addresses with other motorists involved. If the crash involved another person's property, such as a fence, you should report it to the owner of the property within 48 hours of the crash. If the owner cannot be located report to police within 60 hours of the crash.

If police do not attend, all crashes resulting in injury (such as broken bones or a night in hospital) should be reported by calling 105 or visiting your local police as soon as is practicable and no later than 24 hours from the time of the crash.

Reporting Vehicle Incidents

If you are involved in a vehicle incident, please notify your fieldwork lecturer as soon as you can. You will need to log the incident in vault, this is accessed through your ākongā hub. Please put in as much detail as possible.

Refer to OP incident reporting system-

<https://www.op.ac.nz/hub/teams/people-culture-and-safety/health-and-safety/how-we-can-help/incident-management/>

The Head of School/College and Health and Safety Team will also be informed

Resources

Keeping a Journal

Keeping a journal is a requirement of fieldwork practice. The purpose of this task is to enable you to reflect and learn from your day-to-day experiences. Such reflection can provide new insights and new awareness of your learning experiences from both a personal and professional perspective. Your journal will be a source of information when reviewing your professional development and it can be a relevant resource to refer to in your supervision session.

What you need:

Choose an A4 or similar size book. Develop a routine of keeping it secure. You may choose to do this electronically and set up a day-to-day reflection.

What to include:

Find some way within the journal, that suits you, of keeping information separate but adjacent to your feelings and responses. For example, you may like to drop a 4 cm margin on each page, divide each page in half, or use facing sheets, one for facts, and the other for your own feelings, observations, or interpretations.

Each day jot down what it was that happened, what you saw and how it affected you, what you thought about it, and what your responses were, what you achieved, what you need to improve. You could include features of your experience that will be an aid to your memory, that will help you identify things you want to go and read some more on, or observations on how you (or others) handled specific events or situations.

Keep enough information so that you can recall the setting, the situation, the individuals and the activity you were involved in at the time clearly in your mind.

Who will see it:

Your journal will be confidential to you. The kaiwhakaora ngangahau may ask to read it, but the decision as to whether this is appropriate is at your discretion.

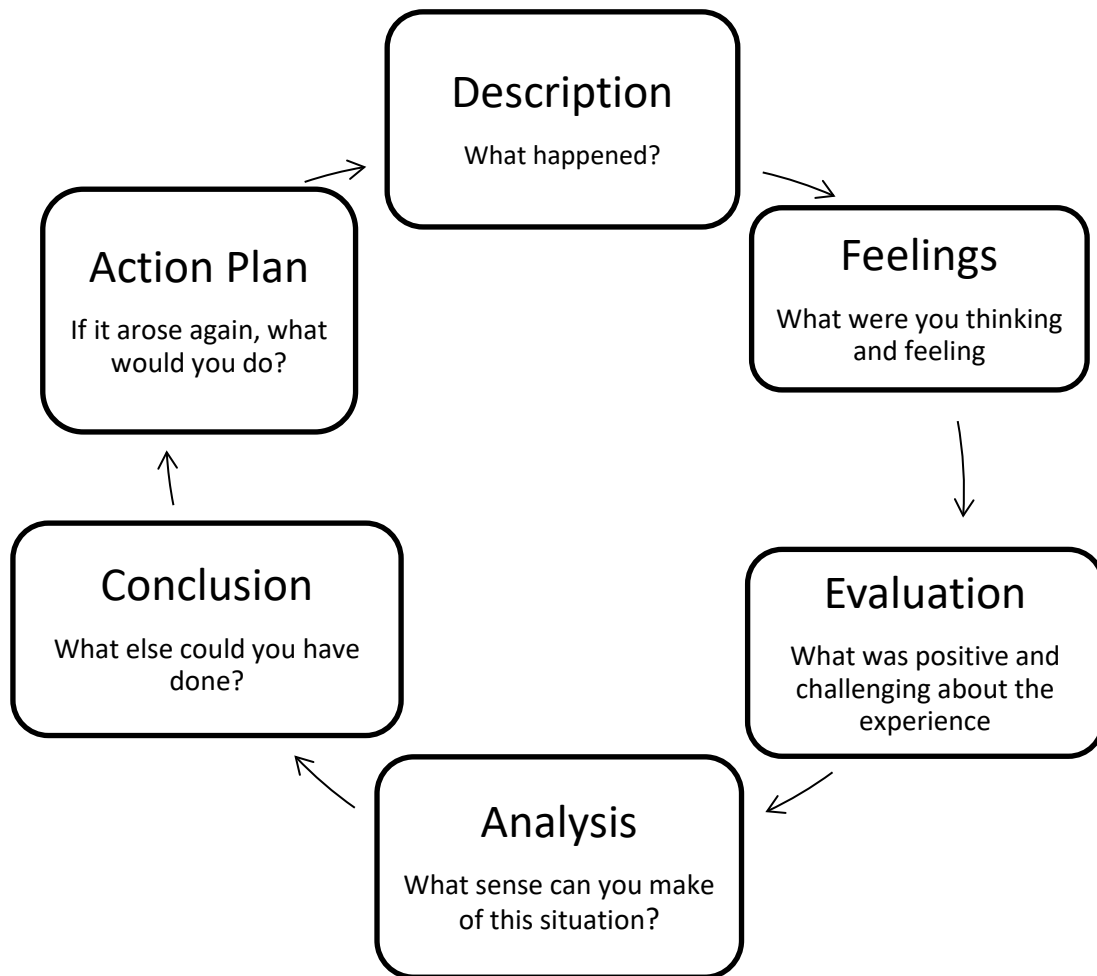
Do consider discussing your new learning and reflections in your supervision sessions.

REFERENCE:

Lieberman S.S. (1998). *Inspirational Beginnings in an Occupational Therapy Mental Health Setting. OT In Mental Health, 14, P143-154*

Gibbs Model of Reflection

Being a reflective practitioner is essential in whakaora ngangahau practice. Ākonga will use a model of reflection during their placement (Gibbs Model of reflection or a similar model). Reflections should be utilised in supervision (oral reflection). Ākonga are required to maintain a reflective journal (written reflection). Both forms of reflection will provide evidence for the midway and final assessments.



A template for Gibbs Model of reflection is included.

1. Describe what happened.

- Provide facts only, don't make any inferences or assumptions as to why things happened the way they did.
- What would you like to bring to the session today?
- Say more about the context? Where did this take place?
- What exactly did you do? How would you describe it precisely? Why did you choose that particular action?
- Who was involved and what you did?

2. What were you thinking and feeling at the time?

- At the time what sorts of things were you telling yourself?
- When this situation first arose, what feelings did you have? What feelings did this situation evoke?
- What do you feel about the whole experience?

3. What was good and bad about the experience?

- What were you aiming for when you did that?
- What did you do next? What were the reasons for doing that?
- How have you been responding? What's been important in thinking about how you are handling this?
- What pleased you most about this consultation and why? What troubled you most about this consultation and why?
- How successful was it? What criteria are you using to judge success?
- Why do you think that worked so well?
- What were the things which went less well?
- Looking back on the situation- Are there any other conversations which you could have had?
- How did you know to do this? Where did you get this idea? How did it come to you? Do you think your knowledge was adequate in this situation? Was there anything you were unsure about? If yes, what could you do about this?
- What skills, or knowledge were you calling on?
- What theories/models/research informed your actions?
- What would help you to solve that problem?
- Did you give any advice? Do you think this helped the client? How do you know this? Did you liaise with anyone after the consultation? Do you feel this communication was helpful to the other person, the client, yourself and how do you know this?

4. What sense can you make of the situation?

- What have you learnt?
- What does it mean?
- What have you found helpful in similar situations?
- What would your ideal outcome have been? What would your ideal outcome be now?
- Have you seen a client with similar problems before? How did this consultation differ?

5. What else could have been done?

- What could you have not done?
- Could you have dealt with the situation any better? How would you do it differently next time?
- What actions do you need to take after the consultation?
- Do you feel competent to tackle these?

6. Action Plan: what could you do different?

- If it arose again, what would you do?
- Would you do things the same or different?
- How will you adapt your practice considering this new understanding (what techniques/strategies will I use to improve my performance)? How will I know I have improved (what is my measure of success)?
- If the situation arose again, what would you be more aware of, what would you have done differently?
- What key actions would you take in the future if the same situation arose again? Can you identify any learning needs in relation to this experience?

Gibbs G. (1988). *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford Further Education Unit, Oxford Polytechnic.

Rolfe et al.'s (2001) reflective model



Rolfe et al.'s (2001) reflective model is based upon three simple questions: What? So what? Now what? Below is a list of questions that you may choose to answer in response to the three elements.

What?

- ... is the problem/difficulty/ reason for being stuck/reason for feeling bad/reason we don't get on?
- ... was my role in the situation?
- ... was I trying to achieve?
- ... actions did I take?
- ... was the response of others?
- ... were the consequences for myself? Others?
- ... feelings did it evoke in myself? Others?

- ... was good/bad about the experience?

So what?

- ... does this tell me/teach me/imply/mean about me/my class/others/our relationship/my patient's care/the model of care I am using/my attitudes/my patient's attitudes?
- ... was going through my mind as I acted?
- ... did I base my actions on?
- ... other knowledge can I bring to the situation?
- ... could/should I have done to make it better?
- ... is my new understanding of the situation?
- ... broader issues arise from the situation?

Now what?

- ... do I need to do to make things better/stop being stuck/improve my teaching/resolve the situation/feel better/get on better/etc., etc.?
- ... broader issues need to be considered if this action is to be successful?
- ... might be the consequences of this action?

Adapted from: Rolfe, G., Freshwater, D., Jasper, M. (2001) Critical reflection in nursing and the helping professions: a user's guide. Basingstoke: Palgrave Macmillan.

Reflective writing extract using Rolfe et al.'s (2001) model

The short text below shows you how you can use Rolfe et al.'s (2001) reflective model to write reflectively. The author begins by introducing the problem that they are reflecting on before making their observations about the issue and finally concluding by telling the reader what they would change next time.

What?

Specific tasks were shared out amongst members of my team. Initially, however, the tasks were not seen as equally difficult by all team members.

So what?

Cooperation between group members was at risk because of this perception of unfairness. Social interdependence theory recognises a type of group interaction called 'positive interdependence', meaning cooperation (Johnson and Johnson, 1993, cited by Maughan and Webb, 2001), and many studies have demonstrated that "cooperative learning experiences encourage higher achievement" (Maughan and Webb, 2001).

Now what?

Ultimately, our group achieved a successful outcome, but to improve the process, we perhaps needed a chairperson to help encourage cooperation when tasks were being shared out. In future group work, on the course and at work, I would probably suggest this.

MODEL FOR STRUCTURED REFLECTION

1. Description of the event

WHAT? What are the facts?

a. What happened?

b. What did you want to know before you started?

c. What did you notice (observe)? What did I see? (5 senses)

d. How did you act (behaviour)?

e. What helped you at the time?

f. What was your role?

2. Analysis of the event

SO WHAT? Why did it happen this way? How does it relate to my past experiences?

a. How did I feel at the time of the event/experience?

b. What worked or didn't work?

c. Did I feel troubled? If so, in what way?

d. What was the impact of what I did or did not do on the situation or outcome?

e. What was the one thing that made me feel most effective?

f. What connections can I make between the event and other study or work?

3. Proposed actions

NOW WHAT? What have I learned? How can I apply this in the future?

a. Which skills have I learned, and which skills do I want to develop further?

b. Select one area for development that I should tackle first? Write one SMART goal.

c. What would be 3 steps/actions that I will take to achieve this goal?

d. How will I notice when I am any different or I have achieved my goal?

e. How and where might I use my new knowledge and competency in the future?

Adapted from: Rolfe, G., Freshwater, D., Jasper, M. (2001) Critical reflection in nursing and the helping professions: a user's guide. Basingstoke: Palgrave Macmillan.

Fieldwork Supervision

Supervision is a time for discussion and reflection on your learning.

Supervision should occur for **one hour weekly**.

It is important that you make a **supervision contract** with your supervisor that sets aside a regular time to meet. This should be negotiated in week one of placement.

How to use supervision?

- At least **50% of the responsibility for supervision lies with you**.
- You need to **come to the session prepared**.
- Preparation means **you need to know what you want to talk about**, and this should then mean that you are clear on what you will be doing over the next week. It is a time to ask questions but also a time to let supervisors know what you are thinking. It is about discussion rather than questions and answers.

Sessions are likely to have two parts:

The first part is asking any questions you have recorded in your notebook for discussion, discussing any aspects that have arisen that require clarification or further expansion.

The second part is in relation to your learning objectives, learning tasks and workbooks. This is the time to let your supervisor know your individual learning needs for the next week and thus indicate to them the learning opportunities you would like. It is also the time to discuss learning objectives and clarify that you and your supervisor have common understanding of expectations of what you need to be doing to achieve the objectives. You should also check the level of input you need to achieve the objectives – how much is the supervisor contributing, guiding, and directing your learning.

Supervision enables ākongā to:

- Receive support, positive reinforcement, and feedback.
- Build skills in being a reflective practitioner.
- Gain a better understanding of their clients.
- Analyse their whakaora ngangahau interventions and the consequences of these
- Understand the dynamics of their interaction with clients, peers, team members and others and to explore how to best work with others.
- Identify and acknowledge their learning and develop skills as a self-directed learner.
- Discuss any ethical dilemmas that may arise.

It is expected that ākonga will lead supervision, they will ensure:

- a supervision contract is completed.
- an agenda is set.
- they come to supervision prepared (reflective practice)
- they implement any plans discussed in supervision and report back on progress.

Whilst it is expected that ākonga will lead the supervision, fieldwork 1 ākonga will require support from the supervising kaiwhakaora ngangahau with this process, for subsequent fieldwork placements the ākonga should be taking on more responsibility.

The supervision contract should cover the following areas:

- **Purpose of the supervision:** *Why is supervision required? – What are the overall aims of supervision?*
- **Day and time of supervision:** *Detail when sessions will occur.*
- **Structure of sessions:** *How will the session progress?*
- **Confidentiality:** *Detail what is expected in terms of confidentiality*
- **Content:** *e.g., celebrations, challenges, concerns, dilemmas*
- **Type of feedback required:** *How would you like this delivered? e.g. areas to improve on followed by strengths.*
- **The supervisor agrees to:** *Outline the supervisor role and expectations the supervisor holds.*
- **The supervisee agrees to:** *Outline the supervisee role and expectations the supervisee holds.*
- **Process of review:** *Outline the systems that are in place to ensure the supervision relationship functions well?*

A template of a supervision contract is included and available on Moodle. We encourage you to go through this during week 1 of your placement so that both the supervisor and supervisee are clear about the expectations of supervision.



Fieldwork Supervision Contract

School of Occupational Therapy
Otago Polytechnic
0800 762 786

CONTRACT BETWEEN _____(Supervisor)

AND _____(Supervisee)

Period to which this contract applies:

Purpose of the supervision:

(Why is supervision required? – What are the overall aims of supervision?).

Day and time of supervision:

(Detail when sessions will occur. Put these times in your diary now)

Structure of sessions:

(How will the session progress?)

Confidentiality:

(Detail what is expected in terms of confidentiality)

Content:

It is appropriate for the following to be discussed in supervision:

Type of feedback required:

(How would you like this delivered? e.g., Written verbal, areas to improve on followed by strengths?)

The supervisor agrees to:

(Outline the supervisor role and expectations the supervisor holds)

The supervisee agrees to:

(Outline the supervisee role and expectations the supervisee holds)

Process of review:

(What systems are in place to ensure the supervision relationship functions well?)

Signed: _____ Supervisee

_____ Supervisor

Date: _____



Fieldwork Confidentiality Form

School of Occupational Therapy
Otago Polytechnic
0800 762 786

This form was established by the school of Occupational Therapy in relation to ensuring that ākonga maintain confidentiality and respect patient rights. Ākonga are expected to adhere to the Code of Ethics for Occupational Therapists (2022) and the World Federation of Occupational Therapists Code of Ethics (1990) revised (2016) which states.

"Confidentiality of consumers personal information is guaranteed, and any personal details are passed on only with their consent. Occupational therapists recognise that relatives/significant others are important and involve them in service, commencing with the consent of the person receiving occupational therapy."

This includes written, verbal, or pictorial (e.g., photographs or videos) information, none of which can be disclosed without prior consent, in writing, from the client involved.

Health Information Privacy Code (2020)

This code sets specific rules for agencies in the health sector. It covers health information collected, used, held, and disclosed by health agencies and takes the place of the information privacy principles for the health sector. Health information must not be collected by any Health Agency unless:

- (a) Information is collected for a lawful purpose connected with a function or activity of the health agency; and
- (b) That the collection of the information is necessary for that purpose.

CONFIDENTIALITY DECLARATION FOR KAIWHAKAORA NGANGAHAU AKONGA HAVING ACCESS TO PRIVATE

AND CONFIDENTIAL INFORMATION RELATING TO PERSON (S)

I _____ hereby declare that I will adhere to the requirements of the Health Information Privacy Code (2020). I will ensure information is only collected which is necessary to assist myself, Otago Polytechnic and Occupational Therapy staff in maintaining or developing expertise in the care of clients. Any information recorded or used in educational discussions is used in a form in which the individual concerned cannot be identified.

Signed: _____

Date: _____

Witness: _____

Learning Contracts

A learning contracts purpose is to assist ākonga to identify their learning needs and to plan how they will achieve these. It is a written agreement between the and the supervising kaiwhakaora ngangahau Learning contracts assist ākonga to become autonomous, self-directed learners. The ākonga should lead in the writing of the learning contract.

There are three different kinds of learning objectives/goals. ākonga are encouraged to set learning objectives/goals in all these areas of learning:

Knowledge – *the things you know or need to know* – facts, models, concepts, research, and literature – encourages critical thinking and decision making. Knowledge is developed through experience or education.

Skills – *the things you do or need to do* – e.g., running a group, assessing a client, manual handling etc. – encourages technical skills/psychomotor skills – looking at proficiency, technique, or the art of and are developed through training or experience the practical understanding of the subject.

Attitudes – *what you tend to do* - the way you view something or how you tend to behave towards it, often evaluative. Values, standards, judgements, motives, ethics, and beliefs – encourages interpersonal skills/emotional intelligence skills. Associated with feelings - positivity, enthusiasm, dread, fear etc. Attitudes can be influenced through establishing, habits, tools, and environment.

A learning contract template is included and available on Moodle. Whilst learning contracts are not compulsory, we do encourage you to consider how these can assist with enhancing learning and meeting performance indicators.

Examples of Learning Contract Objectives

Learning Objective/Goals	Strategies and Learning Resources	Evidence/Outcome
<p><i>What do you want to learn, develop, or examine? Consider your own current abilities and the learning opportunities available within this facility.</i></p>	<p><i>What will you utilise to achieve your learning objectives? Where can you find information? Be specific, consider how you learn best.</i></p>	<p><i>How can you show to yourself and your supervisor that you have met your learning objectives? What proof will you offer and when? Who will note that the outcome has been achieved?</i></p>
<p><u>Attitude</u></p> <p>I will have discussed my beliefs about employment during supervision to articulate the impact of this on my relationship with clients within the vocational rehabilitation setting in 2 weeks.</p>	<ul style="list-style-type: none"> • Reflective journaling. • Review the literature on the value/role of employment and the causes issues related to unemployment. • Explore local services. 	<ul style="list-style-type: none"> • Present examples/understandings from personal reflective journal in discussion with supervisor. • Discuss with supervisor how this knowledge has impacted on intervention with one client.
<p><u>Knowledge</u></p> <p>By July 14th, I will describe the common perceptual deficits associated with head injury to my supervisor to improve my intervention planning with clients.</p>	<ul style="list-style-type: none"> • Find and review relevant books, literature and research. • Discuss common perceptual deficits with team members and gain an understanding of the interventions they use. 	<ul style="list-style-type: none"> • Share with supervisor a summary of findings. • Present to the team a case study(ies) and describe the client's perceptual deficit and the appropriate intervention.
<p><u>Skill</u></p> <p>I will conduct 3 initial interviews independently using effective communication skills within 3 weeks.</p>	<ul style="list-style-type: none"> • Find out the format used in the setting. • See supervisor or another team member conduct an initial interview. • Conduct interview, write up notes. • Reflect on the process and findings with supervisor. 	<ul style="list-style-type: none"> • Client notes reviewed by supervisor. • Reflect on process in supervision and write action plan to improve performance. • Supervisor observes an initial interview.

OTAGO POLYTECHNIC, SCHOOL OF OCCUPATIONAL THERAPY

Learning Contract Template

Learning Objective/Goals	Strategies and Learning Resources	Evidence/Outcome
<p><i>What do you want to learn, develop, or examine? Consider your own current abilities and the learning opportunities available within this facility.</i></p>	<p><i>What will you utilise to achieve your learning objectives? Where can you find information? Be specific, consider how you learn best.</i></p>	<p><i>How can you show to yourself and your supervisor that you have met your learning objectives? What proof will you offer and when? Who will note that the outcome has been achieved?</i></p>

Date Negotiated: _____

Ākonga: _____

Date Completed: _____

Therapist: _____

Goal Setting

Goal setting is a prerequisite to selecting appropriate interventions and evaluating outcomes.

Goals define the desired outcome and describe the factors involved in achieving the outcome-providing a picture of the overall intervention plan.

Goals can be short, medium, or long term in length.

Long term goals – occupation focused, the destination of therapy, often associated with a person's life role.

Short term goals – how to get there.

If possible, employ strategies that facilitate the person's engagement in occupation at an activity or participation level.

May be at the level of body function and structure (if so, should have a direct link back to the achievement of the long-term goal)

Goal statements should address the following:

- Who?
- Will do what?
- Under what conditions?
- How well?
- By when?

There is no rule as to which order the goal should be written, what is important is that all the parts are present, and the goal makes grammatical sense.

e.g.

By January 17 Roshni will walk 400 meters to the shop to buy a coffee, using a walking frame taking a maximum of 2 sit down rests, twice a week.

Lupe will go grocery shopping, independently, using an anxiety management technique within 2 weeks.

Bowman, J., Mogensen, L. & Lannin, N. (2017). Writing occupation-focused goals. In M. Curtin, M. Egan M. & J. Adams, Occupational therapy for people experiencing illness, injury or impairment, (7th ed.) Elsevier.

Ākonga Projects

Ākonga are expected to contribute to the workplace by undertaking a project that is negotiated with their supervising kaiwhakaora ngangahau. The project will be tailored to the time available and the needs of the placement setting.

Purpose of the Project:

- Provides ākonga with the opportunity to broaden their clinical experience through a meaningful contribution to the workplace.
- Highlights that not all professional time is spent in direct patient contact.
- Encourages ākonga to work independently, fostering self-reliance and initiative.

Examples of Projects:

- Conducting a literature review and providing evidence-based information on a specific topic for the supervising kaiwhakaora ngangahau.
- Designing and planning group activities.
- Developing or sourcing resource materials and presenting them in an appropriate format.
- Delivering a presentation to the team on a relevant topic.

The Five Finger Framework



This framework has been developed from a research project with clinicians, lecturers, ākonga and the literature. It represents the influence of a variety of sources of evidence for professional decisions. It provides direction to explore the essential information when thinking through practice decisions. Five aspects were considered to have an important influence on decision making.

These are:

- research evidence from literature
- local environment resources (culture, policies, guidelines, and protocols)
- client's expertise, situation and perspective
- expertise of others
- practitioners' own knowledge and experience.

The purpose of the framework is to make these overt so that they can be readily considered as sources of evidence to underpin reasoning in practice.

The decision making process is in the palm of your hand. Each person has a hand that has unique features. So every decision making process may differ depending on what informs it. What is important is that your reasoning is well informed. The fingers represent the sources of evidence available to inform the decision at hand.

The decision making process follows the problem solving process – there are multiple decisions that need to be made at each step of the process such as identifying the cues, the

assessments to use, the problem that you will address, the plans to manage the problem, what the outcome was and how to evaluate the outcome. This framework helps the ākonga /therapist ensure they are exploring evidence to inform decisions from a variety of sources. Intentionally touching base with each finger in supervision or when thinking about what to do and how to do it will enhance breadth and depth of professional reasoning.

THE FIVE FINGERS	THE HAND IN ACTION:
<p>Research Evidence</p>	<p>This is the literature i.e., research articles, books, reports that provide information about the value of e.g., a specific assessment, or an intervention.</p> <p><i>Here the question is what's the best research evidence to help me.</i></p>
<p>The local context/environment</p>	<p>Consider policies that impact on practice and provide direction for service such as clinical guidelines, specified assessment or practice frameworks.</p> <p>Much of the research evidence is integrated into local best practice guidelines. The culture of the environment is also considered – the way things are done that might be unique to that practice environment and will be influenced by contextual factors such as geographical location, services available, ethnicity of population, who are in the team and how they work together.</p> <p>The question to ask is <i>“how are things done here in this workplace and community, and how do I best find that out?”</i></p>
<p>Client Insights</p>	<p>The client understands what will make a difference to them and is able to identify “what works” from their perspective. The client may be an individual, whānau, a group or community.</p> <p>This finger represents client centred practice – developing an understanding of the clients’ view, working in partnership with the client, equalising the power balance in the relationship. Associated skills include but are not limited to therapeutic communication and relationship development skills, cultural competence, collaboration skills, advocacy skills.</p> <p>The ākonga /therapist asks <i>“what is the client’s perspective and how can I best ascertain this? How can we work together in this situation? What do I need to inform the client of and how should I do this?”</i></p>
<p>Experienced practitioner expertise</p>	<p>An experienced clinician works with similar cases and acquires a lot of ‘know how’. They are also very familiar with the practice environment; they know how things are done in that place. An efficient way to get information about what to do and how to do it is to use the expertise of others by asking them questions and by observing them in practice.</p> <p>This is ideal information for the / ākonga therapist, here they ask <i>“who is the best person to help me with this, and how can I get that help?”</i></p>

	Tapping the expertise of others can also be broadened to attending conferences and professional training and watching online presentations from experts in the field.
Myself	<p>What do you bring to the situation? What experience and knowledge do you already have that informs your clinical reasoning?</p> <p>The most influential element of decision making comes from what we already have in terms of knowledge, skills and attitudes developed in academic and fieldwork learning and through all past life experience.</p> <p>Safe use of this is enhanced through genuine reflective practice, the ability to understand and use constructive feedback and self-awareness. Skills in therapeutic use of self develops as the ākonga/therapist learns about what they have within them that is helpful and how they can use this awareness to practice in a way that is right for them.</p>

Jeffery, H., Robertson, L., & Reay, K. L. (2020). Sources of evidence for professional decision-making in novice occupational therapy practitioners: clinicians' perspectives. *British Journal of Occupational Therapy*, 0308022620941390