

Professional Exposure Activities

***Note: You will need to have **30 hours** of observation to complete the professional exposure requirement prior to clearance into the OTA Program. The professional exposure activities are listed below along with a contact list for the in-person opportunities. You may choose to do all your hours in person if you would like. If you are unable to complete all the hours in person, you may choose to complete 20 hours with a virtual experience and 10 hours in person. All your hours cannot be virtual. If you are having trouble finding a place to volunteer, please reach out to either Dr. Gibson (OTA Program Director) at <u>megibson@methodist.edu</u> or Professor Myers (AFWC) at <u>amyers@methodist.edu</u>.

In-person Opportunities:

- Volunteer with a program that serves occupational therapy clients- Serving with an
 organization can help expand your knowledge of the challenges, strengths, and needs
 across and within different client populations. Examples include Meals on Wheels,
 Summer camps for children with developmental or chronic conditions (Victory Junction),
 long term-care facilities (skilled nursing or assisted living), adaptive sports program, and
 Special Olympics. Students will be provided with a log to keep track of all their hours.
- Participating in On-campus OT-related Club Events (SOTA, COTAD, HOSA, DREAM)-Become a member of one or all the health profession clubs on campus and engage in the events these clubs' host. To gain professional exposure hours, you will need to volunteer your time with that club for any event or fundraiser that the club is putting on or participating in. We may also hold some group professional exposure experiences, which you will be notified about.

Virtual Opportunities:

- ClinicWeb: Introduction to OT observation hours- can be found at <u>www.clinedwed.com</u>. This opportunity costs \$49.99 and provides access to the whoOle course for 120 days. Once the course is completed you will receive a Certificate of Completion which will need to be uploaded in OTACAS as evidence of your virtual observation hours. This course introduces students to a wide breath of practice areas and allows for observation of real OT clinicians and clients. The course also introduces students to the OT framework language.
- Udemy Occupational Therapy: Fundamentals of Occupational Therapy- This opportunity costs \$59.99. Once the course is completed you will receive a Certificate of Completion which will need to be uploaded in OTACAS as evidence of your virtual

observation hours. This course will help students gain an understanding of the role and importance of occupation in our lives; identify the various careers involved in the OT process; recognize the role of OT in rehabilitation; and learn about the principles of OT intervention and ethical considerations that guide it. (There are 6 sections, 16 lectures)

OCCUPATIONAL THERAPY ASSISTANT PROGRAM

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- Simucase Guided Observation Program- can be found at <u>www.simucase.com</u>. Below is a list of topic areas and videos that you will need to watch for observation hours. You can log these hours onto your timesheet as you complete each video.
- To see each observation video, type occupational therapy into the search bar, scroll down to observation videos and click on videos (not tutorials). In the top search bar choose intervention in the second drop down box, and then the topics in the third drop down box. After you have chosen the topic area, hit search and then search for the video listed below by the name. You must watch all videos associated with the name listed.
 - Activities of Daily Living- Owen S., Damen, Alaina, Ed
 - Behavioral and Mental Health- Debbie, Group Therapy, and Aidan
 - Early Intervention- Delilah and Clare
 - o Instrumental Activities of Daily Living- Nate, Pat, and Frank
 - o Inter-professional and Intra-professional Practice- Braelyn and Nico
 - **Neurological** Ganine and Ed
 - Vision and Perception- Jacqueline

List of Contacts for Certain Locations:

Please click on the link below to view the list of contacts for the professional exposure experiences.

https://methodistu-my.sharepoint.com/:w:/g/personal/amyers_methodist_edu/EUxFLHgf0dGjLUdOBfK6awBAcX3Mj6sr9Xi-8j4kf9qTg?rtime=ZqkEjevL20g



Instructions for the Professional Exposure Verification Forms and Attendance Log (You will find all forms within this packet)

- 1. Students are to complete 30 hours of professional exposure experience as part of the clearance requirements into the MU OTA Program.
- **2.** Students may perform all 30 hours in person, however if they are unable to perform all hours in person then students may perform 10 hours in person and 20 hours virtually.
- **3.** If you choose to perform the 30 hours in person and are completing hours at different sites, you must fill out the Occupational Therapy Professional Exposure Verification and Attendance log for each place you go to. If you are splitting between virtual and in person, you can fill out one just for your virtual hours and then a second for the in-person hours.
- **4.** For your in-person hours, you must have the supervisor or therapist sign to verify that you have completed your hours. If you are performing virtual hours, you must log the date and time of when you started the virtual session. Some virtual opportunities will have a certificate of completion. Those will also need to be uploaded into OTACAS.
- **5.** Once your hours have been completed, you must answer the Professional Exposure Questions and then write a summary of all your experiences and what you learned.

If you have any questions regarding any of these forms or about the professional exposure experiences, please reach out to Dr. Gibson (OTA Program Director) at <u>megibson@methodist.edu</u> or Professor Myers (AFWC) at <u>amyers@methodist.edu</u>.



Occupational Therapy Professional Exposure Verification

Instructions to Supervisor/Therapist: Your evaluation and comments regarding this student's performance is very important to us. Please complete the following performance task assessments. This form will be reviewed as part of the clearance into the MU OTA Program. Thank you!

Applicant's Name:						_Date:		
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ddress:								
elephone <u>: (</u>)					_		
Supervisor/Therapist Name:						_Signature:		
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Fair								
= Poor								
= No oppor	tunity to observe							
		G	F	Р	Ν	Comments:		
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Additional Comments:



Professional Exposure Attendance Log

Instructions:

- Please return this required form with your Occupational Therapy Observation Verification Form and all other required documents.
- Please complete this sheet for each of your in-person and virtual professional Exposure Experiences.

udent Name:				Facility:			
Date	Time in	Time Out	Total Time	Specify if virtual/ OT or Supervisor Signature			
Tota	Profession	al Exposur	e Hours				

I certify that the student has completed the professional exposure hours as indicated in the attendance record as shown.

OT/Supervisor Name:	Date:
OT/Supervisor Signature:	Date:
Facility Address:	Facility Phone Number:



Professional Exposure Questions

Instructions: Please answer the following questions once you have completed your experiences observing, volunteering, and engaging in virtual professional exposure experiences. Please sign the form once completed and submit it to OTACAS with all other required documents.

1. In your own words, what is Occupational Therapy?

2. Describe the main responsibilities of the Occupational Therapist and the Occupational Therapy Assistant.

3. Identify at least four (4) areas/practice settings for the OTR/L or OTA/L



4. If there was no OT at the place of your professional exposure experience, explain how OT would be valuable in that setting. If there was OT present, how was it beneficial to that setting?

5. What is an interdisciplinary team? List the professionals that can typically be part of the team. What are some benefits of working with an interdisciplinary team?

Reaction to Professional Exposure Experience

Instructions to Applicant: At the end of your professional exposure experiences, complete use the following page to summarize your reactions to the experience.

Student Name:				
Student Signature:			Date:	
Facility:				
Type of Setting: (circle) Physical Disabilities	Mental Health	Pediatrics	Geriatrics	Othe
Total Professional Exposure Hours Complete	d:			



In the space below, summarize what you learned about Occupational Therapy from these experiences.