

### Fieldwork Placement Codes

<b>CATEGORY of Client Issues</b> *(for definitions, please see page 2,3)	
P - Physical Health*	M - Mental Health*
B - Physical/Psychosocial Health*	OL - Admin/Program Development LEAP*
PL – Physical Health LEAP*	ML – Mental Health LEAP*
BL – Physical/Psychosocial Health LEAP*	
<b>Fieldwork TYPE</b>	
A - Acute care service	R - Rehabilitation service
C - Community health service (publically funded, currently includes primary care)	P - Private practice OT service
D - Day hospital or Out-patient service	CCC - Complex Continuing Care (e.g. LTLD)
L - Long term care service (e.g. nursing home)	V - Private sector other than health (e.g. industry, business, camps)
B - Public sector other than health (e.g. government, social service, school, correctional)	
<b>AREA of Practice</b>	
A - Acquired brain injury	N - Neurological problems
B - Burns	O - Orthopaedic / Musculoskeletal problems
C - Cardiopulmonary problems	P - Psychiatry
D - Developmental disabilities	Q - Cognitive disabilities
E - Ergonomics	R - Research/examining practice
F - Forensic psychiatry	S - Sensory deficit
G - Degenerative disease (e.g. ALS, AIDS, MS)	T - Eating disorders
H - Hand injuries	U - Combination, various health issues
I - Assistive technologies	V - Vocational rehab
J Chronic pain	W - Amputation
K - Administration/program development	X - Depression and anxiety disorders
L - Oncology or Palliative care	Y - Rheumatology
M - Medical/surgery	Z - Schizophrenia
<b>Lifespan</b>	
C - Neonatal/child/adolescent	O - Older adult
D - Adult	B - Adult and older adult
A - All ages	

Descriptions of 'Category of Client Issues'

**Physical/Psychosocial Health (B)**

- At least 40% of the student's caseload should include persons with a mental health diagnosis of anxiety, depression, etc. from DSM IV or V or persons with a diagnosis which usually results in cognitive/perceptual impairments (e.g. Down's syndrome, Fragile X syndrome, Autism Spectrum Disorder or other Pervasive Developmental Disorders, Acquired Brain Injury, stroke, dementia, possibly palliative diagnoses) that affects quality of occupational performance.
- With those clients, there must be some assessment and/or intervention directed to addressing those concerns (e.g. CBT, mindfulness, psychosocial group work, cognitive remediation, goal management training, sensory processing intervention, ALERT program, therapeutic listening, or life skills training specific to issues of memory, executive function, etc.). This does **not** include the use of cognitive screens such as MMSE and/or MOCA. Most clients with cognitive/perceptual impairment which fall into the designation of "B" placement require some modification of approach (e.g. simplified language/directions/educational approaches) and the process of how they complete tasks is addressed.
- Usually with placements categorized as "B", there are multiple team members and approaches used in addressing the mental health and or cognitive/perceptual concerns due to their impact on the client and reason for clinician involvement.

Experience in arranging social supports and/or resources at home for the client, providing general education to clients regarding occupational performance, communicating with family members (distressed or otherwise) are **not** examples of tasks/skills that indicate a "B" categorization over a "P." All of those tasks could fall under a placement which is categorized as "P."

**Mental Health (M)**

- Assessing, intervening, consulting, and/or promoting health with individuals/groups with a psychiatric diagnosis (acute, chronic, or in recovery remission) that fall within DSM IV or DSM V.
- The OT's focus is primarily on the psycho-emotional aspects of the person as they relate to occupational performance.
- Acquired brain injury, developmental delay, mental retardation, and autism, in isolation, are not considered accepted experiences for the mental health placement.

**Physical Health (P)**

- Assessing, intervening, consulting, and/or promoting health with individuals/groups with a physical diagnosis (acute, chronic, or in recovery/remission). Diagnostic categories may include (but are not limited to) neurological and neuromuscular, musculoskeletal, cardiovascular and respiratory, digestive/metabolic/endocrine, and possibly palliative diagnoses.
- The OT's focus is primarily on the physical aspects of the person as they relate to occupational performance.

**LEAP: Leadership, Emerging/Enhancing, Advocacy, and Program Planning and Evaluation**

LEAP placements provide opportunity for the development of the same professional competencies as required for all fieldwork courses, but have an increased emphasis on the development of leadership, advocacy skills and program development. Most often, LEAP placements can be categorized as: role-emerging, role-enhancing, and leadership/unique role-established placements. See definitions of these below.

- Role-emerging Placements: Students are placed in an organization where there is no established occupational therapy program or role. Students on these placements have two preceptors: an on-site non-OT professional and an off-site OT practitioner.
- Role-enhancing Placements: Students are placed in an organization where there is an established occupational therapy program or role but occupational therapy services could be enhanced to better serve clientele. Students on these placements have an on-site OT preceptor that is on staff at the organization.
- Leadership and Unique Role-established Placements: Students are placed in an organization where there is an established or newly established unique occupational therapy role and/or with an OT Professional Practice Leader. Role-established placements occur in 'traditional' fieldwork settings, international settings, private practice, and in OT associations/organizations. These placements provide learning opportunities for students to observe, demonstrate, and

develop unique leadership and advocacy skills in addition to other core practice competencies. Preceptors are leaders within the profession, practice setting, or organization.

NB: All international placements are considered LEAP placements. Northern placements (NOSM) may be considered LEAP, but will be evaluated on a case-by-case basis.

**Physical/Psychosocial Health LEAP (BL)**

- Meets the definition/criteria as outlined previously for Physical/Psychosocial Health placements AND meets the definition/criteria as outlined previously for LEAP placements.

**Mental Health LEAP (ML)**

- Meets the definition/criteria as outlined previously for Mental Health placements AND meets the definition/criteria as outlined previously for LEAP placements.

**Physical Health LEAP (PL)**

- Meets the definition/criteria as outlined previously for Physical Health placements AND meets the definition/criteria as outlined previously for LEAP placements.

**Admin/Program Development LEAP (OL)**

- Primary emphasis of this type of placement is on non-clinical activities such as program evaluation, program development, policy development and / or advocacy.
- This type of placement often involves administrative activities such as those performed by a Professional Practice Leader, including quality assurance/quality improvement and risk management projects, OT role development, or work addressing systems level issues.
- If a placement is half-time clinical and half-time non-clinical, it should be coded according to the clinical portion of the placement (e.g. B, M, or P) with the offer description clearly outlining the clinical and non-clinical aspects of the placement with approximate time allotments.