

AOTA FIELDWORK DATA FORM

Introduction:

The purpose of the Fieldwork Data Form is to facilitate communication between occupational therapy (OT) and occupational therapy assistant (OTA) academic programs, OT/ OTA students, and fieldwork educators. Fieldwork Educators and Academic Fieldwork Coordinators (AFWC) jointly complete the Fieldwork Data Form to describe the fieldwork setting where students may have placements. While much of the information may be completed by the Fieldwork Educator, there will be additional information best obtained through AFWC interview of the fieldwork education coordinator at the site. The AFWC will find opportunity to document fieldwork related Accreditation Council for Occupational Therapy (ACOTE) Standards that support the ACOTE on-site accreditation review process. In addition, OT/ OTA students will find valuable information describing the characteristics of the fieldwork setting, the client population, commonly used assessments, interventions, and expectations and opportunities for students. The Fieldwork Data Form has been developed to reflect the Occupational Therapy Practice Framework terminology and best practice in occupational therapy to promote quality fieldwork experiences. It was developed through the joint efforts of the Commission on Education (COE) and Education Special Interest Section (EDSIS) Fieldwork Subsection with input from many dedicated AFWCs and fieldwork educators.

AOTA FIELDWORK DATA FORM

Date:

Name of Facility:

Address: Street _____ City _____ State _____ Zip: _____

<u>FW I</u>		<u>FW II</u>	
Contact Person:	Credentials:	Contact Person:	Credentials:
Phone:	E-mail:	Phone:	E-mail:

Director:	Initiation Source:	Corporate Status:	Preferred Sequence of FW: <small>ACOTE Standards B.10.6</small>
Phone:	<input type="checkbox"/> FW Office	<input type="checkbox"/> For Profit	<input type="checkbox"/> Any
Fax:	<input type="checkbox"/> FW Site	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Second/Third only; 1 st must be in:
Web site address:	<input type="checkbox"/> Student	<input type="checkbox"/> State Gov't	<input type="checkbox"/> Full-time only <input type="checkbox"/> Part-time option
		<input type="checkbox"/> Federal Gov't	<input type="checkbox"/> Prefer Full-time

OT Fieldwork Practice Settings (ACOTE Form A #s noted) :				
Hospital-based settings	Community-based settings	School-based settings	Age Groups:	Number of Staff:
<input type="checkbox"/> In-Patient Acute 1.1	<input type="checkbox"/> Peds Community 2.1	<input type="checkbox"/> Early Intervention 3.1	<input type="checkbox"/> 0-5	OTRs:
<input type="checkbox"/> In-Patient Rehab 1.2	<input type="checkbox"/> Behavioral Health Community 2.2	<input type="checkbox"/> School 3.2	<input type="checkbox"/> 6-12	COTAs:
<input type="checkbox"/> SNF/ Sub-Acute/ Acute Long-Term Care 1.3	<input type="checkbox"/> Older Adult Community Living 2.3	Other area(s)	<input type="checkbox"/> 13-21	Aides:
<input type="checkbox"/> General Rehab Outpatient 1.4	<input type="checkbox"/> Older Adult Day Program 2.4	please specify:	<input type="checkbox"/> 22-64	PT:
<input type="checkbox"/> Outpatient Hands 1.5	<input type="checkbox"/> Outpatient/hand private practice 2.5		<input type="checkbox"/> 65+	Speech:
<input type="checkbox"/> Pediatric Hospital/Unit 1.6	<input type="checkbox"/> Adult Day Program for DD 2.6			Resource Teacher:
<input type="checkbox"/> Peds Hospital Outpatient 1.7	<input type="checkbox"/> Home Health 2.7			Counselor/Psychologist:
<input type="checkbox"/> In-Patient Psych 1.8	<input type="checkbox"/> Peds Outpatient Clinic 2.8			Other:

Student Prerequisites (check all that apply) <small>ACOTE Standard B.10.6</small>	Health requirements:
<input type="checkbox"/> CPR	<input type="checkbox"/> HepB
<input type="checkbox"/> Medicare / Medicaid Fraud Check	<input type="checkbox"/> Physical Check up
<input type="checkbox"/> Criminal Background Check	<input type="checkbox"/> MMR
<input type="checkbox"/> Child Protection/abuse check	<input type="checkbox"/> Infection Control training
<input type="checkbox"/> Adult abuse check	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Fingerprinting	<input type="checkbox"/> Chest x-ray
<input type="checkbox"/> First Aid	<input type="checkbox"/> Drug screening
<input type="checkbox"/> Infection Control training	<input type="checkbox"/> TB/Mantoux
<input type="checkbox"/> HIPPA Training	<input type="checkbox"/> Physical Check up
<input type="checkbox"/> Prof. Liability Ins.	<input type="checkbox"/> Varicella
<input type="checkbox"/> Own transportation	<input type="checkbox"/> Influenza
<input type="checkbox"/> Interview	Please list any other requirements:

Performance skills, patterns, contexts and client factors addressed in this setting (check all that apply)		
Performance Skills:	Client Factors:	Context(s):
Motor Skills	Body functions/structures	<input type="checkbox"/> Cultural- ethnic beliefs & values
<input type="checkbox"/> Posture	<input type="checkbox"/> Mental functions- affective	<input type="checkbox"/> Physical environment
<input type="checkbox"/> Mobility	<input type="checkbox"/> Mental functions-cognitive	<input type="checkbox"/> Social Relationships
<input type="checkbox"/> Coordination	<input type="checkbox"/> Mental functions- perceptual	<input type="checkbox"/> Personal- age, gender, etc.
<input type="checkbox"/> Strength & effort	<input type="checkbox"/> Sensory functions & pain	<input type="checkbox"/> Spiritual
<input type="checkbox"/> Energy	<input type="checkbox"/> Voice & speech functions	<input type="checkbox"/> Temporal- life stages, etc.
Process Skills	<input type="checkbox"/> Major organ systems: heart, lungs, blood, immune	<input type="checkbox"/> Virtual- simulation of env, chat room, etc.
<input type="checkbox"/> Energy	<input type="checkbox"/> Digestion/ metabolic/ endocrine systems	Performance Patterns/Habits
<input type="checkbox"/> Knowledge	<input type="checkbox"/> Reproductive functions	<input type="checkbox"/> Impoverished habits
<input type="checkbox"/> Temporal organization	<input type="checkbox"/> Neuromusculoskeletal & movement functions	<input type="checkbox"/> Useful habits
<input type="checkbox"/> Organizing space & objects	<input type="checkbox"/> Skin	<input type="checkbox"/> Dominating habits
<input type="checkbox"/> Adaptation		<input type="checkbox"/> Routine sequences
Communication/ Interaction Skills		<input type="checkbox"/> Roles
<input type="checkbox"/> Physicality- non verbal		
<input type="checkbox"/> Information exchange		
<input type="checkbox"/> Relations		

Most common services priorities (check all that apply)

<input type="checkbox"/> Direct service	<input type="checkbox"/> Meetings(team, department, family)	<input type="checkbox"/> Consultation	<input type="checkbox"/> Billing
<input type="checkbox"/> Discharge planning	<input type="checkbox"/> Client education	<input type="checkbox"/> In-service training	<input type="checkbox"/> Documentation
<input type="checkbox"/> Evaluation	<input type="checkbox"/> Intervention		

Types of OT Interventions addressed in this setting (check all that apply): * ACOTE Standards A.5.3, B.10.1, B.10.3, B.10.11, B.10.13, B.10.15, B.10.19, B.10.20

Occupation-based activity- within client's own environmental context; based on their goals addressed in this setting (check all that apply):
*ACOTE Standards A.5.3, B.10.1, B.10.3, B.10.11, B.10.13, B.10.15, B.10.19, B.10.20

<p>Activities of Daily Living (ADL)</p> <input type="checkbox"/> Bathing/showering <input type="checkbox"/> Bowel and bladder mgmt <input type="checkbox"/> Dressing <input type="checkbox"/> Eating <input type="checkbox"/> Feeding <input type="checkbox"/> Functional mobility <input type="checkbox"/> Personal device care <input type="checkbox"/> Personal hygiene & grooming <input type="checkbox"/> Sexual activity <input type="checkbox"/> Sleep/rest <input type="checkbox"/> Toilet hygiene <p>Play</p> <input type="checkbox"/> Play exploration <input type="checkbox"/> Play participation <p>Purposeful Activity- therapeutic context leading to occupation, practice in preparation for natural context</p> <input type="checkbox"/> Practicing an activity <input type="checkbox"/> Simulation of activity <input type="checkbox"/> Role Play Examples:	<p>Instrumental Activities of Daily Living (IADL)</p> <input type="checkbox"/> Care of others/pets <input type="checkbox"/> Child rearing <input type="checkbox"/> Communication device use <input type="checkbox"/> Community mobility <input type="checkbox"/> Financial management <input type="checkbox"/> Health management & maintenance <input type="checkbox"/> Home establishment & management <input type="checkbox"/> Meal preparation & clean up <input type="checkbox"/> Safety procedures & emergency responses <input type="checkbox"/> Shopping <p>Leisure</p> <input type="checkbox"/> Leisure exploration <input type="checkbox"/> Leisure participation <p>Preparatory Methods- preparation for purposeful & occupation-based activity</p> <input type="checkbox"/> Sensory-Stimulation <input type="checkbox"/> Physical agent modalities <input type="checkbox"/> Splinting <input type="checkbox"/> Exercise Examples:	<p>Education</p> <input type="checkbox"/> Formal education participation <input type="checkbox"/> Exploration of informal personal education needs or interests <input type="checkbox"/> Informal personal education participation <p>Work</p> <input type="checkbox"/> Employment interests & pursuits <input type="checkbox"/> Employment seeking and acquisition <input type="checkbox"/> Job performance <input type="checkbox"/> Retirement preparation & adjustment <input type="checkbox"/> Volunteer exploration / participation <p>Social Participation</p> <input type="checkbox"/> Community <input type="checkbox"/> Family <input type="checkbox"/> Peer/friend <p>Therapeutic Use-of-Self- describe</p> <p>Consultation Process- describe</p> <p>Education Process- describe</p>
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<p>Method of Intervention</p> <p>Direct Services/case load for entry-level OT</p> <input type="checkbox"/> One-to-one: <input type="checkbox"/> Small group(s): <input type="checkbox"/> Large group: <p>Discharge Outcomes of clients (% clients)</p> <input type="checkbox"/> Home <input type="checkbox"/> Another medical facility <input type="checkbox"/> Home Health	<p>Outcomes of Intervention *</p> <input type="checkbox"/> Occupational performance- improve &/ or enhance <input type="checkbox"/> Client Satisfaction <input type="checkbox"/> Role Competence <input type="checkbox"/> Adaptation <input type="checkbox"/> Health & Wellness <input type="checkbox"/> Prevention <input type="checkbox"/> Quality of Life <p>OT Intervention Approaches</p> <input type="checkbox"/> Create, promote (health promotion) <input type="checkbox"/> Establish, restore, remediation <input type="checkbox"/> Maintain <input type="checkbox"/> Modify, compensation, adaptation <input type="checkbox"/> Prevent, disability prevention	<p>Theory/ Frames of Reference/ Models of Practice</p> <input type="checkbox"/> Acquisitional <input type="checkbox"/> Biomechanical <input type="checkbox"/> Cognitive- Behavioral <input type="checkbox"/> Coping <input type="checkbox"/> Developmental <input type="checkbox"/> Ecology of Human Performance <input type="checkbox"/> Model of Human Occupation (MOHO) <input type="checkbox"/> Occupational Adaptation <input type="checkbox"/> Occupational Performance Model <input type="checkbox"/> Person/ Environment/ Occupation (P-E-O) <input type="checkbox"/> Person-Environment-Occupational Performance <input type="checkbox"/> Psychosocial <input type="checkbox"/> Rehabilitation frames of reference <input type="checkbox"/> Sensory Integration <input type="checkbox"/> Other (please list):
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Please list most common screenings and evaluations used in your setting:

Identify safety precautions important at your FW site

<input type="checkbox"/> Medications	<input type="checkbox"/> Swallowing/ choking risks
<input type="checkbox"/> Post-surgical (list procedures)	<input type="checkbox"/> Behavioral system/ privilege level (locked areas, grounds)
<input type="checkbox"/> Contact guard for ambulation	<input type="checkbox"/> Sharps count
<input type="checkbox"/> Fall risk	<input type="checkbox"/> 1:1 safety/ suicide precautions
<input type="checkbox"/> Other (describe):	

Please list how students should prepare for a FW II placement such as doing readings, learn specific evaluations and interventions used in your setting:

<p>Target caseload/ productivity for fieldwork students:</p> <p>Productivity % per 40 hour work week:</p> <p>Caseload expectation at end of FW:</p> <p>Productivity % per 8 hour day:</p> <p># Groups per day expectation at end of FW:</p>	<p>Documentation: Frequency/ Format (briefly describe) :</p> <p><input type="checkbox"/> Hand-written documentation:</p> <p><input type="checkbox"/> Computerized Medical Records:</p> <p>Time frame requirements to complete documentation:</p>
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<p>Administrative/ Management duties or responsibilities of the OT/ OTA student:</p> <p><input type="checkbox"/> Schedule own clients</p> <p><input type="checkbox"/> Supervision of others (Level I students, aides, OTA, volunteers)</p> <p><input type="checkbox"/> Budgeting</p> <p><input type="checkbox"/> Procuring supplies (shopping for cooking groups, client/ intervention related items)</p> <p><input type="checkbox"/> Participating in supply or environmental maintenance</p> <p><input type="checkbox"/> Other:</p>	<p>Student Assignments. Students will be expected to successfully complete:</p> <p><input type="checkbox"/> Research/ EBP/ Literature review</p> <p><input type="checkbox"/> In-service</p> <p><input type="checkbox"/> Case study</p> <p><input type="checkbox"/> Participate in in-services/ grand rounds</p> <p><input type="checkbox"/> Fieldwork Project (describe):</p> <p><input type="checkbox"/> Field visits/ rotations to other areas of service</p> <p><input type="checkbox"/> Observation of other units/ disciplines</p> <p><input type="checkbox"/> Other assignments (please list):</p>
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Student work schedule & outside study expected:	Other	Describe level of structure for student?	Describe level of supervisory support for student?
Schedule hrs/ week/ day:	Room provided <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> High	<input type="checkbox"/> High
Do students work weekends? <input type="checkbox"/> yes <input type="checkbox"/> no	Meals <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
Do students work evenings? <input type="checkbox"/> yes <input type="checkbox"/> no	Stipend amount:	<input type="checkbox"/> Low	<input type="checkbox"/> Low
Describe the FW environment/ atmosphere for student learning:			
Describe public transportation available:			

ACOTE Standards Documentation for Fieldwork (may be completed by AFWC interview of FW Educator)

1. The fieldwork agency must be in compliance with standards by external review bodies. Please identify external review agencies involved with this FW setting and year of accreditation (JCAHO, CARF, Department of Health, etc.). ACOTE on-site review

Name of Agency for External Review:

Year of most recent review:

Summary of outcomes of OT Department review:

2. Describe the fieldwork site agency stated mission or purpose (can be attached). *ACOTE Standards B.10.1, B.10.2, B.10.3, B.10.4, B.10.14, B.10.15*

3. OT Curriculum Design integrated with Fieldwork Site (insert key OT academic curricular themes here): *ACOTE Standards B.10.1, B.10.2, B.10.3, B.10.4, B.10.11, B.10.15*

- a. How are occupation-based needs evaluated and addressed in your OT program? How do you incorporate the client's 'meaningful' doing in this setting?
- b. Describe how you seek to include client-centered OT practice? How do clients participate in goal setting and intervention activities?
- c. Describe how psychosocial factors influence engagement in occupational therapy services?
- d. Describe how you address clients' community-based needs in your setting?

4. How do you incorporate evidence-based practice into interventions and decision-making? Are FW students encouraged to provide evidence for their practice? *ACOTE Standards B.10.1, B.10.3, B.10.4, B.10.11, B.10.15*

5. Please describe FW Program & how students fit into the program. Describe the progression of student supervision from novice to entry-level practitioner using direct supervision, co-treatment, monitoring, as well as regular formal and informal supervisory meetings. Describe the fieldwork objectives, weekly fieldwork expectations, and record keeping of supervisory sessions conducted with student. Please mail a copy of the FW student objectives, weekly expectations for the Level II FW placement, dress code, and copy of entry-level job description with essential job functions to the AFWC. *ACOTE Standards B10.2, B.10.3, B.10.5, B.10.7, B.10.13, B.10.19, B.10.20, b.10.21*

6. Please describe the background of supervisors (please attach list of practitioners who are FW Educators including academic program, degree, years of experience since initial certification, years of experience supervising students) *ACOTE Standards B.7.10, B10.12, B.10.17 (provide a template)*

7. Describe the training provided for OT staff for effective supervision of students (check all that apply). *ACOTE Standards B.7.10, B.10.1, B.10.3, B.10.12, B.10.13, B.10.17, B.10.18, B.10.19, B.10.20, B.10.21*

- Supervisory models

- Training on use of FW assessment tools (such as the AOTA Fieldwork Performance Evaluation- FWPE, Student Evaluation of Fieldwork Experience-SEFWE, and the Fieldwork Experience Assessment Tool-FEAT)

- Clinical reasoning

- Reflective practice

Comments:

8. Please describe the process for record keeping supervisory sessions with a student, and the student orientation process to the agency, OT services and the fieldwork experience. *ACOTE Standards B.7.10, B.10.1, B.10.3, B.10.12, B.10.13, B.10.17, B.10.18, B.10.19, B.10.20, B.10.21*

Supervisory patterns-Description (respond to all that apply)

- 1:1 Supervision Model:
- Multiple students supervised by one supervisor:
- Collaborative Supervision Model:
- Multiple supervisors share supervision of one student, # supervisors per student:
- Non-OT supervisors:

9. Describe funding and reimbursement sources and their impact on student supervision. *ACOTE Standards B.10.3, B.10.5, B.10.7, B.10.14, B.10.17, B.10.19*

Status/Tracking Information Sent to Facility

To be used by OT Academic Program

ACOTE Standards B.10.4, B.10.8, B.10.9, B.10.10

Date:

Which Documentation Does The Fieldwork Site Need?

- A Fieldwork Agreement/ Contract?

OR

- A Memorandum of Understanding?

Which FW Agreement will be used: OT Academic Program Fieldwork Agreement Fieldwork Site Agreement/ Contract

Title of Parent Corporation (if different from facility name):

Type of Business Organization (Corporation, partnership, sole proprietor, etc.):

State of Incorporation:

Fieldwork Site agreement negotiator:

Phone:

Email:

Address (if different from facility):

Street:

City:

State:

Zip:

Name of student:

Potential start date for fieldwork:

Any notation or changes that you want to include in the initial contact letter:

Information Status:

- New general facility letter sent:
- Level I Information Packet sent:
- Level II Information Packet sent:
- Mail contract with intro letter (sent):
- Confirmation sent:
- Model Behavioral Objectives:
- Week-by-Week Outline:
- Other Information:
- Database entry:
 - Facility Information:
 - Student fieldwork information:
- Make facility folder:
- Print facility sheet:

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