**AOTA FIELDWORK DATA FORM**

**Introduction:**

The primary purpose of the Fieldwork Data Form is to summarize information regarding the program at a fieldwork site. Occupational therapy (OT) and occupational therapy assistant (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: Domain and Process, 3rd Edition* (American Occupational Therapy Association [AOTA], 2014) terminology and best practice in occupational therapy to promote quality fieldwork experiences. The data gathering processes used in completion of this form entails a collaborative effort that facilitates communication between OT and OTA academic programs, students, and fieldwork educators. This form may be completed by the combined efforts of the fieldwork educator, the OT or OTA student assigned to the site for fieldwork, and/or the Academic Fieldwork Coordinator (AFWC) from the program. Fieldwork sites are encouraged to update the form annually and provide a copy to the educational program(s) where they have a current memorandum of understanding (MOU).

The secondary purpose of the Fieldwork Data Form is to document the connection between the curriculum design of a given OT or OTA educational program with its fieldwork component. The AFWC will use the data entered on the form to document fieldwork related Accreditation Council for Occupational Therapy (ACOTE) Standards (ACOTE, 2012). The standards are outlined in Section C of the 2011 ACOTE standards and are denoted on the form. Educational programs can revise the form to suit the needs of their respective fieldwork programs.

The Fieldwork Data Form was developed through the joint efforts of the Commission on Education (COE) and the 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:

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| --- | --- | --- | --- |
| **FW I** |  | **FW II** |  |
| **Contact Person:** | **Credentials:** | **Contact Person:** | **Credentials:** |
| **Phone:** **Email:** | | **Phone:** **Email:** | |

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| **Director:** | **Initiation Source:**  FW Office  FW Site  Student | **Corporate Status:**  For Profit  Nonprofit  State Gov’t  Federal Gov’t | **Preferred Sequence of FW:** *ACOTE Standards B.10.6*  Any  Second/Third only; First must be in:  Full-time only  Part-time option  Prefer full-time |
| **Phone:** |
| **Fax:** |
| **Website address:** |
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| **OT Fieldwork Practice Settings**: | |  |  |  |  |
| **Hospital-based settings** | **Community-based settings** | | **School-based settings** | **Age Groups:** | **Number of Staff:** |
| Inpatient Acute  Inpatient Rehab  SNF/Sub-Acute/Acute Long-Term Care  General Rehab Outpatient  Outpatient Hands  Pediatric Hospital/Unit  Pediatric Hospital Outpatient  Inpatient Psychiatric | Pediatric Community  Behavioral Health Community  Older Adult Community Living  Older Adult Day Program  Outpatient/hand private practice  Adult Day Program for DD  Home Health  Pediatric Outpatient Clinic | | Early Intervention  School  **Other area(s**)  Please specify: | 0–5  6–12  13–21  22–64  65+ | OTRs:  OTAs/COTAs:  Aides:  PT:  Speech:  Resource Teacher:  Counselor/Psychologist:  Other: |

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| **Student Prerequisites** (check all that apply)*ACOTE Standard C.1.2* | |  | Health requirements: |  |
| CPR  Medicare/Medicaid fraud check  Criminal background check  Child protection/abuse check  Adult abuse check  Fingerprinting | First aid  Infection control training  HIPAA training  Prof. liability ins.  Own transportation  Interview | | HepB  MMR  Tetanus  Chest x-ray  Drug screening  TB/Mantoux | Physical Check up  Varicella  Influenza  Please list any other requirements: |

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| **Please list how students should prepare for a FW II placement such as doing readings, learning specific evaluations and interventions used in your setting:** *ACOTE Standards C.1.2, C.1.11* |

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| **Student work schedule and outside study expected:** | **Other** | **Describe level of structure for student?** | **Describe level of supervisory support for student?** |
| Schedule hrs/week/day: | Room provided yes no | High | High |
| Do students work weekends? yes no | Meals yes no | Moderate | Moderate |
| Do students work evenings? yes no | Stipend amount: | Low | Low |
| **Describe the FW environment/atmosphere for student learning**: | | | |
| **Describe available public transportation:** | | | |

**Types of OT interventions addressed in this setting** (check all that apply):

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| **Occupations: Client-directed occupations that match and support identified participation level goals** (check all that apply):  *ACOTE Standards C.1.8, C.1.11, C.1.12* | | | | | |
| **Activities of Daily Living (ADL)** | **Instrumental Activities of Daily Living (IADL)** | | | **Education** | |
| Bathing/showering  Toileting and toilet hygiene  Dressing  Swallowing/eating  Feeding  Functional mobility  Personal device care  Personal hygiene and grooming  Sexual activity  **Rest and Sleep**  Rest  Sleep preparation  Sleep participation | Care of others/pets  Care of pets  Child rearing  Communication management  Driving and community mobility  Financial management  Health management and maintenance  Home establishment and management  Meal preparation and clean up  Religious / spiritual activities and expression  Safety and emergency maintenance  Shopping | | | Formal education participation  Informal personal education needs or interests exploration  Informal personal education participation | |
| **Work**  Employment interests and pursuits  Employment seeking and acquisition  Job performance  Retirement preparation and adjustment  Volunteer exploration  Volunteer participation | |
| **Play** | **Leisure** | | | **Social Participation** | |
| Play exploration  Play participation | Leisure exploration  Leisure participation | | | Community  Family  Peer/friend | |
| **Activities: Designed and selected to support the development of skills, performance patterns, roles, habits, and routines that enhance occupational engagement**  Practicing an activity  Simulation of activity  Role play  Examples: | **Preparatory Methods and Tasks**: **Methods, adaptations and techniques that prepare the client for occupational performance**  Preparatory tasks  Exercises  Physical agent modalities  Splinting  Assistive technology  Wheelchair mobility  Examples: | | | **Education**: describe  **Training**: describe  **Advocacy**: describe  **Group Interventions**: describe | |
| **Method of Intervention**  **Direct Services/Caseload for entry-level OT**  One-to-one:  Small group(s):  Large group:  **Discharge/Outcomes of Clients (% clients)**  Home  Another medical facility  Home health | **Outcomes of Intervention**  Occupational performance improvement and/or enhancement  Health and Wellness  Prevention  Quality of life  Role competence  Participation  **OT Intervention Approaches**  Create, promote health/habits  Establish, restore, remediate  Maintain  Modify, facilitate compensation, adaptation  Prevent disability | | | **Theory/Frames of Reference/Models of Practice**  Acquisitional  Biomechanical  Cognitive/Behavioral  Coping  Developmental  Ecology of Human Performance  Model of Human Occupation (MOHO)  Occupational Adaptation  Occupational Performance  Person-Environment-Occupation (PEO)  Person-Environment-Occupational Performance (PEOP)  Psychosocial  Rehabilitation frames of reference  Sensory Integration  Other (please list): |
| **Please list the most common screenings and evaluations used in your setting:** | | | | |
| **Identify safety precautions important at your FW site** | |  |  | | |
| Medications  Postsurgical (list procedures)  Contact guard for ambulation  Fall risk  Other (describe): | |  | Swallowing/choking risks  Behavioral system/ privilege level (locked areas, grounds)  Sharps count  1 to 1 safety/suicide precautions | | |

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| **Performance skills, patterns, contexts and client factors addressed in this setting** (check all that apply): *ACOTE Standard C. 1.12* | | |
| **Performance Skills**:  Motor skills  Process skills  Social interaction skills  **Performance Patterns:**  **Person:**  Habits  Routines  Rituals  Roles  **Group or Population:**  Habits  Routines  Rituals  Roles | **Client Factors:**  Values  Beliefs  Spirituality  Mental functions (affective, cognitive, perceptual)  Sensory functions  Neuromusculoskeletal and movement-related functions  Muscle functions  Movement functions  Cardiovascular, hematological, immunological, and respiratory system functions  Voice and speech functions; digestive, metabolic, and endocrine system functions;  Skin and related-structure functions | **Context(s):**  Cultural  Personal  Temporal  Virtual  **Environment:**  Physical  Social |

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| **Most common services priorities** (check all that apply): | |  |  |  |
| Direct service  Discharge planning  Evaluation | Meetings (team, department, family)  Client education  Intervention | | Consultation  In-service training | Billing  Documentation |

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| **Target caseload/productivity for fieldwork students:** | **Documentation: Frequency/Format** (briefly describe) : |
| Productivity ( %) per 40-hour work week:  Caseload expectation at end of FW:  Productivity (%) per 8-hour day:  Number groups per day expected at end of FW: | Handwritten documentation:  Computerized medical records:  Time frame requirements to complete documentation: |

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| **Administrative/Management Duties or Responsibilities of the OT/OTA Student:** | **Student Assignments. Students will be expected to successfully complete:** |
| Schedule own clients  Supervision of others (Level I students, aides, OTA, volunteers)  Budgeting  Procuring supplies (shopping for cooking groups, client/intervention-related items)  Participating in supply or environmental maintenance  Other: | Research/EBP/Literature review  In-service  Case study  In-service participation/grand rounds  Fieldwork project (describe):  Field visits/rotations to other areas of service  Observation of other units/disciplines  Other assignments (please list): |

**OPTIONAL DATA COLLECTION:**

The question includes in this section may be used by academic programs to demonstrate compliance with the Accreditation Council for Occupational Therapy Education (ACOTE) Standards documentation for fieldwork.

1. Please identify any external review agencies that accredit / recognize this FW setting and year of accreditation/ recognition. Examples: JCAHO, CARF, Department of Health, etc. .

**Agency for External Review**: (name)

**Year of most recent review**:

**Summary of outcomes of OT Department review**:

**Agency for External Review**: (name)

**Year of most recent review**:

**Summary of outcomes of OT Department review**:

**Agency for External Review**: (name)

**Year of most recent review**:

**Summary of outcomes of OT Department review**:

1. Describe the fieldwork site agency stated mission or purpose (can be attached).
2. OT Curriculum Design Integrated with Fieldwork Site (insert key OT academic curricular themes here) *ACOTE Standards C.1.2, C.1.3,C.1.7, C.1.8, C.1.11,C.1.12*
   1. How are occupation-based needs evaluated and addressed in your OT program??
   2. Describe how you seek to include client-centered OT practice. How do clients participate in goal setting and intervention activities?
   3. Describe how psychosocial factors influence engagement in occupational therapy services.
   4. Describe how you address clients’ community-based needs in your setting.
3. How do you incorporate evidence-based practice into interventions and decision making? Are FW students encouraged to provide evidence for their practice? *ACOTE Standards C.1.3, C.1.11*
4. Please describe the FW Program and how students fit into the program. Describe the progression of student supervision from novice to entry-level practitioner using direct supervision, co-treatment, and 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 an entry-level job description with essential job functions to the AFWC. *ACOTE Standards C.1.1, C.1.2, C.1.3, C.1.4, C.1.8, C.1.9*
5. Please describe the background of supervisors by attaching a list of practitioners who are FW educators including their academic program, degree, years of experience since initial certification, and years of experience supervising students) *ACOTE Standards C.1.9, C.1.14, C.1.17, C.1.19*
6. Describe the training provided for OT staff for effective supervision of students (check all that apply). *ACOTE Standards C.1.9, C.1.15, C.1.16*

Supervisory models

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

Clinical reasoning

Reflective practice

Comments:

1. Please describe the process for record keeping of supervisory sessions with a student, the student orientation process to the agency, OT services, and the fieldwork experience. *ACOTE Standards C.1.2, C.1.3, C.1.10*

**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; number of supervisors per student:

Non-OT supervisors:

1. Describe funding and reimbursement sources and their impact on student supervision.

**Status/Tracking Information Sent to Facility:**

Date:

*ACOTE Standard C.1.6*

**Which documentation does the fieldwork site need?**

Fieldwork Agreement/Contract?

**OR**

Memorandum of Understanding (MOU)?

**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** *ACOTE Standards C.1.1, C.1.2, C.1.3, C.1.8,*

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:

Revised 6/15/2015

Please list your current fieldwork supervisors. Thank you!

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| **Name** | **Academic program** | **Credentials** | **Years of experience** | **Years as a supervisor** |
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