

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.

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

Activities of Daily Living (ADL)

- Bathing/showering
- Bowel and bladder mgmt
- Dressing
- Eating
- Feeding
- Functional mobility
- Personal device care
- Personal hygiene & grooming
- Sexual activity
- Sleep/rest
- Toilet hygiene

Play

- Play exploration
- Play participation

Purposeful Activity- therapeutic context leading to occupation, practice in preparation for natural context

- Practicing an activity
- Simulation of activity
- Role Play

Examples: Childcare, Vocational, ADL, IADL, Gardening

Instrumental Activities of Daily Living (IADL)

- Care of others/pets
- Child rearing
- Communication device use
- Community mobility
- Financial management
- Health management & maintenance
- Home establishment & management
- Meal preparation & clean up
- Safety procedures & emergency responses
- Shopping

Leisure

- Leisure exploration
- Leisure participation

Preparatory Methods- preparation for purposeful & occupation-based activity

- Sensory-Stimulation
- Physical agent modalities
- Splinting
- Exercise

Examples: NMES, heat, ice, paraffin, Saeboflex, vibration, custom splint and cast fabrication

Education

- Formal education participation
- Exploration of informal personal education needs or interests
- Informal personal education participation

Work

- Employment interests & pursuits
- Employment seeking and acquisition
- Job performance
- Retirement preparation & adjustment
- Volunteer exploration / participation

Social Participation

- Community
- Family
- Peer/friend

Therapeutic Use-of-Self- describe

In this setting, it is imperative that therapists listen to, reach out to, and develop good rapport and trust with the patient to help motivate them and rise to the challenges they are faced with. Therapists must be flexible and able to adapt their approach to meet the individual needs of their patient.

Consultation Process- describe

NA

Education Process- describe

OT's provide education regarding ADL and IADL techniques, AE, energy conservation, joint protection, skin, environmental adaptations, safety, DME, diagnostic precautions, illness/injury/falls prevention, functional community re-entry, and family training

Method of Intervention

Direct Services/case load for entry-level OT

- One-to-one: 4-6
- Small group(s): 0-1
- Large group: 0-1

Discharge Outcomes of clients (% clients)

- Home
- Another medical facility
- Home Health

Outcomes of Intervention *

- Occupational performance- improve &/ or enhance
- Client Satisfaction
- Role Competence
- Adaptation
- Health & Wellness
- Prevention
- Quality of Life

OT Intervention Approaches

- Create, promote (health promotion)
- Establish, restore, remediation
- Maintain
- Modify, compensation, adaptation

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 Model
- Person/ Environment/ Occupation (P-E-O)
- Person-Environment-Occupational Performance
- Psychosocial
- Rehabilitation frames of reference
- Sensory Integration

	<input type="checkbox"/> Prevent, disability prevention	<input type="checkbox"/> Other (please list):		
<p>Please list most common screenings and evaluations used in your setting: FIM, ARAT (Action Research Arm) Test, Modified Ashworth, Care Tool, BIMS(Brief Interview for Mental Status), BiVABA (Brain Injury Visual Assessment for Adults), MOCA, ASIA</p>				
<p>Identify safety precautions important at your FW site</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Medications <input type="checkbox"/> Post-surgical (list procedures)hip/sternal/back precautions, WB and ROM precautions <input type="checkbox"/> Contact guard for ambulation <input type="checkbox"/> Fall risk <input type="checkbox"/> Other (describe): hand washing/infection control </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Swallowing/ choking risks <input type="checkbox"/> Behavioral system/ privilege level (locked areas, grounds) <input type="checkbox"/> Sharps count <input type="checkbox"/> 1:1 safety/ suicide precautions </td> </tr> </table>			<input type="checkbox"/> Medications <input type="checkbox"/> Post-surgical (list procedures)hip/sternal/back precautions, WB and ROM precautions <input type="checkbox"/> Contact guard for ambulation <input type="checkbox"/> Fall risk <input type="checkbox"/> Other (describe): hand washing/infection control	<input type="checkbox"/> Swallowing/ choking risks <input type="checkbox"/> Behavioral system/ privilege level (locked areas, grounds) <input type="checkbox"/> Sharps count <input type="checkbox"/> 1:1 safety/ suicide precautions
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<p>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> <p>Review anatomy, neuro, and pathology texts, physical disability texts that pertain to the population you are assigned to. Review rancho levels and brain anatomy and R/L CVA if you are assigned to TBI or Stroke. Spinal levels, innervations, and ASIA levels if assigned to SCI. If assigned to General Medicine, review fracture healing, amputations, hip, back, WB precautions. Additional reading on shoulder anatomy/pathology & mechanics, group process, and theory. Review standardized assessments used at this site.</p> <p>This is a VERY fast paced environment and it is highly recommended that you identify stress management and organizational styles that work best for you prior to arrival. Additionally, you should be aware of your learning style and have developed time management systems that work for you. Lastly, to be successful, it is important to be able to listen to feedback, incorporate it into your work flow, and give feedback.</p> <p>You can expect to have 1-3 hours of paperwork and planning outside of regular work hours. Be prepared to do preparatory work on the weekends to make your week smoother. It is important to have an outside support system in place during your time at Medstar NRH to better balance your work and leisure activities and to have support when it gets stressful.</p> <p>It is required to interview, (may be waived on an individual basis), for your fieldwork placement as we want to make sure this site is a good match. We recommend you plan to spend a day here, or at least a half day to observe the pace and types of patients you will work with as well as to meet with other students, staff, and the Fieldwork Coordinator for the interview and to ask questions.</p>				

<p>Target caseload/ productivity for fieldwork students:</p> <p>Productivity % per 40 hour work week: 5-6 hours/day on average per week</p> <p>Caseload expectation at end of FW: 4-6 patients</p> <p>Productivity % per 8 hour day: by the end you should be able to meet an average of 5.0-6.0 hours per day productivity.</p> <p># Groups per day expectation at end of FW: 1 for OT students, 1-2 for OTA students</p>	<p>Documentation: Frequency/ Format (briefly describe) :</p> <p><input checked="" type="checkbox"/> Hand-written documentation: Daily: students must complete daily activity plans to identify what they will be working on in individual and group sessions. Additionally, they will complete a onetime treatment plan for each patient. Equipment orders completed as needed.</p> <p><input checked="" type="checkbox"/> Computerized Medical Records: Daily treatment notes for each session, Weekly progress notes, Evaluations, LTG's STGs, daily billing, HEP's, and discharge summaries.</p> <p>Time frame requirements to complete documentation: Daily and weekly requirements: Evaluations due by day 3 of admission, standardized tests by day 4. Weekly progress notes due by 1:00 the day before team conference, daily treatment notes by the end of the day of treatment, discharge summaries due the day before discharge.</p>
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<p>Administrative/ Management duties or responsibilities of the OT/ OTA student:</p> <p><input checked="" 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 checked="" type="checkbox"/> Procuring supplies (shopping for cooking groups, client/ intervention related items)</p> <p><input checked="" 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 checked="" type="checkbox"/> Research/ EBP/ Literature review</p> <p><input checked="" type="checkbox"/> In-service (optional)</p> <p><input checked="" type="checkbox"/> Case study (optional)</p> <p><input checked="" type="checkbox"/> Participate in in-services/ grand rounds (required attendance)</p> <p><input checked="" type="checkbox"/> Fieldwork Project (describe):optional or per school requirement</p> <p><input checked="" type="checkbox"/> Field visits/ rotations to other areas of service as time permits</p> <p><input checked="" type="checkbox"/> Observation of other units/ disciplines</p> <p><input checked="" type="checkbox"/> Other assignments (please list):Videotape project (required)</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: 8 hrs/day Monday – Friday, 1-3 hours outside study may be needed	Room provided <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Meals <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> High <input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> High <input type="checkbox"/> Moderate
Do students work weekends? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no no (1 Saturday expected in exchange for a day off during the week)	Stipend amount: NA	<input type="checkbox"/> Low	<input type="checkbox"/> Low

Describe the FW environment/ atmosphere for student learning: Medstar NRH inpatient is a fast paced environment with abundant opportunities for learning, a strong emphasis on education, and mentorship. Medstar NRH is a teaching hospital, so education of clinicians is a priority. The OT staff is very willing to enhance student learning by acting as resources, offering co-treats, and answering questions as needed. We have a very structured student program. Students have a formal one hour meeting with their FWEd each week along with daily informal supervisory meetings as needed. Students will attend a weekly student seminar with the Clinical fieldwork coordinator to discuss issues of the week and to present on topics relevant to this setting and the OT profession in general. In addition, the FWEd's meet weekly with the Clinical fieldwork coordinator. Student weekly goals and stress levels are monitored weekly and discussed in the formal student/FWEd meeting. It is important before coming to NRH to evaluate and understand your learning style, have a system of time mgmt and organization, and have a support system in place to help with stress management. This is a fast paced fieldwork that requires a lot of flexibility, attention to detail, ability to multitask, and willingness to work outside of the normal workday. In return for the hard work you put in, you will get a wonderful experience with a supportive OT team.

Describe public transportation available: METRO (Brookland/CUA stop on red line or Columbia Heights on green line, free shuttle bus from metro to hospital), bus, taxi

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: TJC, CARF, DOH

Year of most recent review: TJC 2016, DOH 2016, CARF 2016

Summary of outcomes of OT Department review: not available, no recommendations

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*

The mission of the National Rehabilitation Hospital and the NRH Medical Rehabilitation Network is to serve the community as a regional and national leader in rehabilitation services through 5 major areas:

Quality patient care in inpatient, outpatient and day treatment programs

Rehabilitation research

Education and training of rehabilitation professionals and the community

Assistive technology that helps persons with disabilities live productive lives

Advocacy — working with persons with disabilities to communicate their needs to policymakers at the local, state and national levels.

Medstar NRH Values

Service - We strive to anticipate and meet the needs of our patients, physicians and co-workers.

Patient first - We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.

Integrity - We communicate openly and honestly, build trust and conduct ourselves according to the highest professionalism and integrity.

Respect - We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.

Innovation - We embrace change and work to improve all we do in a fiscally responsible manner.

Teamwork - System effectiveness is built on the collective strength and cultural diversity of everyone, working with open communication and mutual respect.

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? Our OT evaluation includes a subjective interview where pts are asked about their life roles, responsibilities, activities, and interests. We also ask our patients what their personal goals for occupational therapy are for this setting. The OT's in this setting work hard to incorporate functional, meaningful activity into treatment by using the patient's interests to guide sessions and address deficits.
 - b. Describe how you seek to include client-centered OT practice? How do clients participate in goal setting and intervention activities? All patients are evaluated by an OT to determine what meaningful and important roles are for them and what their specific long term goals are for their stay. Therapists meet individually with the patients during the evaluation period, and together discuss what goals are important for them and how they can be addressed in this setting. Each week, the therapist discusses their progress and works with them to set new short term goals for the upcoming week. The team discusses interdisciplinary team goals on a weekly basis.
 - c. Describe how psychosocial factors influence engagement in occupational therapy services? Psychosocial factors have a significant impact on occupational therapy services because they affect the patient's roles and responsibilities, interactions with family, friends, and healthcare providers, may interfere with or enhance their ability to focus on rehab goals, can affect their mood/motivation, factor into goal setting, and influence discharge planning. Many patients in the hospital setting experience depression, loss of control, and anxiety that can affect their participation in rehab. It is important to understand the vulnerability, emotions, and lack of privacy our pts experience.

- d. Describe how you address clients' community-based needs in your setting? Patients may be selected to participate in community outings, or may individually practice access to various stores and restaurants on campus as well as functional mobility outdoors and in community settings. OT's in this setting may also address access to public transportation, driving needs, work on pre-vocational skills, and assist in connecting patients with community support groups upon discharge.
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* Medstar NRH is a teaching hospital, and has a formal research department. Medstar employs OTs who establish research studies to contribute to the advancement of evidence based practice. The OT department has regular educational inservices, a neuro continuing education series and SCI education (once a month), Medical Grand Rounds (once a week), and workshops. It is looked upon favorably to attend as many of these educational opportunities as possible, but not mandatory. Our inpatient stroke team meets 1x/month for a Best Practices in Stroke meeting and we have an OT dept binder for EBP articles. Students are expected to contribute to the binder and are asked to choose some treatment ideas based on EBP.

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*

The fieldwork program at NRH is highly structured. There are clear objectives for the student program posted on our website and in our student manual on site. Students are also provided a copy of detailed weekly fieldwork objectives at the beginning of their affiliation. Students and their FWEd's review these objectives on a weekly basis and structure goals accordingly. Students and their FWEd's meet once weekly for a formal meeting to discuss progress, goals, strengths/areas to work on, and stress levels. They may meet more frequently as needed. Students also meet once weekly for a student meeting with other OT students and the Clinical Education coordinator to discuss stress levels, issues of the week, time management, and other issues related to the students' progress. During these meetings, students also take turns presenting topics relevant to their fieldwork, their professional development, the field of OT, and becoming an OT. Students receive close one on one supervision and co-treats in the beginning of their fieldwork, and progress to line of sight supervision as their confidence and competence in treatment develops. Students submit daily treatment plans for each treatment session. This allows them to have a concrete plan for treatment that has been reviewed and discussed as needed before implementing treatment with a patient. As students become more organized, comfortable, and independent with treatments and planning they may only be required to submit daily treatment plans for patients with conditions for which they are unfamiliar.

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) A basic list will be attached, however, it may change due to rate of turnover.
- 7.
8. 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* Fieldwork Educators mini course offered to all OT staff. Additionally, they meet prior to student's arrival with the Fieldwork Coordinator to prepare and then weekly during the fieldwork experience.

Supervisory models 1:1

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: FWEd's are offered a Fieldwork Educator's course given by Medstar NRH Inpatient OT dept. They are mentored weekly by the fieldwork coordinator and their direct supervisors. Fieldwork coordinator has completed the AOTA Fieldwork Educator Certificate Program

9. 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* All students are expected to attend our Hospital wide orientation, Traditions, in addition to a 2 week orientation process to the OT service. They will receive 15-20 inservices to give them the tools necessary to succeed here. Additionally they are invited to a HR luncheon to introduce them to the network and other students in the network as available. They will meet formally with their FWEd weekly where a tracking form will be filled out. This form will track their strengths, areas for improvement, discussion topics, and goals. They will also complete a stress analysis sheet weekly.

Supervisory patterns–Description (respond to all that apply)

- 1:1 Supervision Model: Fieldwork Educator will formally meet with student for 1 hour per week using a weekly supervision sheet that addresses strengths, areas for improvement, and goals. Additionally, student comes prepared with stress analysis sheet to review with FWEd. Informal supervision meetings occur daily.
- Multiple students supervised by one supervisor:
- Collaborative Supervision Model: All OT students meet with Clinical Fieldwork Coordinator in a weekly Student Seminar
- Multiple supervisors share supervision of one student, # supervisors per student:
- Non-OT supervisors:

10. 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* We are a not for profit hospital. Reimbursement sources include but are not limited to Medicare, Medicaid, Workers Comp, BCBS, Kaiser, Aetna, Cigna, and other HMO/PPO’s. For inpatient rehab, the insurance does not impact student supervision except to help them understand the benefits, reimbursement, and policies for each source. In the Outpatient setting, students here do not work with Medicare patients.

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): MedStar Health

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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