

## **AOTA FIELDWORK DATA FORM**

### **Introduction:**

The purpose of the Fieldwork Data Form is to facilitate communication between occupational therapy (OT) and academic programs, OT 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 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.

Note: the following AOTA Fieldwork Data Form is the most recent form available via AOTA. The form reflects the 2006 ACOTE standards.

## AOTA FIELDWORK DATA FORM

**Date:**

**Name of Facility:**

**Address: Street**

**City**

**State**

**Zip:**

<p><b><u>FW I</u></b></p> <p><b>Contact Person:</b> _____</p> <p><b>Credentials:</b> _____</p> <p><b>Phone:</b> _____</p> <p><b>E-mail:</b> _____</p>	<p><b><u>FW II</u></b></p> <p><b>Contact Person:</b> _____</p> <p><b>Credentials:</b> _____</p> <p><b>Phone:</b> _____</p> <p><b>E-mail:</b> _____</p>
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<p><b>Director:</b> _____</p> <p><b>Phone:</b> _____</p> <p><b>Fax:</b> _____</p> <p><b>Web site address:</b> _____</p>	<p><b>Initiation Source:</b></p> <p><input type="checkbox"/> FW Office</p> <p><input type="checkbox"/> FW Site</p> <p><input type="checkbox"/> Student</p>	<p><b>Corporate Status:</b></p> <p><input type="checkbox"/> For Profit</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> State Gov't</p> <p><input type="checkbox"/> Federal Gov't</p>	<p><b>Preferred Sequence of FW: ACOTE Standards B.10.6</b></p> <p><input type="checkbox"/> Any</p> <p><input type="checkbox"/> Second/Third only; 1<sup>st</sup> must be in:</p> <p>_____</p> <p><input type="checkbox"/> Full-time only    <input type="checkbox"/> Part-time option</p> <p><input type="checkbox"/> Prefer Full-time</p>
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**OT Fieldwork Practice Settings (ACOTE Form A #s noted) :**

<p><b>Hospital-based settings</b></p> <p><input type="checkbox"/> In-Patient Acute 1.1</p> <p><input type="checkbox"/> In-Patient Rehab 1.2</p> <p><input type="checkbox"/> SNF/ Sub-Acute/ Acute Long-Term Care 1.3</p> <p><input type="checkbox"/> General Rehab Outpatient 1.4</p> <p><input type="checkbox"/> Outpatient Hands 1.5</p> <p><input type="checkbox"/> Pediatric Hospital/Unit 1.6</p> <p><input type="checkbox"/> Peds Hospital Outpatient 1.7</p> <p><input type="checkbox"/> In-Patient Psych 1.8</p>	<p><b>Community-based settings</b></p> <p><input type="checkbox"/> Peds Community 2.1</p> <p><input type="checkbox"/> Behavioral Health Community 2.2</p> <p><input type="checkbox"/> Older Adult Community Living 2.3</p> <p><input type="checkbox"/> Older Adult Day Program 2.4</p> <p><input type="checkbox"/> Outpatient/hand private practice 2.5</p> <p><input type="checkbox"/> Adult Day Program for DD 2.6</p> <p><input type="checkbox"/> Home Health 2.7</p> <p><input type="checkbox"/> Peds Outpatient Clinic 2.8</p>	<p><b>School-based settings</b></p> <p><input type="checkbox"/> Early Intervention 3.1</p> <p><input type="checkbox"/> School 3.2</p> <p><b><u>Other area(s)</u></b> please specify:</p>	<p><b>Age Groups:</b></p> <p><input type="checkbox"/> 0-5</p> <p><input type="checkbox"/> 6-12</p> <p><input type="checkbox"/> 13-21</p> <p><input type="checkbox"/> 22-64</p> <p><input type="checkbox"/> 65+</p>	<p><b>Number of Staff:</b></p> <p>OTRs:</p> <p>COTAs:</p> <p>Aides:</p> <p>PT:</p> <p>Speech:</p> <p>Resource Teacher:</p> <p>Counselor/Psychologist:</p> <p>Other:</p>
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<p><b>Student Prerequisites (check all that apply)</b> <i>ACOTE Standard B.10.6</i></p> <p><input type="checkbox"/> CPR</p> <p><input type="checkbox"/> Medicare / Medicaid Fraud Check</p> <p><input type="checkbox"/> Criminal Background Check</p> <p><input type="checkbox"/> Child Protection/abuse check</p> <p><input type="checkbox"/> Adult abuse check</p> <p><input type="checkbox"/> Fingerprinting</p> <p><input type="checkbox"/> First Aid</p> <p><input type="checkbox"/> Infection Control training</p> <p><input type="checkbox"/> HIPAA Training</p> <p><input type="checkbox"/> Prof. Liability Ins.</p> <p><input type="checkbox"/> Own transportation</p> <p><input type="checkbox"/> Interview</p>	<p><b>Health requirements:</b></p> <p><input type="checkbox"/> HepB</p> <p><input type="checkbox"/> MMR</p> <p><input type="checkbox"/> Tetanus</p> <p><input type="checkbox"/> Chest x-ray</p> <p><input type="checkbox"/> Drug screening</p> <p><input type="checkbox"/> TB/Mantoux</p> <p><input type="checkbox"/> Physical Check up</p> <p><input type="checkbox"/> Varicella</p> <p><input type="checkbox"/> Influenza</p> <p>Please list any other requirements:</p>
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Performance skills, patterns, contexts and client factors addressed in this setting (check all that apply)		
<b>Performance Skills:</b> <b>Motor Skills</b> <input type="checkbox"/> Posture <input type="checkbox"/> Mobility <input type="checkbox"/> Coordination <input type="checkbox"/> Strength & effort <input type="checkbox"/> Energy <b>Process Skills</b> <input type="checkbox"/> Energy <input type="checkbox"/> Knowledge <input type="checkbox"/> Temporal organization <input type="checkbox"/> Organizing space & objects <input type="checkbox"/> Adaptation <b>Communication/ Interaction Skills</b> <input type="checkbox"/> Physicality- non verbal <input type="checkbox"/> Information exchange <input type="checkbox"/> Relations	<b>Client Factors:</b> <b>Body functions/structures</b> <input type="checkbox"/> Mental functions- affective <input type="checkbox"/> Mental functions-cognitive <input type="checkbox"/> Mental functions- perceptual <input type="checkbox"/> Sensory functions & pain <input type="checkbox"/> Voice & speech functions <input type="checkbox"/> Major organ systems: heart, lungs, blood, immune <input type="checkbox"/> Digestion/ metabolic/ endocrine systems <input type="checkbox"/> Reproductive functions <input type="checkbox"/> Neuromusculoskeletal & movement functions <input type="checkbox"/> Skin	<b>Context(s):</b> <input type="checkbox"/> Cultural- ethnic beliefs & values <input type="checkbox"/> Physical environment <input type="checkbox"/> Social Relationships <input type="checkbox"/> Personal- age, gender, etc. <input type="checkbox"/> Spiritual <input type="checkbox"/> Temporal- life stages, etc. <input type="checkbox"/> Virtual- simulation of env, chat room, etc. <b>Performance Patterns/Habits</b> <input type="checkbox"/> Impoverished habits <input type="checkbox"/> Useful habits <input type="checkbox"/> Dominating habits <input type="checkbox"/> <b>Routine sequences</b> <input type="checkbox"/> <b>Roles</b>

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

<b>Occupation-based activity- within client's own environmental context; based on their goals addressed in this setting (check all that apply):</b>		
*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		
<b>Activities of Daily Living (ADL)</b> <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  <b>Play</b> <input type="checkbox"/> Play exploration <input type="checkbox"/> Play participation	<b>Instrumental Activities of Daily Living (IADL)</b> <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 <b>Leisure</b> <input type="checkbox"/> Leisure exploration <input type="checkbox"/> Leisure participation	<b>Education</b> <input type="checkbox"/> Formal education participation <input type="checkbox"/> Exploration of informal personal education needs or interests <input type="checkbox"/> Informal personal education participation  <b>Work</b> <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  <b>Social Participation</b> <input type="checkbox"/> Community <input type="checkbox"/> Family <input type="checkbox"/> Peer/friend

<b>Purposeful Activity- therapeutic context leading to occupation, practice in preparation for natural context</b>	<b>Preparatory Methods- preparation for purposeful &amp; occupation-based activity</b>	<b>Therapeutic Use-of-Self-</b> describe
<input type="checkbox"/> Practicing an activity <input type="checkbox"/> Simulation of activity <input type="checkbox"/> Role Play	<input type="checkbox"/> Sensory-Stimulation <input type="checkbox"/> Physical agent modalities <input type="checkbox"/> Splinting <input type="checkbox"/> Exercise	<b>Consultation Process-</b> describe
Examples:	Examples:	<b>Education Process-</b> describe

<b>Method of Intervention</b> <b>Direct Services/case load for entry-level OT</b>	<b>Outcomes of Intervention *</b>	<b>Theory/ Frames of Reference/ Models of Practice</b>
<input type="checkbox"/> One-to-one: <input type="checkbox"/> Small group(s): <input type="checkbox"/> Large group:	<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	<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):
<b>Discharge Outcomes of clients (% clients)</b>	<b>OT Intervention Approaches</b>	
<input type="checkbox"/> Home <input type="checkbox"/> Another medical facility <input type="checkbox"/> Home Health	<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	

**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:**

<b>Target caseload/ productivity for fieldwork students:</b> Productivity % per 40 hour work week: Caseload expectation at end of FW: Productivity % per 8 hour day: # Groups per day expectation at end of FW:	<b>Documentation: Frequency/ Format (briefly describe) :</b> <input type="checkbox"/> Hand-written documentation: <input type="checkbox"/> Computerized Medical Records:  Time frame requirements to complete documentation:
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<b>Administrative/ Management duties or responsibilities of the OT/ OTA student:</b> <input type="checkbox"/> Schedule own clients <input type="checkbox"/> Supervision of others (Level I students, aides, OTA, volunteers) <input type="checkbox"/> Budgeting <input type="checkbox"/> Procuring supplies (shopping for cooking groups, client/ intervention related items) <input type="checkbox"/> Participating in supply or environmental maintenance <input type="checkbox"/> Other:	<b>Student Assignments. Students will be expected to successfully complete:</b> <input type="checkbox"/> Research/ EBP/ Literature review <input type="checkbox"/> In-service <input type="checkbox"/> Case study <input type="checkbox"/> Participate in in-services/ grand rounds <input type="checkbox"/> Fieldwork Project ( describe): <input type="checkbox"/> Field visits/ rotations to other areas of service <input type="checkbox"/> Observation of other units/ disciplines <input type="checkbox"/> Other assignments (please list):
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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)

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

