

## 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: \_\_\_\_\_

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

<b>Director:</b>	<b>Initiation Source:</b>	<b>Corporate Status:</b>	<b>Preferred Sequence of FW:</b> <small>ACOTE Standards B.10.6</small>
<b>Phone:</b>	<input type="checkbox"/> FW Office	<input type="checkbox"/> For Profit	<input type="checkbox"/> Any
<b>Fax:</b>	<input type="checkbox"/> FW Site	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Second/Third only; 1 <sup>st</sup> must be in:
<b>Web site address:</b>	<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) :**

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

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

**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 <b>Routine sequences</b> <input type="checkbox"/> Roles
---	---	--

**Most common services priorities (check all that apply)**

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

**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:

**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:

**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**

**Consultation Process- describe**

**Education Process- describe**

**Method of Intervention**

**Direct Services/case load 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- 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
- Prevent, disability prevention

**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
- Other (please list):

Please list most common screenings and evaluations used in your setting:

**Identify safety precautions important at your FW site**

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

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><b>Target caseload/ productivity for fieldwork students:</b></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><b>Documentation: Frequency/ Format</b> (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>
--	---

<p><b>Administrative/ Management duties or responsibilities of the OT/ OTA student:</b></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><b>Student Assignments. Students will be expected to successfully complete:</b></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>
--	--

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
<b>Describe the FW environment/ atmosphere for student learning:</b>			
<b>Describe public transportation available:</b>			