

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 practice.

AOTA FIELDWORK DATA FORM

Date:

Name of Facility:

Address: Street City State Zip:

<p><u>FW I</u></p> <p>Contact Person: Credentials:</p> <p>Phone: E-mail:</p>	<p><u>FW II</u></p> <p>Contact Person: Credentials:</p> <p>Phone: E-mail:</p>
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<p>Director:</p> <p>Phone:</p> <p>Fax:</p> <p>Web site address:</p>	<p>Initiation Source:</p> <p><input type="checkbox"/> FW Office</p> <p><input type="checkbox"/> FW Site</p> <p><input type="checkbox"/> Student</p>	<p>Corporate Status:</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>Preferred Sequence of FW: <small>ACOTESTandards B.10.6</small></p> <p><input type="checkbox"/> Any</p> <p><input type="checkbox"/> Second/Third only; 1st must be in:</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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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:

Hand-written documentation:

Computerized Medical Records:

Time frame requirements to

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 B.10.2, 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, B.10.12, B.10.13 (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 Mvi.0.12, B. f -0.004 Tl(p)5 (t)-40 -61 h S Q BT 9 0 0 9 62.28 161.28 Tm ()Tj ET EMC BT /Lbl <</MCID 32 >>BD

