

FIELDWORK DATA FORM

Prepared by:

FLORIDA OCCUPATIONAL THERAPY EDUCATIONAL CONSORTIUM (FLOTEC)



Date:

Name of Facility:

Address: City:

State: Zip:

Multiple Locations, please attach list

Title of Parent Corporation (if different from facility name):

Address (if different from facility):

City: State: Zip:

FW I

Contact person: Credentials:

Phone:

E-mail:

FW II

Contact person: Credentials:

Phone:

E-mail:

Director:

Phone:

Fax:

Web site address:

E-mail address:



Corporate Status:

- For Profit
- Non-Profit
- State Gov't
- Federal Gov't

Preferred Sequence of FW:

- Any
- Full-time only
- OTA Only
- 2nd / 3rd only (1st must be in.)
- Part-time option

Accreditation Bodies:

Year of last review:

OT Fieldwork Practice settings

(ACOTE Form A #s noted):

Hospital-based settings:

- In-Patient Acute 1.1
- In-Patient Rehab 1.2
- SNF/Sub-acute/Acute Longterm care 1.3
- General Rehab/Outpatient 1.4
- Outpatient Hands 1.5
- Pediatric Hospital/Unit 1.6
- Peds. Hospital Outpatient 1.7
- In-Patient Psych 1.8

Community-based settings

- Peds Community 2.1
- Behavioral Health Community 2.2
- Older Adult Community Living 2.3
- Older Adult Day Program 2.4
- Outpatient/hand private practice 2.5
- Adult Day Program for DD 2.6
- Home Health 2.7
- Peds Outpatient Clinic 2.8

School-based settings

- Early Intervention 3.1
- School 3.2

Age groups:

- 0-5
- 6-12
- 13-21
- 22-64
- 65+

Staff Composition:

- OTRs
- Aides
- PTs
- Nutritionist
- Teachers/Resource teachers
- Counselor/Psychologist
- Therapeutic Rec (CTRs)
- Expressive (art/music/movement)
- MD/Medical Residents
- Orthotics/Prosthetics
- Nursing Personnel
- CRC Vocational Counselor
- COTAs
- Social Workers
- Speech
- Case Managers

Other areas (specify):



Student Pre-requisite competencies:

- MMT
- Goniometry
- Interviewing techniques/skills
- Vital signs
- Transfers
- Wheelchair use/safety/positioning
- Group protocols/leadership

- Universal precautions
- Task/Activity analysis
- Other(describe):

Site Requirements for students (check all that apply):

- CPR
- BLS
- Health provider
- AED
- Medicare/Medicaid Fraud Check
- Criminal Background Check By College By Cite
- Residency (all states)
- National
- OIG (Off. Inspector Gen.)
- Child Protection/abuse Check
- Sexual Offense Record Inquiry
- Professional Liability Ins.

- Fingerprinting

- Interview
- Own transportation
- Certificate of Liability Insurance

Site established orientation: (describe)

- First Aid
- Infection Control Training
- HIPAA Training

- Hep B
- MMR
- Tetanus
- Chest Xray
- 2step PPD

- Drug Screen
- Physical
- Varicella titer
- Influenza immunization



Please list any other requirements:

Students will participate in (check all that apply)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Direct service | <input type="checkbox"/> Meetings (team, dept./family) | <input type="checkbox"/> In-service training | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> One-to-one | <input type="checkbox"/> Client/caregiver education | <input type="checkbox"/> Presenting | |
| <input type="checkbox"/> Small groups | <input type="checkbox"/> Discharge planning | <input type="checkbox"/> Attending | |
| <input type="checkbox"/> Large groups | <input type="checkbox"/> Consultation | <input type="checkbox"/> Billing | |
| <input type="checkbox"/> Evaluation/screening | | <input type="checkbox"/> Documentation | |

Identify safety precautions at FW site:

- | | |
|--|---|
| <input type="checkbox"/> Medications | <input type="checkbox"/> Sharps count |
| <input type="checkbox"/> Post-surgical (list procedures) | <input type="checkbox"/> 1:1 for safety |
| <input type="checkbox"/> Vital signs | <input type="checkbox"/> Suicide precautions |
| <input type="checkbox"/> Fall risk | <input type="checkbox"/> Behavioral system/privilege level (locked area, grounds) |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Lockdown/evacuation/fire |
| <input type="checkbox"/> Swallowing/choking risks | |

Target caseload/productivity at end of fieldwork:

- Productivity per day:
- Productivity per week:
- # groups per day:
- Case load:

Student work schedule

Hours required:

- Weekends required
- Evenings required
- Flex/Alternate schedules
- Describe:
- Outside study expected

Access to Public Transportation

Room provided: yes no

If yes, free at cost

Describe assistance provided (if any):

Meals: yes no for a fee

Stipend amount:



Administrative / Management duties or responsibilities of student

- Supervision of others (Level I students, aides, OTA, volunteers)
- Procuring supplies
- Other: _____

INTEGRATION OF CURRICULUM THEMES (ACADEMIC PREPARATION)

Please identify the <i>extent of opportunities</i> that students will have to incorporate the following themes in occupational therapy practice during the fieldwork experience	1= No opportunity 2 = Limited opportunities 3 = Some opportunities 4 = Many opportunities (with most clients) 5 = consistent opportunities (for all clients)				
	1	2	3	4	5
A. Client-Centered Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Occupation-Based Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Evidence-Based Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Leadership & Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Clinical Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check all that apply (below) to identify “supports” to practicing curricular themes above:

Supports for client-centered practice:

- A.1. Clients are routinely interviewed and goals documented
- A.2. Clients/family members/caregivers formally agree to the intervention plan
- A.3. Clients are provided with choices to direct the priorities of the intervention plan
- A.4. Other: (please describe)

Supports for occupation-based practice:

- B.1. The client is provided intervention in a natural environment [school-based, community outings (grocery shopping, using public transportation, entertainment, etc.), home care, home evaluation/visit, car transfers, etc.]
- B.2. The client is involved in active collaboration with practitioners to identify similarities and differences between the hospital/healthcare facility’s simulated environment and that of their residence/home
- B.3. The client and/or practitioner bring-in/provide authentic occupation-based activities as part of the intervention plan (cooking, playing games, musical instruments, arts & crafts, sports/fitness, etc.)

B.4. Other: (please describe) _____



Supports for evidence-based practice (EBP):

- C.1. Evidence-based practice is valued by the fieldwork and practitioners
- C.2. Clients/consumers inquire about research-proven options for interventions/OT services
- C.3. Time is allotted (each week) for staff development to address activities such as EBP
- C.4. In-services are offered on a regular basis to promote staff development and continued learning
- C.5. Internet access and access to online professional journals is available for searching and using EBP
- C.6. Other: (please describe)

Supports for leadership and advocacy:

- D.1. Leadership and advocacy is valued by the fieldwork facility and practitioners who serve as role models
- D.2. The facility's environment promotes leadership and advocacy
- D.3. Time is allotted for activities that promote leadership and advocacy
- D.4. Other: (please describe)

Supports for Assistive Technology:

- E.1. Offers opportunities to participate in the process of evaluating and prescribing assistive technology (including client education), training in the use of assistive technology devices and/or training clients in use of adaptive strategies (e.g., one handed dressing, joint protection, etc)
- E.2. Offers opportunities to participate in environmental assessments and/or adaptation. Other: (please describe)
- E.3. Other: (please describe)

Supports for Clinical Reasoning & Reflective Practice:

- F.1. Provided opportunity to assess knowledge & practice skills in simulated contexts (e.g. role plays, problem based case scenarios)
- F.2. Verbal prompts to probe reasoning in safe learning context (e.g. before, during, after sessions, in supervisory meetings)
- F.3. Written assignments to challenge assumptions, build use of narrative, enhance reflection (e.g. interactive journal, case study)
- F.4. Feedback re: growth in areas of clinical/professional reasoning (e.g., scientific/procedural, interactive, pragmatic, ethical, etc.) assessments and/or adaptation

Supervision Process

Nature and frequency of supervision meetings: Formal Informal

Frequency: Daily Weekly Other

Model of supervision utilized at your site:

1:1 Supervision Model Several Students: 1 Therapist (collaborative model)

Several therapists: 1 student

Supervisory Methods to promote reflective practice:

- Journaling Processing verbally Student Self Assessment/Self Appraisal (log/form)
- Written activity analysis Probing questions Written submission of intervention plans & rationale
- Other:



Describe record keeping of supervision sessions:

- Co-signed documentation of daily/weekly supervision
- Records kept when student not meeting expectations

- All informal/formal notes maintained by FW Educator

Other:

Please check off any training or resources that fieldwork educators at your site have available to support their role in supervision of students (e.g., print resources, continuing ed coursework, online materials, workshops, etc.)

- Site Specific Student objectives (please attach)
- Facility's Student manual
- Release time and/or reimbursement for continuing education
- AOTA Certificate in Fieldwork Education
- Training or in-service provided by FLOTEC or individual Academic Programs
- Use of online resources such as: AOTA (<http://www.aota/Educate/EdRes/Fieldwork/Supervisor.aspx>);
- FLOTEC (<http://www.floteceducation.org/>)
- Individual Academic Programs
- Mentoring opportunities (e.g., 1:1 or Group Format)



Facility Name:

Month/Year:

Occupational Therapy Staff Profile

ACOTE standards (B.10.17) require that students in traditional setting are supervised by a currently licensed or credentialed Occupational Therapy Practitioner who has a minimum of 1 year of practice experience subsequent to initial certification, and is adequately prepared to serve as a fieldwork educator. Students in a non-traditional setting have do not require an onsite credentialed Occupational Therapy Practitioner. In accordance with this, we ask that you complete the grid below and update it regularly, or as changes to your staff occur. Thank you in advance for your assistance with this!

Name and (OT/OTA)	Title	Degree	Year of Initial Cert/Lic
<input type="text"/>	<input type="checkbox"/> OT <input type="checkbox"/> OTA	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> OT <input type="checkbox"/> OTA	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> OT <input type="checkbox"/> OTA	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> OT <input type="checkbox"/> OTA	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="checkbox"/> OT <input type="checkbox"/> OTA	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> OT <input type="checkbox"/> OTA	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> OT <input type="checkbox"/> OTA	<input type="text"/>	<input type="text"/>

SUPPLEMENTAL INFORMATION ~ please attach any of the following if you have them available or if they have changed

- Literature/pamphlets on programs and services offered
- Student Manual
- Job description for entry-level occupational therapy personnel
- Mission statement
- Facility Policies & Procedures (e.g. HIPAA)

Thank you!!

