## **Introduction:**

The primary purpose of the Fieldwork Data Form is to summarize information regarding the program at a fieldwork site. Occupational therapy (OT) and occupational therapy assistant (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: Domain and Process, 3rd Edition* (American Occupational Therapy Association [AOTA], 2014) terminology and best practice in occupational therapy to promote quality fieldwork experiences. The data gathering processes used in completion of this form entails a collaborative effort that facilitates communication between OT and OTA academic programs, students, and fieldwork educators. This form may be completed by the combined efforts of the fieldwork educator, the OT or OTA student assigned to the site for fieldwork, and/or the Academic Fieldwork Coordinator (AFWC) from the program. Fieldwork sites are encouraged to update the form annually and provide a copy to the educational program(s) where they have a current memorandum of understanding (MOU).

The secondary purpose of the Fieldwork Data Form is to document the connection between the curriculum design of a given OT or OTA educational program with its fieldwork component. The AFWC will use the data entered on the form to document fieldwork related Accreditation Council for Occupational Therapy (ACOTE) Standards (ACOTE, 2012). The standards are outlined in Section C of the 2011 ACOTE standards and are denoted on the form. Educational programs can revise the form to suit the needs of their respective fieldwork programs.

The Fieldwork Data Form was developed through the joint efforts of the Commission on Education (COE) and the Education Special Interest Section (EDSIS) Fieldwork Subsection with input from many dedicated AFWCs and fieldwork educators.



# AOTA FIELDWORK DATA FORM

| Date: 7/25/2024<br>Name of Facility: Erlanger Hospital   |  |  |  |                        |   |
|--|--|--|--|------------------------|---|
| Address: Street: 975 East 3rd St   | Cit  | y: Chattanooga   | State: TNZip: 37403  |                        |   |
| FWI  |  |  | FW II  |                        |   |
| FW I           Contact Person: Erin (Brooke) Holland         Credentials:           OTD,OTR/L,SCCE   |  |  | Contact Person: Erin (Brooke) Holland Credentials:<br>OTD,OTR/L,   |                        |   |
| Phone: 423-778-7916 Emai   |  | l@erlanger.org   | Phone: 423-778-7916  | Email: Erin.Ho         | olland@erlanger.org   |
| Director: Lori JurczakInitiation Source:Phone: 423-778-7916x FW OfficeFax:□ FW SiteWebsite address:□ Student   |  | Corporate Status:<br>☐ For Profit<br>X Nonprofit<br>☐ State Gov't<br>☐ Federal Gov't                           | ☐ Any<br>x Second/Third only; First must be in:<br>☐ Full-time only x Part-time option   |                        |   |
| OT Fieldwork Practice Settings:  |  |  |  |                        |   |
| Hospital-based settings<br>x Inpatient Acute<br>Inpatient Rehab<br>SNF/Sub-Acute/Acute Long-<br>Term Care<br>General Rehab Outpatient<br>Outpatient Hands<br>Pediatric Hospital/Unit<br>Pediatric Hospital Outpatient<br>Inpatient Psychiatric   | <ul> <li>Older Adult</li> <li>Older Adult</li> <li>Outpatient/h</li> </ul> | ommunity<br>Health Community<br>Community Living<br>Day Program<br>and private practice<br>Program for DD<br>h | School-based settin  | Groups:                | Number of Staff:<br>OTRs: 19<br>OTAs/COTAs: 4<br>Aides:<br>PT: 30<br>Speech: 10<br>Resource Teacher:<br>Counselor/Psychologist:<br>Other: |
| Student Prerequisites (check all that apply)ACOTE Standard C.1.2         x CPR       First aid         Medicare/Medicaid fraud check       Infection control         x Criminal background check       training         Child protection/abuse check       X HIPAA training         Adult abuse check       x Prof. liability ins.         Fingerprinting       X Own transportation         Interview |  | Health requirements:<br>X HepB<br>x MMR<br>x Tetanus<br>Chest x-ray<br>x Drug screening<br>x TB/Mantoux        | □Physical Check up<br>x Varicella<br>x Influenza<br>Please list any other requirements:<br>OSHA/TOSHA N95 respirator fit-<br>testing |                        |   |
| Please list how students should pr<br>your setting: ACOTE Standards C.1.2, C.1.11<br>Review: ROM/MMT, NIH, GCS,  | _  | -  |  | g specific evaluations | and interventions used in   |
| Student work schedule and outsic study expected:   | le Other   |  | Describe level of struc student?   |                        | level of supervisory<br>for student?  |
| Schedule hrs/week/day: ~40 hours/week Room   |  | provided □yes x no   | x High   | x High                 |   |
| Do students work weekends? x yes $\Box$ no Meals $\Box$ yes x no   |  | □ Moderate   | □ Moderate   |                        |   |
| Do students work evenings? x yes □no Stipend amount: N/A   |  | Low  |  |                        |   |
| Describe the FW environment/att<br>populations. Staff/students must<br>Describe available public transpo   | demonstrate g  | ood clinical reasoning   | g/problem solving, time m  |                        |   |
|  |  |  | -  |                        |   |



### Types of OT interventions addressed in this setting (check all that apply):

| <b>Occupations:</b> Client-directed occupat<br>ACOTE Standards C.1.8, C.1.11, C.1.12   | tions that match and support identified participation  | on level goals (check all that apply):   |
|--|--|--|
| Activities of Daily Living (ADL)   | Instrumental Activities of Daily Living (IADL)   | Education  |
| x Bathing/showering<br>x Toileting and toilet hygiene<br>x Dressing<br>x Swallowing/eating<br>x Feeding  | <ul> <li>Care of others/pets</li> <li>Care of pets</li> <li>Child rearing</li> <li>Communication management</li> <li>Driving and community mobility</li> </ul>   | <ul> <li>Formal education participation</li> <li>Informal personal education needs or interests<br/>exploration</li> <li>Informal personal education participation</li> </ul>  |
| <ul> <li>x Functional mobility</li> <li>x Personal device care</li> <li>x Personal hygiene and grooming</li> <li>Sexual activity</li> </ul> <b>Rest and Sleep</b> <ul> <li>Rest</li> <li>Sleep preparation</li> <li>Sleep participation</li> </ul> | <ul> <li>Financial management</li> <li>Health management and maintenance</li> <li>Home establishment and management</li> <li>Meal preparation and clean up</li> <li>Religious / spiritual activities and expression</li> <li>Safety and emergency maintenance</li> <li>Shopping</li> </ul> | Work  Employment interests and pursuits Employment seeking and acquisition Job performance Retirement preparation and adjustment Volunteer exploration Volunteer participation |
|  | Leisure  | Social Participation   |
| Play<br>☐ Play exploration<br>☐ Play participation   | □ Leisure exploration<br>□ Leisure participation   | □ Community<br>□ Family<br>□ Peer/friend   |
| Activities: Designed and selected to<br>support the development of skills,<br>performance patterns, roles, habits,<br>and routines that enhance  | <b>Preparatory Methods and Tasks: Methods,</b><br>adaptations and techniques that prepare the<br>client for occupational performance<br>x Preparatory tasks  | <b>Education</b> : Patient, family, & caregiver education & HEP  |
| occupational engagement<br>x Practicing an activity  | x Exercises  | Training: describe   |
| x Simulation of activity   | Physical agent modalities x Splinting  | Advocacy: describe   |
| □ Role play<br>Examples:   | <ul> <li>Assistive technology</li> <li>Wheelchair mobility</li> <li>Examples:</li> </ul>   | Group Interventions: describe  |
| Method of Intervention   | Outcomes of Intervention   | Theory/Frames of Reference/Models of Practice  |
| <b>Direct Services/Caseload for entry-</b><br><b>level OT</b><br>x One-to-one: 4-6 patients/day  | x Occupational performance improvement and/or<br>enhancement<br>x Health and Wellness  | □ Acquisitioned<br>x Biomechanical<br>x Cognitive/Behavioral   |
| □ Small group(s):  | x Prevention   |  |
| □ Large group:   | x Quality of life  | <ul> <li>Developmental</li> <li>Ecology of Human Performance</li> </ul>  |
| Discharge (Orteorne of Clients (0/   | x Role competence<br>x Participation   | x Model of Human Occupation (MOHO)   |
| Discharge/Outcomes of Clients (% clients)  | x Participation  | x Occupational Adaptation  |
| x Home   |  | x Occupational Performance   |
| x Another medical facility   | OT Intervention Approaches   | x Person-Environment-Occupation (PEO)  |
| x Home health  | x Create, promote health/habits  | x Person-Environment-Occupational Performance  |
|  | x Establish, restore, remediate  | (PEOP)   |
|  | x Maintain   | □Psychosocial  |
|  | x Modify, facilitate compensation, adaptation  | x Rehabilitation frames of reference   |
|  | x Prevent disability   | x Sensory Integration  |
|  |  | □Other (please list):  |

Identify safety precautions important at your FW site



x Medications

- x Postsurgical (list procedures) x Contact guard for ambulation x Fall risk

□ Other (describe):

x Swallowing/choking risks
Behavioral system/ privilege level (locked areas, grounds)
Sharps count
x 1 to 1 safety/suicide precautions

| Performance Skills:         | Client Factors:  | Context(s):  |
|-----------------------------|--|--------------|
| x Motor skills              | x Values   | x Cultural   |
| x Process skills            | x Beliefs  | x Personal   |
| x Social interaction skills | x Spirituality   | x Temporal   |
|                             | x Mental functions (affective, cognitive, perceptual)  | □ Virtual    |
| Performance Patterns:       | x Sensory functions                                    | Environment: |
| Person:                     | x Neuromusculoskeletal and movement-related            | x Physical   |
| x Habits                    | functions  | x Social     |
| x Routines                  | x Muscle functions                                     |              |
| x Rituals                   | x Movement functions                                   |              |
| x Roles                     | x Cardiovascular, hematological, immunological, and    |              |
|                             | respiratory system functions                           |              |
| Group or Population:        | □Voice and speech functions; digestive, metabolic, and |              |
| □ Habits                    | endocrine system functions;                            |              |
| □ Routines                  | □ Skin and related-structure functions                 |              |
| □ Rituals                   |  |              |
| □ Roles                     |  |              |

| Most common services prior   | ities (check all that apply):         |  |                 |  |
|--|---------------------------------------|--|-----------------|--|
| x Direct service   | x Meetings (team, department, family) | x Consultation   | x Billing       |  |
| x Discharge planning   | x Client education                    | □ In-service training  | x Documentation |  |
| x Evaluation   | x Intervention                        |  |                 |  |
|  |                                       |  |                 |  |
| Target caseload/productivity                                       | for fieldwork students:               | Documentation: Frequency/Format (briefly describe) :                             |                 |  |
| Productivity (%) per 40-hour work week: 90%                        |                                       | □ Handwritten documentation: N/A   |                 |  |
| Caseload expectation at end of FW: 4-6 patients/day                |                                       | □ Computerized medical records: electronic records are utilized 100% of the time |                 |  |
| Productivity (%) per 8-hour day: 90%                               |                                       | Time frame requirements to complete documentation: at time of visit              |                 |  |
| Number groups per day expect                                       | ed at end of FW: 0                    |  |                 |  |
|  |                                       |  |                 |  |
|  | Duties or Responsibilities of the     | Student Assignments. Students will be expected to successfully                   |                 |  |
| OT/OTA Student:  |                                       | complete:  |                 |  |
| x Schedule own clients   |                                       | □ Research/EBP/Literature review   |                 |  |
| □ Supervision of others (Level I students, aides, OTA, volunteers) |                                       | □ In-service   |                 |  |
| □ Budgeting  |                                       | □ Case study   |                 |  |
| □ Procuring supplies (shopping for cooking groups,                 |                                       | □ In-service participation/grand rounds  |                 |  |
| client/intervention-related i                                      | tems)                                 | x Fieldwork project (describe): TBD by clini                                     | cal supervisor  |  |
| □ Participating in supply or environmental maintenance             |                                       | □ Field visits/rotations to other areas of service                               |                 |  |
| □ Other:   |                                       | x Observation of other units/disciplines   |                 |  |
|  |                                       | □ Other assignments (please list):   |                 |  |
|  |                                       |  |                 |  |





### **OPTIONAL DATA COLLECTION:**

The question includes in this section may be used by academic programs to demonstrate compliance with the Accreditation Council for Occupational Therapy Education (ACOTE) Standards documentation for fieldwork.

1. Please identify any external review agencies that accredit / recognize this FW setting and year of accreditation/ recognition. Examples: JCAHO, CARF, Department of Health, etc. .

Agency for External Review: DNV Year of most recent review: 2024 Summary of outcomes of OT Department review: no deficiencies other than need to complete OT evaluations within 24 hours of receiving order.

Agency for External Review: (name) Year of most recent review: Summary of outcomes of OT Department review:

Agency for External Review: (name) 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). Erlanger Hospital Mission: We compassionately care for people. Erlanger Hospital Vision: Erlanger is a nationally-acclaimed health system anchored by a leading academic medical center. As such we will deliver the highest quality, to diverse populations, at the lowest cost, through personalized patient experiences across all patient access points. Through innovation and growth, we will sustain our success and spark economic development across the Chattanooga region.
- **3.** OT Curriculum Design Integrated with Fieldwork Site (insert key OT academic curricular themes here) *ACOTE Standards C.1.2, C.1.3, C.1.7, C.1.8, C.1.11, C.1.12* a. How are occupation-based needs evaluated and addressed in your OT program??
  - Our initial evaluation entails a full assessment of the pt's performance with ADL's and functional / community mobility.
  - b. Describe how you seek to include client-centered OT practice. How do clients participate in goal setting and intervention activities? Pt's are asked what they would like to accomplish through OT, what the pt views as his/her strengths and weakness. Pts are included in the intervention process by providing treatments which are functionally relevant and meaningful to the individual.
  - c. Describe how psychosocial factors influence engagement in occupational therapy services.

Many of our pts come to us after a critical illness or traumatic event (eg fall or accident), both of which have significant psychosocial impacts on our pts. This impact can manifest in therapy as decreased motivation/participation and as anxiety/fear. Therapeutic use of self is critical in developing a relationship with the pt to foster a therapeutic environment which will allow the pt to reach his or her maximum rehab potential/ level of functioning.

- Describe how you address clients' community-based needs in your setting.
   Community needs are typically addressed on an individual basis and in accordance with the pt wishes.
- 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 C.1.3, C.1.11*

EBP is primarily used for effective interventions related to improved UE function & fall prevention. Students are encouraged to incorporate EBP into both their daily treatment sessions and the evaluation process



5. Please describe the FW Program and how students fit into the program. Describe the progression of student supervision from novice to entrylevel practitioner using direct supervision, co-treatment, and 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 an entry-level job description with essential job functions to the AFWC. *ACOTE Standards C.1.1, C.1.2, C.1.3, C.1.4, C.1.8, C.1.9* 

Description: Erlanger is a level 1 trauma hospital serving adult acute care patients. Students can anticipate seeing a wide variety of diagnoses, including but not limited to orthopedic conditions, neurological conditions, cardiac conditions, & general medical illnesses. *Supervision:* Initially direct 1:1 supervision, progressing to less direct supervision as student's independence and competence progresses (as recommended by AOTA). Weekly meeting with supervisor to discuss progress, identify strengths, and provide constructive feedback. Dress code: Name badge, pewter grey scrubs, & closed toed shoes.

- 6. Please describe the background of supervisors by attaching a list of practitioners who are FW educators including their academic program, degree, years of experience since initial certification, and years of experience supervising students) *ACOTE Standards C.1.9, C.1.14, C.1.17, C.1.19* Refer to Erlanger Hospital site staff information form.
- 7. Describe the training provided for OT staff for effective supervision of students (check all that apply). ACOTE Standards C.1.9, C.1.15, C.1.16

#### x Supervisory models

- □ Training on use of FW assessment tools (such as the AOTA Fieldwork Performance Evaluation–FWPE, the Student Evaluation of Fieldwork Experience–SEFWE, and the Fieldwork Experience Assessment Tool–FEAT)
- x Clinical reasoning
- x Reflective practice
- Comments:
- 8. Please describe the process for record keeping of supervisory sessions with a student, the student orientation process to the agency, OT services, and the fieldwork experience. *ACOTE Standards C.1.2, C.1.3, C.1.10*

#### Supervisory Patterns-Description (respond to all that apply)

x 1:1 Supervision model:
Multiple students supervised by one supervisor:
x Collaborative supervision model:
x Multiple supervisors share supervision of one student; number of supervisors per student: 2
Non-OT supervisors:

**9.** Describe funding and reimbursement sources and their impact on student supervision. Medicare Part A & B patients, private insurance, & indigent patients.

### STATUS/TRACKING INFORMATION SENT TO FACILITY:

#### Date:

ACOTE Standard C.1.6 Which documentation does the fieldwork site need?

□ Fieldwork Agreement/Contract?

OR

☐ Memorandum of Understanding (MOU)?

Which FW Agreement will be used?: D OT Academic Program Fieldwork Agreement D Fieldwork Site Agreement/ Contract

Title of parent corporation (if different from facility name):

Type of business organization (Corporation, partnership, sole proprietor, etc.):



Revised 3/26/2025

| State | of i | ncorp | oration: |
|-------|------|-------|----------|
|-------|------|-------|----------|

Week-by-week outline:
Other information:
Database entry:
Facility information:

Make facility folder:Print facility sheet:

□ Student fieldwork information:

| Fieldwork site agreement                 | negotiator:   | Phone: | Email: |  |  |
|--|---|--------|--------|--|--|
| Address (if different from f             | acility):   |        |        |  |  |
| Street:                                  | City:   | State: | Zip:   |  |  |
| Name of student:                         | Potential start date for fiel   | dwork: |        |  |  |
| Any notation or changes that             | Any notation or changes that you want to include in the initial contact letter: |        |        |  |  |
|  |   |        |        |  |  |
| Information Status ACOTE SI              | andards C.1.1, C.1.2, C.1.3, C.1.8,   |        |        |  |  |
| □ New general facility letter sent:      |   |        |        |  |  |
| □ Level I Information Packet sent:       |   |        |        |  |  |
| □ Level II Information Packet sent:      |   |        |        |  |  |
| ☐Mail contract with intro letter (sent): |   |        |        |  |  |
| □ Confirmation s                         |   |        |        |  |  |
| ☐ Model behavioral objectives:           |   |        |        |  |  |