

## AOTA FIELDWORK DATA FORM

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### **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:** May 2021

**Name of Facility:** Johns Hopkins Hospital

**Address: Street:** Meyer 2-109, 1800 Orleans Street

**City:** Baltimore

**State:** MD

**Zip:** 21287

<p><b><u>FW I</u></b>  <b>Contact Person:</b> Sarah Hodgson      <b>Credentials:</b> MS, OTR/L  <b>Phone:</b> 443-287-9270      <b>Email:</b> swill211@jh.edu</p>	<p><b><u>FW II</u></b>  <b>Contact Person:</b> Sarah Hodgson      <b>Credentials:</b> MS, OTR/L  <b>Phone:</b> 443-287-9270      <b>Email:</b> swill211@jh.edu</p>
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<p><b>Director:</b> Terry McGee, PT, DSc, OCS, FAAOMPT  <b>Phone:</b> 410-583-2665  <b>Fax:</b> 410 – 955 - 7885  <b>Website address:</b>  <a href="http://www.hopkinsmedicine.org/rehab">www.hopkinsmedicine.org/rehab</a></p>	<p><b>Initiation Source:</b>  <input type="checkbox"/> FW Office  <input checked="" type="checkbox"/> FW Site  <input type="checkbox"/> Student</p>	<p><b>Corporate Status:</b>  <input type="checkbox"/> For Profit  <input checked="" type="checkbox"/> Nonprofit  <input type="checkbox"/> State Gov't  <input type="checkbox"/> Federal Gov't</p>	<p><b>Preferred Sequence of FW:</b> <i>ACOTE Standards B.10.6</i>  <input type="checkbox"/> Any  <input checked="" type="checkbox"/> Second/Third only;  <input checked="" type="checkbox"/> Full-time only    <input checked="" type="checkbox"/> Part-time option  <input checked="" type="checkbox"/> Prefer full-time</p>
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<b>OT Fieldwork Practice Settings:</b>				
<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 checked="" type="checkbox"/> Inpatient Acute <input checked="" type="checkbox"/> Inpatient Rehab <input type="checkbox"/> SNF/Sub-Acute/Acute Long-Term Care <input checked="" type="checkbox"/> General Rehab Outpatient <input checked="" type="checkbox"/> Outpatient Hands <input checked="" type="checkbox"/> Pediatric Hospital/Unit <input checked="" type="checkbox"/> Pediatric Hospital Outpatient <input checked="" type="checkbox"/> Inpatient Psychiatric	<input type="checkbox"/> Pediatric Community <input type="checkbox"/> Behavioral Health Community <input type="checkbox"/> Older Adult Community Living <input type="checkbox"/> Older Adult Day Program <input type="checkbox"/> Outpatient/hand private practice <input type="checkbox"/> Adult Day Program for DD <input type="checkbox"/> Home Health <input type="checkbox"/> Pediatric Outpatient Clinic	<input type="checkbox"/> Early Intervention <input type="checkbox"/> School  <b>Other area(s)</b> Please specify: <b>PHP Psychiatry</b> <b>Child/Adolescent Psychiatry</b>	<input checked="" type="checkbox"/> 0–5 <input checked="" type="checkbox"/> 6–12 <input checked="" type="checkbox"/> 13–21 <input checked="" type="checkbox"/> 22–64 <input checked="" type="checkbox"/> 65+	OTRs: 65 OTAs/COTAs: 4 Aides: 20 PT: 143 Speech: 25 Resource Teacher: n/a Counselor/Psychologist: n/a Other: Rec Therapist (1)

<p><b>Student Prerequisites</b> (check all that apply) <i>ACOTE Standard C.1.2</i></p> <input checked="" type="checkbox"/> CPR <input type="checkbox"/> Medicare/Medicaid fraud check <input checked="" type="checkbox"/> Criminal background check <input type="checkbox"/> Child protection/abuse check <input type="checkbox"/> Adult abuse check <input type="checkbox"/> Fingerprinting	<input type="checkbox"/> First aid <input checked="" type="checkbox"/> Infection control training <input type="checkbox"/> HIPAA training <input checked="" type="checkbox"/> Prof. liability ins. <input type="checkbox"/> Own transportation <input type="checkbox"/> Interview	<p><b>Health requirements:</b></p> <input checked="" type="checkbox"/> HepB <input checked="" type="checkbox"/> MMR <input type="checkbox"/> Tetanus <input checked="" type="checkbox"/> Chest x-ray (If TB+) <input type="checkbox"/> Drug screening <input checked="" type="checkbox"/> TB/Mantoux – <b>within 1 year of start date</b>	<input type="checkbox"/> Physical Check up <input type="checkbox"/> Varicella <input checked="" type="checkbox"/> Influenza ( <b>seasonal</b> )  Please list any other requirements:
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**Please list how students should prepare for a FW II placement such as doing readings, learning specific evaluations and interventions used in your setting:** *ACOTE Standards C.1.2, C.1.11*

Preparatory outlines are mailed out prior to affiliation and are specific to service assigned. Additional readings appropriate to a specific clinical service will be provided once the student arrives on site.

<b>Student work schedule and outside study expected:</b>	<b>Other</b>	<b>Describe level of structure for student?</b>	<b>Describe level of supervisory support for student?</b>
Schedule hrs/week/day: 40-50 hours/week	Room provided <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> High	<input checked="" type="checkbox"/> High
Do students work weekends? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Meals <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
(*Dependent on supervisor schedule)	Stipend amount: <b>None</b>	<input type="checkbox"/> Low	<input type="checkbox"/> Low
Do students work evenings? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no			

**Describe the FW environment/atmosphere for student learning:** Fast-paced, semi-structured environment working with multidisciplinary treatment team of therapists, physicians, residents, nurses, social workers, etc. We are a teaching hospital so educational opportunities exist at various levels. Attendance at daily team rounds may be expected dependent on service. Informal supervision on daily basis and formal weekly supervisory session mandatory. Weekly clinical support group facilitated by Fieldwork Coordinator. Department orientation provided.

**Describe available public transportation:** : We are a direct stop on the Baltimore Metro Subway system, also accessible by public MTA bus

including Green Line Circular, JHU shuttle buses, neighborhood shuttle buses (surrounding hospital). Go to JHH Parking Office website for specific schedules.

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

**Occupations: Client-directed occupations that match and support identified participation level goals** (check all that apply):

*ACOTE Standards C.1.8, C.1.11, C.1.12*

**Activities of Daily Living (ADL)**

- Bathing/showering
- Toileting and toilet hygiene
- Dressing
- Swallowing/eating
- Feeding
- Functional mobility
- Personal device care
- Personal hygiene and grooming
- Sexual activity

**Rest and Sleep**

- Rest
- Sleep preparation
- Sleep participation

**Play**

- Play exploration
- Play participation

**Activities: Designed and selected to support the development of skills, performance patterns, roles, habits, and routines that enhance occupational engagement**

- Practicing an activity
- Simulation of activity
- Role play

Examples: Work/homemaking/school task simulation, ADLs, community integration

**Instrumental Activities of Daily Living (IADL)**

- Care of others/pets
- Care of pets
- Child rearing
- Communication management
- Driving and community mobility
- Financial management
- Health management and maintenance
- Home establishment and management
- Meal preparation and clean up
- Religious / spiritual activities and expression
- Safety and emergency maintenance
- Shopping

**Leisure**

- Leisure exploration
- Leisure participation

**Preparatory Methods and Tasks: Methods, adaptations and techniques that prepare the client for occupational performance**

- Preparatory tasks
- Exercises
- Physical agent modalities
- Splinting
- Assistive technology
- Wheelchair mobility

Examples: UE exercise transitioning to occupation-based activity

**Education**

- Formal education participation
- Informal personal education needs or interests exploration
- Informal personal education participation

**Work**

- Employment interests and pursuits
- Employment seeking and acquisition
- Job performance
- Retirement preparation and adjustment
- Volunteer exploration
- Volunteer participation

**Social Participation**

- Community
- Family
- Peer/friend

**Education:** Skill building in healthy coping strategies, time management and balanced schedule, communication, caregiver training, body mechanics, energy conservation, work simplification, adapted ADL teaching, home exercise program

**Training:** On-boarding to PM&R department/service line (specific to different settings).

**Advocacy:** Dependent on PM&R setting

**Group Interventions:** In mental health setting

**Method of Intervention**

**Direct Services/Caseload for entry-level OT**

- One-to-one: Individual Treatment
- Small group(s):2-8 max
- Large group:

**Discharge/Outcomes of Clients (% clients)**

- Home
- Another medical facility
- Home health

**Outcomes of Intervention**

- Occupational performance improvement and/or enhancement
- Health and Wellness
- Prevention
- Quality of life
- Role competence
- Participation

**OT Intervention Approaches**

- Create, promote health/habits
- Establish, restore, remediate
- Maintain
- Modify, facilitate compensation, adaptation
- Prevent disability

**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
- Person-Environment-Occupation (PEO)
- Person-Environment-Occupational Performance (PEOP)
- Psychosocial
- Rehabilitation frames of reference
- Sensory Integration
- Other (please list):

**Please list the most common screenings and evaluations used in your setting:** Structured interview/occupational profile, ADL assessment, AMPS, ACL, MEDLS, Robnett SAFE at Home, SAFER, Executive Function Performance Test, BOT II, Sensory Profile, Sensory Processing Measure, Peabody, Gardner's TVPS, TVMS, FCE, COPM, MOCA, Manage Med Screen, AMPAC, PEDICAT, Activity Card Sort, Manual Muscle Test, Range of Motion Testing, Pinch/Grip strength.

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Medications   | <input checked="" type="checkbox"/> Swallowing/choking risks                                   |
| <input checked="" type="checkbox"/> Postsurgical (list procedures: neuro, spine, cardiac, medical, oncology, ortho) | <input checked="" type="checkbox"/> Behavioral system/ privilege level (locked areas, grounds) |
| <input checked="" type="checkbox"/> Contact guard for ambulation  | <input checked="" type="checkbox"/> Sharps count   |
| <input checked="" type="checkbox"/> Fall risk   | <input checked="" type="checkbox"/> 1 to 1 safety/suicide precautions                          |
| <input checked="" type="checkbox"/> Other (describe): Lines, Tubes, Drains  |  |

**Performance skills, patterns, contexts and client factors addressed in this setting** (check all that apply): *ACOTE Standard C. 1.12*

**Performance Skills:**

- Motor skills
- Process skills
- Social interaction skills

**Performance Patterns:**

**Person:**

- Habits
- Routines
- Rituals
- Roles

**Group or Population:**

- Habits
- Routines
- Rituals
- Roles

**Client Factors:**

- Values
- Beliefs
- Spirituality
- Mental functions (affective, cognitive, perceptual)
- Sensory functions
- Neuromusculoskeletal and movement-related functions
- Muscle functions
- Movement functions
- Cardiovascular, hematological, immunological, and respiratory system functions
- Voice and speech functions; digestive, metabolic, and endocrine system functions;
- Skin and related-structure functions

**Context(s):**

- Cultural
  - Personal
  - Temporal
  - Virtual
- Environment:**
- Physical
  - Social

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

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

**Target caseload/productivity for fieldwork students:**

Productivity ( %) per 40-hour work week: 75% by weeks 8-12  
 Caseload expectation at end of FW: 5-15 dependent on service line  
 Productivity (%) per 8-hour day: 53-75% dependent on service line  
 Number groups per day expected at end of FW: 1-2 in mental health

**Documentation: Frequency/Format** (briefly describe) :

- Handwritten documentation: n/a
  - Computerized medical records: Daily treatment notes, weekly progress notes, evaluations, re-evaluations, discharge summaries (amount dependent on service line)
- Time frame requirements to complete documentation: 1.5-2 hours/day (all documentation due on date that service was provided)

**Administrative/Management Duties or Responsibilities of the OT/OTA Student:**

- Schedule own clients
- Supervision of others (Level I students, aides, OTA, volunteers)
- Budgeting
- Procuring supplies (shopping for cooking groups, client/intervention-related items)
- Participating in supply or environmental maintenance
- Other:

**Student Assignments. Students will be expected to successfully complete:**

- Research/EBP/Literature review
- In-service
- Case study
- In-service participation/grand rounds
- Fieldwork project (describe): Evidence based practice clinical question/literature review/presentation
- Field visits/rotations to other areas of service
- Observation of other units/disciplines
- Other assignments (please list):



## OPTIONAL DATA COLLECTION:

The question included 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:** (name) JCAHO, CARF

**Year of most recent review:** 2021

**Summary of outcomes of OT Department review:** No citations or recommendations noted. See website: [www.hopkinsmedicine.org/rehab](http://www.hopkinsmedicine.org/rehab)

**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). *See website: [www.hopkinsmedicine.org/rehab](http://www.hopkinsmedicine.org/rehab)*
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?  
Complete occupational profile at initial evaluation; OT intervention focuses on preparatory methods for promoting skill-building, adaptations and compensatory strategies, education and/or skill building to improve upon current functional level in occupations of importance to the client.
  - b. Describe how you seek to include client-centered OT practice. How do clients participate in goal setting and intervention activities?  
Treatment planning discussed during initial evaluation; therapist solicits client's/caregiver's goals for hospitalization; activities chosen to meet developed goals are occupation-based, preparatory, functional activities/simulations.
  - c. Describe how psychosocial factors influence engagement in occupational therapy services.  
Motivating and utilizing therapeutic use of self is crucial in this setting (both MH and PD); therefore, we adapt our services to focus on challenging but rewarding activities that match client's current tolerance and symptomatology as well as offer both 1:1 and group interventions.
  - d. Describe how you address clients' community-based needs in your setting.  
OT intervention can be scheduled in the community or one-time assessment in the home if necessary for discharge planning. Many community-based tasks can be simulated in our clinic and campus environment.
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*  
Students must complete a project which includes an evidence-based literature review (3 or > articles), practical component for use in the Department, and inservice to staff which directly addresses a clinical question related to their assigned service. The student will work individually with the FW Coordinator to develop the project idea and maintain a timeline for completion. Our Department has on-site medical library and designated librarian who can assist with literature searches. We also maintain EBP departmental protocols, projects, articles that relate to current treatment/assessment protocols.

5. Please describe the FW Program and how students fit into the program. Describe the progression of student supervision from novice to entry-level 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*

Weekly timeline and site-specific behavioral objectives are utilized. Entry level job description available. Informal supervision to discuss treatment planning, review/learn assessment tools/techniques and treatment techniques is daily. Formal supervision with written weekly agenda and minutes occurs weekly. Monitoring of student supervision and student progress occurs via Fieldwork Coordinator of Dept. on a regular basis via group and individual meetings.

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*

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*  
 A formal orientation meeting for new student fieldwork educators is mandatory prior to mentoring first Level II student. This is provided by Department Fieldwork Coordinator. Student Supervisors' group meetings occur weekly during 12-week fieldwork session to promote mentoring and ongoing skill development as a Fieldwork Educator.

Supervisory models: providing effective and objective feedback, learning plans, learning objectives

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)

Clinical reasoning

Reflective practice

Comments: Also review developmental issues related to student learning and learning theories, teaching strategies, feedback/communication

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*

Minutes of weekly progress/supervision agendas and minutes are documented and a copy provided to the student. Student orientation consists of a 1.5-day hospital-based orientation and .5 day department/fieldwork orientation during the first week of affiliation. On-site computerized documentation system orientation provided during Week 1 & 2. Special topics lectures and skills labs are provided during first few weeks of affiliation.

**Supervisory Patterns–Description** (respond to all that apply)

1:1 Supervision model: (Primary model)

Multiple students supervised by one supervisor:

Collaborative supervision model:

Multiple supervisors share supervision of one student; number of supervisors per student: no more than 2; student has primary and secondary supervisor in this situation; secondary usually responsible for supervision of a designated and specific aspect of the affiliation

Non-OT supervisors: n/a

9. Describe funding and reimbursement sources and their impact on student supervision.

JHH budget funds department and student program. PM&R bills for direct client services. Some reimbursement sources do not recognize occupational therapy as providers but students are not directly involved in insurance authorizations. If reimbursement issues occur, they are handled directly by the supervising therapist or above.

**STATUS/TRACKING INFORMATION SENT TO FACILITY:**

Date: July, 2018

*ACOTE Standard C.1.6*

**Which documentation does the fieldwork site need?**

Fieldwork Agreement/Contract? Generated by JHH Legal Department

**OR**

Memorandum of Understanding (MOU)?

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

**Title of parent corporation** (if different from facility name): The Johns Hopkins Health Systems

**Type of business organization** (Corporation, partnership, sole proprietor, etc.): Non-profit organization

**State of incorporation:** MD

**Fieldwork site agreement negotiator:** Leslie Hinson, MS, OTR/L, Fieldwork Coordinator, Terry McGee, Clinical Resource Analyst

**Phone:** 410-955-6758

**Email:** lhinson2@jhmi.edu

**Address** (if different from facility):

Street: City: State: Zip:

**Name of student:** Potential start date for fieldwork:

Any notation or changes that you want to include in the initial contact letter:

**Information Status** *ACOTE Standards 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 sent:
- Model behavioral objectives:
- Week-by-week outline:
- Other information:
- Database entry:
- Facility information:
- Student fieldwork information:
- Make facility folder:
- Print facility sheet:

Revised 2/28/2022