

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.

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 | | |

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 Rapport with children and families

Consultation Process- describe Consult with children and families to monitor and develop home exercise program

Education Process- describe Demo, written, verbal

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: Outpatient OT uses the PDMS-2, BOT-2, VMI, DTVP, TVPS, HELP, Sensory Profile, Infant/Toddler Sensory Profile, Bayley; the NICU uses parts of the Brazelton and Dubowitz, Acute care and our clinics use MMT, Ashworth

Identify safety precautions important at your FW site

- | | |
|---|--|
| <input checked="" type="checkbox"/> Medications | <input checked="" type="checkbox"/> Swallowing/ choking risks |
| <input checked="" type="checkbox"/> Post-surgical (list procedures) | <input checked="" type="checkbox"/> Behavioral system/ privilege level (locked areas, grounds) |
| <input checked="" type="checkbox"/> Contact guard for ambulation | <input type="checkbox"/> Sharps count |
| <input checked="" type="checkbox"/> Fall risk | <input type="checkbox"/> 1:1 safety/ suicide precautions |
| <input type="checkbox"/> Other (describe): | |

Please list how students should prepare for a FW II placement such as doing readings, learn specific evaluations and interventions used in your setting: Be familiar with evaluation and screening tools that are implemented in the area that you have been assigned, know normal and abnormal development, Outpatient OT uses Loops and other Groups, Handwriting Without Tears, and the Alert program, be familiar with treatment interventions commonly used in treating Sensory Integration disorders

| | |
|---|--|
| <p>Target caseload/ productivity for fieldwork students:</p> <p>Productivity % per 40 hour work week: 62.5%</p> <p>Caseload expectation at end of FW: 7-8 clients per day in acute, 7-8 clients in outpatient per day (more if working with therapist who treats does ortho treatment)</p> <p>Productivity % per 8 hour day: 62% out-patient; 55% in-patient</p> <p># Groups per day expectation at end of FW: 0</p> | <p>Documentation: Frequency/ Format (briefly describe) :</p> <p><input type="checkbox"/> Hand-written documentation: <input checked="" type="checkbox"/> Computerized Medical Records: EPIC</p> <p>Time frame requirements to complete documentation: within 24 hrs in acute care, 72 hours outpatient</p> |
|---|--|

| | |
|---|---|
| <p>Administrative/ Management duties or responsibilities of the OT/ OTA student:</p> <p><input type="checkbox"/> Schedule own clients <input type="checkbox"/> Supervision of others (Level I students, aides, OTA, volunteers) <input type="checkbox"/> Budgeting <input type="checkbox"/> Procuring supplies (shopping for cooking groups, client/ intervention related items) <input checked="" type="checkbox"/> Participating in supply or environmental maintenance <input type="checkbox"/> Other:</p> | <p>Student Assignments. Students will be expected to successfully complete:</p> <p><input checked="" type="checkbox"/> Research/ EBP/ Literature review <input checked="" type="checkbox"/> In-service <input checked="" type="checkbox"/> Case study <input checked="" type="checkbox"/> Participate in in-services/ grand rounds <input checked="" type="checkbox"/> Fieldwork Project (describe):as a potential alternative to an in-service based on student interest and clinic needs <input checked="" type="checkbox"/> Field visits/ rotations to other areas of service <input checked="" type="checkbox"/> Observation of other units/ disciplines <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: scheduled according to therapist's schedule, generally 40 hours/week. Most students spend between 50-60 hours per week to complete treatment planning, treatment, and documentation. Some therapists work 4 10-hour days instead of 5 8-hour days. | Room provided <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <input checked="" type="checkbox"/> High | <input checked="" type="checkbox"/> High |
| Do students work weekends? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Meals <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <input checked="" type="checkbox"/> Moderate | <input type="checkbox"/> Moderate |
| Do students work evenings? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Stipend amount: 0 | <input type="checkbox"/> Low | <input type="checkbox"/> Low |

Describe the FW environment/ atmosphere for student learning: VCH is a teaching hospital. In Acute Care there are many opportunities to meet and learn from multiple disciplines and to attend rounds and clinics. In Outpatient there are multiple disciplines to collaborate with including OT, PT, ST, TEIS. Some of our therapists also work in a daycare setting and provide therapy in the classroom. There are often several OT and PT students here simultaneously.

Describe public transportation available: bus

ACOTE Standards Documentation for Fieldwork (may be completed by AFWC interview of FW Educator)

- 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: JACAHO

Year of most recent review: 2018

Summary of outcomes of OT Department review: Vanderbilt University Medical Center was last surveyed in 2018. We passed that survey and maintain our Joint commission accreditation. The OT department was not sited for any deficiencies or areas to work on in that survey.

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* *Vanderbilt Medical Center's CREDO is to Provide excellence in healthcare, research, and education. To treat others as we wish to be treated. To continuously evaluate and improve our performance. To make those we serve our highest priority. To have a sense of ownership. To conduct ourselves professionally. To respect privacy and confidentiality. To communicate effectively. To be committed to our colleagues.*
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? We include clients primary occupation in our evaluation including work, play, leisure. We assess skills needed for daily living. We ask clients what tasks and goals they would like to accomplish to be more "meaningful" to them.
 - b. Describe how you seek to include client-centered OT practice? How do clients participate in goal setting and intervention activities? Caregiver and client goals are included on every evaluation and daily note. We include the clients in the goal setting process and review them with the client/caregiver on a regular basis.
 - c. Describe how psychosocial factors influence engagement in occupational therapy services? Many of our inpatients are chronically ill or are admitted frequently. We have playrooms in the hospital on each floor, child life services that are available to visit clients and bring them toys or age appropriate activities when they are unable to leave the room. We also have patients that have experienced a traumatic accident and may have lost someone in the accident. Psychologists, psychiatrists, social workers, counselors, chaplains are all available at VCH.
 - d. Describe how you address clients' community-based needs in your setting? We have social workers that are available to counsel and meet with clients and their families. In acute care case managers help coordinate discharge recommendations made by the medical team including doctors, nurses, OT, PT, ST. We have multiple clinics that are good resources for specific populations including: international adoption, Down syndrome, Spina bifida, spasticity, rheumatology, and Fragile X. Early intervention programs are also available including TEIS. Project Brain is a program available for clients that have experienced a brain injury. Other information is available as needed on support groups and therapy clinics as needed, and therapists frequently share information on community-based resources as needed with clients/families .
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* *We currently incorporate evidenced based practice in our treatment interventions. We meet monthly to review journal articles and case studies in both outpatient and acute care settings. Students are encouraged to include evidenced based practice in their treatment plans for clients. All therapists complete a quality improvement project per year based on evidenced based practice and research.*
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 B10.2, B.10.3, B.10.5, B.10.7, B.10.13, B.10.19, B.10.20, b.10.21* *Our CIs are assigned 1 student at a time for direct supervision at all times with clients. See our website @ www.mc.vanderbilt.edu/rehab for details and printable forms regarding 1st day expectations, dress code, health form, weekly fieldwork expectations and assignments. We co-treat only when necessary for the client benefit*
6. *Job Title:* *Occupational Therapist*
7. *Job Summary:* *Provide services to patients who have impairments, developmental disabilities, functional limitations, disabilities, or changes in physical function and health status resulting from injury, disease or other causes. Actively collaborates with the health care/educational team to meet patient care, outcomes and system improvement objectives.*
8. *Credo*

9. *Vanderbilt University Medical Center is driven by its Credo. As an employee at VUMC, you are required to exemplify the Credo daily. It is the way we do our work!*
10. *•I make those I serve my highest priority:*
11. *promote the health and well being of all patients who seek care at Vanderbilt*
12. *support trainees in all of their academic endeavors*
13. *respect colleagues and those we serve who differ by gender, race, religion, culture, national origin, mental and physical abilities and sexual orientation and treat them with dignity, respect and compassion*
14. *recognize that every member of the Vanderbilt team makes important contributions*
15. *ensure that all team members understand overall team goals and their roles*
16. *answer questions posed by patients, trainees or staff to ensure understanding and facilitate learning*
17. *•I have a sense of ownership:*
18. *take any concern (real, perceived, big, or small) seriously and seek resolution or understanding - ask for help if the concern is beyond ability or scope of authority*
19. *approach those who appear to need help or be lost and assist/direct them appropriately*
20. *clean up litter, debris and spills promptly or notify the best resource to keep the medical center environment clean and safe*
21. *remain conscious of the enormous cost of health care, teaching and research and optimize resources while delivering exemplary service*
22. *•I conduct myself professionally:*
23. *recognize the increasing diversity of our community and broaden my knowledge of the cultures of the individuals we serve*
24. *adhere to department and medical center policies such as smoking, attendance and dress code*
25. *refrain from loud talk and excessive noises - a quiet environment is important to heal, learn and work*
26. *discuss internal issues only with those who need to know and refrain from criticizing Vanderbilt in the workplace and in the community*
27. *continue to learn and seek new knowledge to enhance my skills and ability to serve*
28. *strive to maintain personal well-being and balance of work and personal life*
29. *•I respect privacy and confidentiality:*
30. *only engage in conversations regarding patients according to Vanderbilt policies and regulatory requirements*
31. *discuss confidential matters in a private area*
32. *keep written/electronic information out of the view of others*
33. *knock prior to entering a patient's room, identify myself, and ask permission to enter*
34. *utilize doors/curtains/blankets as appropriate to ensure privacy and explain to the patient why I am doing this, ask permission prior to removing garments or blankets*
35. *•I communicate effectively:*
36. *introduce myself to patients/families/visitors, colleagues*
37. *wear my ID badge where it can be easily seen*
38. *smile, make eye contact, greet others, and speak in ways that are easily understood and show concern and interest; actively listen*
39. *recognize that body language and tone of voice are important parts of communication*
40. *listen and respond to dissatisfied patients, families, visitors and/or colleagues*
41. *remain calm when confronted with or responding to pressure situations*
42. *•I am committed to my colleagues:*
43. *treat colleagues with dignity, respect and compassion; value and respect differences in background, experience, culture, religion, and ethnicity*
44. *contribute to my work group in positive ways and continuously support the efforts of others*
45. *view all colleagues as equally important members of the Vanderbilt team, regardless of job, role or title*
46. *promote interdepartmental cooperation*
47. *recognize and encourage positive behaviors*
48. *provide private constructive feedback for inappropriate behaviors*
49. *Organizational Performance*
50. *All job performance relates to the strategic goals of VUMC:*
51. *•Patient/Customer Satisfaction*
52. *•Quality and Clinical Outcomes*
53. *•Integrated Delivery*
54. *•Financial Growth and Profitability*
55. *•Innovation*
56. *Minimum Job Qualifications*

57. *Education*
58. *Minimum Education Required: Graduate of an accredited discipline specific program*
59. *Experience*
60. *Required months in field previous to employment: 0*
61. *Licensure, Certification, and/or Registration (LCR)*
62. *LCR Requirements: Licensed Discipline Specific*
63. *Job Requirements*
64. *Physical Requirements/Environment*
65. *Mobility: (Ability to assist in the movement of objects)*
66. • *Sitting • Bending • Crawling • Lifting*
67. • *Pushing • Walking • Stooping • Standing*
68. • *Turning*
69. *Dexterity: (Ability to manipulate objects)*
70. • *Reaching • Grasping • Handling*
71. *Visual: (Ability to recognize, register, and respond)*
72. • *Color recognition • Depth perception • Reading / Close-up work • Graphing*
73. *Communication: (Ability to understand, respond and translate into action)*
74. • *Communication*
75. *Noise:*
76. • *Intermittent noise*
77. *Vibration:*
78. *(None)*
79. *Atmospheric Conditions:*
80. • *Weather conditions • Temperature extremes • Odor • Dust*
81. • *Mist*
82. *Hazards:*
83. • *Proximity to moving mechanical parts • Electrical current • Toxic or caustic chemicals • Fumes*
84. • *Radiation • Biohazards (airborne or contact exposure to bacterial or viral) • Housekeeping and/or cleaning agents • Explosive chemicals*
85. • *Flammable, explosive gases*
86. *Vanderbilt is committed to equal opportunity and access for people with disabilities and adheres to the parameters of Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act (ADA) of 1990. If you believe you are otherwise qualified for this position, please notify the manager or recruiter for this position regarding an accommodation. Decisions about accommodations or undue hardships must be made on an individual basis.*
87. *Regulatory & VUMC Policy Requirements*
88. *VUMC Policy (apply to all) Regulatory (job specific)*
89. • *TB Skin Test • Restraint Training*
90. • *Fire Safety • CPR*
91. • *OSHA • Hazardous Waste/Materials Handling*
92. • *Right To Know • Infection Control*
93. • *Safety as a Skill • Standard Precautions*
94. • *Absenteeism • Blood-Borne Pathogens*
95. • *Tardiness • Mock Code*
96. • *Dress Code*
97. • *Smoking*
98. • *Confidentiality*
99. • *Corporate Compliance Standards*
100. • *VUMC Credo and Entity-Specific Mission and Values*
101. *Health Information Categories*
102. *Patient privacy is taken seriously at VUMC. As an employee, you are required to protect the privacy and confidentiality of our patients. Based on the responsibilities of this position, your access to patient information should be limited to the following:*
103. • *Demographic: Information to identify a person and provide general information (name, address, race, marital status, religion).*
104. • *Directory/Schedules: Information regarding a patient's location and schedule of services.*

105. •Insurance: Information used to identify payors and insurance coverage.
106. •Special Precautions: Information regarding special precautions that must be taken around the patient.
107. •Full Clinical: Information that describes or indicates a patient's health status. Includes: problem lists, history and physical, clinical notes, orders, results, diagnostic reports, films, images, etc.
108. Key Functions and Expected Performances
109. 1. Completes occupational therapy assessment using the appropriate testing method and equipment for the patient type, diagnosis and reason for referral. Demonstrates ability to:
110. 1a. Obtain information pertinent to the assessment as defined by the department .
111. 1b. Administer and score standardized and criterion referenced tests.
112. 1c. Interpret the results of the assessment and their significance to the patient, family, referring physician and other members of the health care team.
113. 2. Formulates functional treatment plan to address deficits and patient/family areas of concern. Demonstrates ability to:
114. 2a. Include objectives based upon the results of the assessment and input from the patient and family.
115. 2b. Write functional goals in measurable terms.
116. 2c. Incorporate educational needs of the patient, family and team.
117. 2d. Identify and recommend for referral to other services as indicated.
118. 3. Provides therapeutic interventions for identified objectives/goals. Demonstrates ability to:
119. 3a. Select intervention(s) which produce the desired outcome(s) within the timeframe projected.
120. 3b. Modify the treatment plan if patient/family not deriving benefit.
121. 3c. Incorporate new information gained, from ongoing dialogue with patient, family, team and payor into treatment plan.
122. 3d. Supervise and direct Assistants, Technicians and Volunteers.
123. 4. Provides transition and discharge planning. Demonstrates ability to:
124. 4a. Inform patient, family and members of team of the patient's needs based upon the assessment and/or treatment.
125. 4b. Make recommendations for continued services, follow-up, equipment needs or referrals to other services.
126. 5. Provides education/consultation to patient, family, team and community. Demonstrates ability to:
127. 5a. Communicate functional impact of assessment findings, treatment interventions, diagnosis and disease process.
128. 5b. Adapt communication to needs/level of understanding of audience.
129. 5c. Participate as required in educational experiences and professional development activities as outlined in the Career Advancement Program guidelines.
130. 6. Completes timely documentation. Demonstrates ability to:
131. 6a. Consistently meet department and VUMC documentation standards.
132. 6b. Convey essential information in words easily understood by the audience.
133. 6c. Promote and meet obligation for reimbursement of the services provided.
134. 6d. Integration of family/outcome needs with the goals of therapy.
135. 7. Functions as an integral member of team. Demonstrates ability to:
136. 7a. Respect roles and professional boundaries of self and others.
137. 7b. Follow through with assigned roles and required activities (i.e. staff meetings).
138. 7c. Understand/comply with policies and procedures.
139. 7d. Collaborate with patient, family and team in provision of care.
140. 7e. Include patient and family in all aspects of care.
141. 8. Meets the department productivity standards.
142. 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, B10.12, B.10.17* (provide a template)
- | | | | | |
|-----------------------|----------------|---|----|---|
| 143. Melissa Bryan | OTR/L | BS/University of Tennessee Memphis, OTD/Rocky Mountain University of Health Professions | 19 | Peds outpatient, Wheelchair Clinic |
| 144. Heather Winters | MS, OTR/L | MS/ Belmont University | 15 | Peds out-patient, early intervention, Susan Gray School (integrated preschool setting on Vanderbilt campus) |
| 145. Lindsey Ham | MS, OTR/L, CHT | MS/Spalding | 10 | Peds outpatient, Brachial Plexus clinic, Certified Hand Therapist, casting, splinting |
| 146. Vicki Scala | OTR/L | BS/ VA Commonwealth | 40 | MS/Belmont Peds acute , NICU, SIPT Certified, CMI (infant massage instructor), Developmental Care Specialist/NANN |
| 147. Jennifer Pearson | MS, OTR/L | MS/Belmont | 19 | Outpatient, international adoption clinic, Assistant Team Manager, CIMI |

- 148. Deborah Powers OTR/L BS/University of Tennessee Memphis 24 Outpatient, NICU follow up Clinic, CIMI, CBIS, SIPT, babies and SI as specialties
- 149. Lisa Gelfand, MS, OTR/L University of St. Augustine 10 Out-patient; Down Syndrome Clinic, constraint casting, splinting, Birth-3 years
- 150. Amber Alverson, OTD/L Belmont University, 6 years Out-patient; CPAMS
- 151. Stephanie Epperson, MS/OT St. Louis University 6 years Out-patient; Fragile X Clinic
- 152. Thomas Robertson OTR/L BS/Tennessee State University 18 Peds outpatient
- 153. Sarah Wilson MS, OTR/L MS/Washington University 20 Peds acute care, , Down syndrome clinic, NICU, CIMI, CBIS
- 154. Camille Marsden, MS, OTR/L MS/UTHSC, Memphis, TN 1 Peds acute care
- 155. Rachel Parnell, MOT, OTR/L MOT/TX Women's University, Dallas 3 Peds acute care, PRN
- 156. Ellen Hobbs, OTD/L Belmont University 11 Peds out-patient, casting/splinting
- 157. KellyAnn Roush, MA, OTR/L Salem State University 7 Peds Out-patient Brain Gym, PRN
- 158. Jane Owen Robbins, MS, OTR/L Belmont University 2 Peds Out patient , Peds acute (1 day/week)
- 159.

160. 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 1:1 or 2 supervisors: 1 student
- 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: Our CIs are typically mentored with another experienced clinician as they take their first student CIs have the option of taking the AOTA course on supervision. A clinical coordinator of education is available onsite as needed to meet with students and CIs and academic clinical coordinators.

161. 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* ***Our CI's are encouraged to meet with their students 1x/week providing both written and verbal feedback. It is recommended that the student also provide written and verbal feedback as well. The weekly forms are kept in the students file. Students are also encouraged to rate themselves at midterm and final for discussion with their CIs.***

Supervisory patterns–Description (respond to all that apply)

- 1:1 Supervision Model:
- Multiple students supervised by one supervisor:
- Collaborative Supervision Model:
- Multiple supervisors share supervision of one student, # supervisors per student: 2
- Non-OT supervisors:

162. Describe funding and reimbursement sources and their impact on student supervision. *ACOTE Standards B.10.3, B.10.5, B.10.7, B.10.14, B.10.17, B.10.19* ***Acute care clients are not affected by funding. We see all inpts that have doctors orders. Outpatients are preauthorized prior to scheduled appointments. There are other resources and alternate payment systems available for those who do not have insurance. Funding does not impact student supervision in our clinics, as we have a line of sight supervision rule for all treatments.***

Status/Tracking Information Sent to Facility

To be used by OT Academic Program

ACOTE Standards B.10.4, B.10.8, B.10.9, B.10.10

Date:

Which Documentation Does The Fieldwork Site Need?

A Fieldwork Agreement/ Contract?

OR

A Memorandum of Understanding?

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

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

Type of Business Organization (Corporation, partnership, sole proprietor, etc.): corporation

State of Incorporation:

Fieldwork Site agreement negotiator: Martha Cortner, Contract Analyst

Phone: 615-936-2220 (Fax) 615-322-7405

Email: martha.cortner@Vanderbilt.edu

Address (if different from facility):

Street: Office of Grants & Contracts Management
Vanderbilt University Medical Center
3319 West End Avenue, Suite 100

City: Nashville

State: TN Zip: 37203-6869

Name of student:

Potential start date for fieldwork:

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

Information Status:

- 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 6/21/2018