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.
### AOTA FIELDWORK DATA FORM

**Date:** 5/24/2018  
**Name of Facility:** Monroe Carell Jr. Children's Hospital at Vanderbilt, Rehabilitation Services  
**Address:** Street 719 Thompson Lane Suite 21000 OHO  
**City Nashville**  
**State TN Zip:** 37204

**FW I**  
**Contact Person:** Vicki Scala, MS  
**Phone:** 615 835-9695  
**E-mail:** vicki.s.scala@vumc.org  
**Name of Facility:**  
**Address:** Street 719 Thompson Lane Suite 21000 OHO  
**City:** Nashville  
**State:** TN  
**Zip:** 37204  
**Contact Person:** Vicki Scala, MS  
**Credentials:** MS, OTR/L  
**Phone:** 615 835-9695  
**E-mail:** vicki.s.scala@vumc.org

**FW II**  
**Contact Person:** same  
**Credentials:**  
**Phone:**  
**E-mail:**

**Director:** Jennifer Pearson  
**Phone:** 615 835-8049  
**Fax:** 615 343-0506  
**Web site address:** www.mc.vanderbilt.edu/rehab

<table>
<thead>
<tr>
<th>OT Fieldwork Practice Settings (ACOTE Form A #s noted)</th>
<th>Hospital-based settings</th>
<th>Community-based settings</th>
<th>School-based settings</th>
<th>Age Groups</th>
<th>Number of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ In-Patient Acute 1.1</td>
<td>□ Peds Community 2.1</td>
<td>□ Early Intervention 3.1</td>
<td>OTRs: 16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ In-Patient Rehab 1.2</td>
<td>□ Behavioral Health Community 2.2</td>
<td>□ School 3.2</td>
<td>6-12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ SNF/ Sub-Acute/ Acute Long-Term Care 1.3</td>
<td>□ Older Adult Community Living 2.3</td>
<td>□ 13-21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ General Rehab Outpatient 1.4</td>
<td>□ Older Adult Day Program 2.4</td>
<td>□ 22-64</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Outpatient Hands 1.5</td>
<td>□ Outpatient/hand private practice 2.5</td>
<td>□ 65+</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Pediatric Hospital/Unit 1.6</td>
<td>□ Adult Day Program for DD 2.6</td>
<td>Speak: 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Peds Hospital Outpatient 1.7</td>
<td>□ Home Health 2.7</td>
<td>Resource Teacher:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| □ In-Patient Psych 1.8                                | □ Peds Outpatient Clinic 2.8 | Counselor/Psychologist:
|                                                       |                         | Other:               |

**Student Prerequisites (check all that apply):**  
□ CPR  
□ Medicare / Medicaid Fraud Check  
□ Criminal Background Check  
□ Child Protection/abuse check  
□ Adult abuse check  
□ Fingerprinting

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

**Performance Skills:**  
*Motor Skills*  
□ Posture  
□ Mobility  
□ Coordination  
□ Strength & effort  
□ Energy  

*Process Skills*  
□ Energy  
□ Knowledge  
□ Temporal organization  
□ Organizing space & objects  
□ Adaptation

*Communication/ Interaction Skills*  
□ Physicality- non verbal  
□ Information exchange  
□ Relations

**Client Factors:**  
*Body functions/structures*  
□ Mental functions- affective  
□ Mental functions-cognitive  
□ Mental functions- perceptual  
□ Sensory functions & pain  
□ Voice & speech functions  
□ Major organ systems: heart, lungs, blood, immune  
□ Digestion/ metabolic/ endocrine systems  
□ Reproductive functions  
□ Neuromusculoskeletal & movement functions  
□ Skin

**Context(s):**  
□ Cultural- ethnic beliefs & values  
□ Physical environment  
□ Social Relationships  
□ Personal- age, gender, etc.  
□ Spiritual  
□ Temporal- life stages, etc.  
□ Virtual- simulation of env, chat room, etc.

**Performance Patterns/Habits**  
□ Impoverished habits  
□ Useful habits  
□ Dominating habits  
□ Routine sequences  
□ Roles

**Health requirements:**  
□ First Aid  
□ Infection Control training  
□ HIPPA Training  
□ Prof. Liability Ins.  
□ Own transportation  
□ Interview  
□ HepB  
□ MMR  
□ Tetanus  
□ Chest x-ray  
□ Drug screening  
□ TB/Mantoux  
□ Physical Check up  
□ Varicella  
□ Influenza  

Please list any other requirements:
### Most common services priorities

- Direct service
- Discharge planning
- Evaluation
- Consultation
- Billing
- In-service training
- Client education
- Intervention

### Types of OT Interventions addressed in this setting


#### Occupation-based activity- within client’s own environmental context; based on their goals addressed in this setting

**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

**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

**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**
- Rapport with children and families

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

**Education Process**
- Demo, written, verbal

<table>
<thead>
<tr>
<th>Method of Intervention</th>
<th>Outcomes of Intervention *</th>
<th>Theory/ Frames of Reference/ Models of Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Services/case load for entry-level OT</td>
<td>Occupational performance - improve &amp;/ or enhance</td>
<td>Acquisitional</td>
</tr>
<tr>
<td>One-to-one:</td>
<td>Client Satisfaction</td>
<td>Biomechanical</td>
</tr>
<tr>
<td>Small group(s):</td>
<td>Role Competence</td>
<td>Cognitive-Behavioral</td>
</tr>
<tr>
<td>Large group:</td>
<td>Adaptation</td>
<td>Coping</td>
</tr>
<tr>
<td>Discharge Outcomes of clients (% clients)</td>
<td>Health &amp; Wellness</td>
<td>Developmental</td>
</tr>
<tr>
<td>Home</td>
<td>Prevention</td>
<td>Ecology of Human Performance</td>
</tr>
<tr>
<td>Another medical facility</td>
<td>Quality of Life</td>
<td>Model of Human Occupation (MOHO)</td>
</tr>
<tr>
<td>Home Health</td>
<td>OT Intervention Approaches</td>
<td>Occupational Adaptation</td>
</tr>
<tr>
<td></td>
<td>Create, promote (health promotion)</td>
<td>Occupational Performance Model</td>
</tr>
<tr>
<td></td>
<td>Establish, restore, remediation</td>
<td>Person/ Environment/ Occupation (P-E-O)</td>
</tr>
<tr>
<td></td>
<td>Maintain</td>
<td>Person-Environment-Occupational Performance</td>
</tr>
<tr>
<td></td>
<td>Modify, compensation, adaptation</td>
<td>Psychosocial</td>
</tr>
<tr>
<td></td>
<td>Prevent, disability prevention</td>
<td>Rehabilitation frames of reference</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sensory Integration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other (please list):</td>
</tr>
</tbody>
</table>

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
<table>
<thead>
<tr>
<th>Medications</th>
<th>Swallowing/ choking risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-surgical (list procedures)</td>
<td>Behavioral system/ privilege level (locked areas, grounds)</td>
</tr>
<tr>
<td>Contact guard for ambulation</td>
<td>Sharps count</td>
</tr>
<tr>
<td>Fall risk</td>
<td>1:1 safety/ suicide precautions</td>
</tr>
<tr>
<td>Other (describe):</td>
<td></td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Target caseload/ productivity for fieldwork students:</th>
<th>Documentation: Frequency/ Format (briefly describe):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Productivity % per 40 hour work week: 62.5%</td>
<td>□ Hand-written documentation:</td>
</tr>
<tr>
<td>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)</td>
<td></td>
</tr>
<tr>
<td>Productivity % per 8 hour day: 62% out-patient; 55% in-patient</td>
<td></td>
</tr>
<tr>
<td># Groups per day expectation at end of FW: 0</td>
<td>✗ Computerized Medical Records: EPIC</td>
</tr>
<tr>
<td></td>
<td>Time frame requirements to complete documentation: within 24 hrs in acute care, 72 hours outpatient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administrative/ Management duties or responsibilities of the OT/OTA student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Schedule own clients</td>
</tr>
<tr>
<td>☐ Supervision of others (Level I students, aides, OTA, volunteers)</td>
</tr>
<tr>
<td>☐ Budgeting</td>
</tr>
<tr>
<td>☐ Procuring supplies (shopping for cooking groups, client/ intervention related items)</td>
</tr>
<tr>
<td>☑ Participating in supply or environmental maintenance</td>
</tr>
<tr>
<td>☐ Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student work schedule &amp; outside study expected:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Room provided ☐ yes ☒ no Meals ☐ yes ☒ no ☒ Moderate ☐ Moderate</td>
</tr>
<tr>
<td>Stipend amount: 0 ☒ Low ☐ Low</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Describe level of structure for student?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ High</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Describe level of supervisory support for student?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ High</td>
</tr>
</tbody>
</table>

| 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)

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:** 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 cited 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 B.10.2, B.10.3, B.10.5, B.10.7, B.10.13, B.10.19, B.10.20, B.10.21 Our CI’s 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)
   - Sitting
   - Bending
   - Crawling
   - Lifting
   - Pushing
   - Walking
   - Stooping
   - Standing
   - Turning

66. **Dexterity:** (Ability to manipulate objects)
   - Reaching
   - Grasping
   - Handling

67. **Visual:** (Ability to recognize, register, and respond)
   - Color recognition
   - Depth perception
   - Reading / Close-up work
   - Graphing
   - Communication: (Ability to understand, respond and translate into action)
   - Noise:
   - Intermittent noise

68. **Vibration:**
69. **Noise:**
70. **Atmospheric Conditions:**
   - Weather conditions
   - Temperature extremes
   - Odor
   - Dust
71. **Hazardous:**
   - Proximity to moving mechanical parts
   - Electrical current
   - Toxic or caustic chemicals
   - Fumes
   - Radiation
   - Biohazards (airborne or contact exposure to bacterial or viral)
   - Housekeeping and/or cleaning agents
   - Explosive chemicals

72. **Flammable, explosive gases**
73. **Regulatory & VUMC Policy Requirements**
74. **VUMC Policy (apply to all)**
   - TB Skin Test
   - Restraint Training
   - Fire Safety
   - CPR
   - OSHA
   - Hazardous Waste/Materials Handling
   - Right To Know
   - Infection Control
   - Safety as a Skill
   - Standard Precautions
   - Absenteeism
   - Blood-Borne Pathogens
   - Tardiness
   - Mock Code
   - Dress Code
   - Smoking
75. **Confidentiality**
76. **Corporate Compliance Standards**
77. **VUMC Credo and Entity-Specific Mission and Values**
78. **Health Information Categories**
79. **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:**
80. **Demographic:** Information to identify a person and provide general information (name, address, race, marital status, religion).
81. **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 and team.
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, R10.12, B.10.17 (provide a template)
143. Melissa Bryan  OTR/L BS/University of Tennessee Memphis, OTD/Rocky Mountain University of Health Professions  19
144. Heather Winters  MS, OTR/L MS/Belmont University (integrated preschool setting on Vanderbilt campus)  15
145. Lindsey Ham MS, OTR/L, CHT MS/Spalding Therapist, casting, splinting  10
146. Vicki Scala  OTR/L BS/ VA Commonwealth Certified, CMI (infant massage instructor), Developmental Care Specialist/NANN  40
147. Jennifer Pearson  MS, OTR/L MS/Belmont Assistant Team Manager, CIMI  19

Peds outpatient, Wheelchair Clinic
Peds out-patient, early intervention, Susan Gray School
Peds outpatient, Brachial Plexus clinic, Certified Hand Therapist, casting, splinting
Outpatient, international adoption clinic,
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.

150. Amber Alverson, OTD/L  Belmont University, Splinting, Birth-3 years

151. Stephanie Epperson, MS/OT  St. Louis University  6 years  Out-patient; CPAMS

152. Thomas Robertson  OTR/L  BS/Tennessee State University  18  Peds outpatient

153. Sarah Wilson  MS, OTR/L  MS/Washington University Clinic, NICU, CIMI, CBIS  20  Peds acute care, , Down syndrome

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:


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:
<table>
<thead>
<tr>
<th>Which Documentation Does The Fieldwork Site Need?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ A Fieldwork Agreement/ Contract?</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>☐ A Memorandum of Understanding?</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title of Parent Corporation (if different from facility name):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Business Organization (Corporation, partnership, sole proprietor, etc.): corporation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State of Incorporation:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Fieldwork Site agreement negotiator: Martha Cortner, Contract Analyst</th>
<th>Phone: 615-936-2220 (Fax) 615-322-7405</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email: <a href="mailto:martha.cortner@Vanderbilt.edu">martha.cortner@Vanderbilt.edu</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (if different from facility):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Office of Grants &amp; Contracts Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanderbilt University Medical Center</td>
</tr>
<tr>
<td>3319 West End Avenue, Suite 100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City: Nashville</th>
<th>State: TN</th>
<th>Zip: 37203-6869</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of student:</th>
<th>Potential start date for fieldwork:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Any notation or changes that you want to include in the initial contact letter:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Information Status:</th>
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</thead>
</table>

| ☐ 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