



The Fieldwork Starter Kit: Don't Start from Scratch!

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**Susan Santalucia, MS, OTR/L, Thomas Jefferson University
Ellen Rosenberg MS, OTR/L, Harcum College
Caryn Johnson, MS, OTR/L, FAOTA, Thomas Jefferson University**

Why is this important?

1. Fieldwork Education to help meet 2017 Centennial Vision
2. Success of our profession dependent on FW Programs
3. More graduates entering the workforce needing training
4. AOTA FWECP only training available currently



Learning Objectives

By the conclusion of this session, participants will have the tools to:

1. Understand the components of and develop a fieldwork student manual.
2. Understand the impact Medicare regulations on fieldwork programs.
3. Develop an 8 week or 12 week student schedule.
4. Create site specific learning objectives based on the Fieldwork Performance Evaluation.

Developing a FW Program

1. Analyze your facility
2. Collaborate with Academic Program(s)
3. Fieldwork Contract or Letter of Agreement
4. Develop Student Resources



FIELDWORK MANUAL

Why do clinical sites need a Fieldwork Manual?

- Provides written policy of reviewed information
- Student resource binder
- Provides objective standards and rules
- Eliminates the “I didn’t know that...” excuse

Why Do Clinical Sites Need a Fieldwork Manual?

SAFECOM:

6. “Documents an organized, systematic fieldwork program (e.g., fieldwork manual, student expectations, weekly sequence of expectations, etc.).”

13. Provides a complete orientation for student to fieldwork site (e.g., policies, procedures, student expectations, and responsibilities, etc.).



www.aota.org/Educate/EdRes/Fieldwork/Supervisor/Forms/38251.aspx?FT=.pdf

ACOTE

Specific Information for Fieldwork Manual

- Specific Student Information for Manual
 - Fieldwork Evaluation
 - Site specific Objectives
 - 8 and 12 week schedules



General Sections for FW Manual

- Orientation to Facility
- Orientation to Department
- Orientation to Patient/Client
- Guidelines for Documentation
- FW Program Information
- FW Performance

Orientation to Facility

- Facility Vision & Mission Statement
- Organizational Chart & Contact Information
- Overview of Programs
- Facility General Policies
 - Zero Tolerance
 - New Programming and Initiatives
 - Sexual Harassment Policy
- Emergency Procedures
- Site Map & Parking/Public Transportation information

Fieldwork Manual Content Orientation to Department

- Philosophy & Organizational Chart of the OT Program
- Role of Occupational Therapy including OT/OTA roles, other team members
- Department Information
 - Policy and procedures
 - Incident Reports/Emergency Procedures
 - Essential job functions and description



www.aota.org/Educate/EdRes/Fieldwork/NewPrograms/38250.aspx

Orientation to Department and Personnel

- Policies for
 - lateness
 - Absence
 - cell phone use
- Working hours
- Phone/email list of employees
- Confidentiality Policies
- other site scheduled orientations/trainings

Pragmatics Orientation

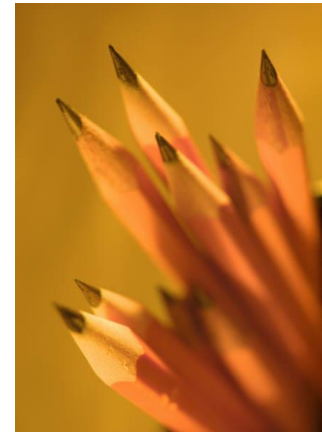
- Special Client Related Groups Programs
 - Purpose
 - Referral system
 - Operation
 - Transport



www.aota.org/Educate/EdRes/Fieldwork/NewPrograms/38250.aspx

Documentation Information

- Guidelines for Documentation
 - Completed samples of all forms
 - Evaluation
 - Daily and Weekly Progress Notes
 - Discharge Plans
 - Acceptable medical abbreviations
 - Discharge plan
 - Billing Policies and Procedures
 - Electronic Documentation & Dictation Directions, if applicable



www.aota.org/Educate/EdRes/Fieldwork/NewPrograms/38250.aspx

FW Program Information

- Completed AOTA Fieldwork Data Form (see handout)
- Orientation Checklist and Schedule
- Occupational Therapy Code of Ethics
- OTPF-2
- Roles of FW Educator, FW Coordinator, AFWC & Student
- **Weekly Schedule (8 or 12 Weeks)**

Fieldwork Program

- Responsibilities of:
 - Fieldwork educator
 - Student
 - Fieldwork coordinator (if position exists)
- Performance Evaluation
& Site Specific Learning Objectives
- Procedure and guidelines used in the evaluation of
 - Student
 - Fieldwork Educator
 - Fieldwork Experience

Use of Orientation Checklist

INGLIS HOUSE ORIENTATION CHECKLIST

In-Services for OTA Student:

- Tour of IH, orientation to staff + residents _____
- Orientation to unique neurological disorders _____
- Transfer training/ body mechanics (including use of mechanical lift/ EZ stand) _____
- Review of medical chart _____
- Documentation introduction (screens, orders, certs, progress notes, discharge notes, evals) _____
- Wheelchair operation + positioning _____
- ROM _____
- Splinting _____
- ECU _____
- Spasticity management _____
- Reading an evaluation/ goal review _____
- Smoking _____
- Co-treat with PT (pressure mapping, PAMs w/c positioning, wound care, orthotics) _____
- C-treat with SLP (ACC, dysphagai, voice training) _____
- RNP observation _____
- Maintenance groups _____
- Community re-entry program _____
- Computer Lab _____
- Plan of Care _____
- PM + R Clinic _____
- MDS, Billing, CMI _____





Fieldwork Manual

What else should or could be included?

Audience Participation

Your Ideas



Fieldwork Students and Medicare

Caryn Johnson MS, OTR/L FAOTA



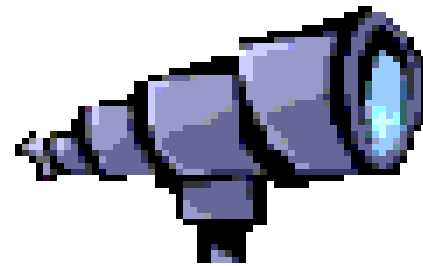
Different Settings, Different Rules

- Med A/Med B
- SNF
- Hospital/Inpatient rehab
- Individual vs. concurrent vs. group



Medicare Part A—Hospital and Inpatient Rehabilitation

- Billing: 1 patient per 1 student/FWEEd unit
- Effective October 1, 2011, each provider will determines manner of supervision
- State laws apply
- Line of sight not required



Suggested AOTA Guidelines

- The amount and type of supervision as determined by the supervising therapist/assistant must be appropriate to the students documented level of knowledge, experience, and competence

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Suggested AOTA Guidelines

- Students who have been approved by the supervising therapist/assistant to practice independently in selected patient/client situations can perform those selected patient/client services without line of sight supervision

AOTA

Suggested AOTA Guidelines

- Students **not** approved to practice independently require line of site supervision and the supervising OT/OTA will have direct contact with the patient/client during each visit

AOTA

Medicare Part A—SNF

- Effective October 1, 2011: Line-of-sight supervision is no longer required in the SNF setting (76 Fed. Reg. 48510-48511).
- Students billing time is not separately reimbursable.
- Effective October 1, 2011, each provider will determine supervision
- State laws apply
- Line of sight not required
- Concurrent: no more than 2 per OTS/FWEd unit
- OTA can supervise OTAS

Medicare Part A—Home Health

- Regulations (§484.115) specifically cite definitions for "qualified personnel", do not include students.
- CMS has not issued specific restrictions on students re
- Services by students provided (as allowed by state law) when student is supervised by an OT or OTA in the home.
- AOTA is recommending that the approach for Part A inpatient settings be followed for home health agencies.
- State laws apply

Suggested AOTA Guidelines

- The supervising OT/OTA must be physically present in the facility and immediately available to provide observation, guidance, and feedback as needed when the student is providing services at all levels of supervision

AOTA

Suggested AOTA Guidelines

- When the supervising OT/OTA has approved the student to perform medically necessary patient/client services and the student provides the appropriate services, the services will be counted on the MDS as skilled therapy minutes.

AOTA

Medicare Part B—Private Practice, Hospital Outpatient, SNF, CORF, ORF, Rehabilitation agency, and other Part B providers including home health agencies when providing Part B services

- Medicare Part B outpatient benefit, services of students directly **assisting a** qualified practitioner (OT) are covered when the type and level of supervision requirements are met as follows:
 - Students can participate in the delivery of services when the qualified practitioner (OT) **is directing** the service, making the **skilled judgment**, responsible for the assessment and treatment in the same room as the student, and not simultaneously treating another patient. or doing another task.
- The qualified practitioner is solely responsible and must sign all documentation.
- OTA cannot supervise OTAS

EXAMPLES: Therapists may bill and be paid for the provision of services in the following scenarios: **(MED B)**

- The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
- The qualified practitioner is present in the room guiding the student in service delivery when the OT student and the OTA student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.

Medicare Billing

- **Medicare Part A:** ___ minutes of therapy services provided by OT and OTA students MAY be recorded on the MDS as minutes of therapy received by the beneficiary.
- **Medicare Part B:** Only the services of the therapist can be billed and paid for
- The presence of the student “in the room” does not make the service unbillable.

Documentation

- The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician's service, not for the student's services).
- Student can dictate to FWEd
- Student can write note; FWEd is ultimately responsible, must sign

Suggested AOTA Guidelines

Supervising OT/OTA:

- is required to review and sign all students documentation for all levels of clinical experience
- retains full responsibility for the care of the patient/client

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Suggested AOTA Guidelines

- Posted by CMS on SNF PPS Website
(<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Spotlight.html>)

AOTA

Take Home Points

- Only 1 patient at a time with student/supervisor unit Med A Hospital/Rehab
- Med A - line of site not required
- Med B - FWEd must be in the room; cannot be doing other tasks



References/Resources

- <http://www.aota.org/Educate/EdRes/Fieldwork.aspx> (members only): [OT/OTA Student Supervision & Medicare Requirements](#)
- <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Spotlight.html>: Student supervision guidelines



Fieldwork Performance Evaluation Site Specific Learning Objectives

ACOTE: Minimum Standards and Outcomes

OT

- Be a **generalist**
- Achieve **entry-level competence**
- Articulate, apply, and justify **occupation** interventions
- Supervise and **collaborate with the OTA**
- Keep **current with best practice**
- Uphold the **ethics, values,** and attitudes of the profession
- Be an effective **consumer of research** and knowledge

OTA

- Be a **generalist**
- Achieve **entry-level competence**
- Work under the supervision of and **in cooperation with the OT**
- Articulate, apply, and justify interventions related to **occupation**
- Keep **current with best practice**
- Uphold the **ethics, values,** and attitudes of the profession

Accreditation Standards- Intervention and Implementation

OTR

- **Select** and teach compensatory strategies...
- **Identify** and demonstrate skills of collaboration with **OTA's**...
- Recognize and **refer** clients to appropriate specialists...
- **Plan for** D/C by reviewing the needs of the client...
- Organize, collect and analyze data for evaluation practice outcomes
- Terminate OT services when appropriate...

OTA

- teach compensatory strategies...
- Demonstrate skills of collaboration with **OT's**...
- Recognize and **communicate the need to refer** clients to appropriate specialists...
- **Facilitate D/C planning** by reviewing the needs of the client...
- **Under the direction of an administrator**, organize, collect and analyze data for evaluation practice outcomes
- **Recommend** termination of OT services when appropriate...

Your Site: Entry Level Expectations



- Identify entry-level competencies & expectations at your site
 - What is the domain of occupational therapy at your site?
 - What is the purpose of the OT evaluation process at your site?
 - What intervention approaches do you use at your site?
 - What is considered safe and ethical practice at your site?
 - What are the responsibilities of the OT and OTA to each other at your site?

CONSIDER

What are the essential knowledge, skills, and abilities required of a new graduate in your practice setting ?

Content of OT and OTA AOTA Level II Evaluations FWPE

OT

- Fundamentals of practice (3)
- Basic tenets (4)
- Evaluation/screening (10)
- Intervention (9)
- **Management of OT services (5)**
- Communication (4)
- Professional behavior (7)

OTA

- Fundamentals of practice (3)
- Basic tenets (3)
- Evaluation/screening (5)
- Intervention (6)
- Communication (2)
- Professional behavior (6)

Why Have Site-Specific Learning Objectives?

- The AOTA FWPE for LEVEL II used in all settings
- SSLOs are specific to the site
- SSLOs operationalize and clarify expectations

The logo consists of the letters 'SSLOs' in a stylized, orange, cursive font. The letters are bold and have a slight shadow effect. The 'S's are particularly large and flowing. The entire logo is enclosed in a thin orange rectangular border.

Fieldwork Performance
Evaluation



Site Expectations



**Site Specific
Learning Objectives**

A Sample Objective – FWPE/OTAS

FWPE/OTAS Item #8.

Establishes service competency in assessment methods, including but not limited to interview, observations, assessment tools, and chart reviews within the context of the service delivery setting.

- **Mental health setting:** Accurately administers the Allen Cognitive Level Screen and the structured intake interview after establishment of service competency
- **Rehab setting:** Accurately completes the ADL/mobility assessments using the FIM® scale after establishment of service competency

Questions to Consider When Writing SSLOs

- What will demonstrate to you that the student is able to:
 - Practice in a safe and ethical manner?
 - Clearly articulate the domain of practice?
 - Effectively carry out the OT process?

Questions to Consider When Writing Objectives

How can you measure/evaluate that the student is at entry-level mastery?

- Level of independence?
- Frequency of performance?
- Quality of performance?



Objectifying FW Expectations

- Performance (observable behavior)
- *Condition (specifics of situation)*
- *Criteria (level of independence, timeline)*

Following assignment of each new patient,
student will, *within 24 hours,*
independently perform a complete Initial
Evaluation *within one hour to at least 6*
patients by week 12.

RUMBA Test

- **Relevant** – expectation of entry-level occupational therapy practitioner?
- **Understandable** – clear expectation of what is required?
- **Measurable** – can it be determined if the objective was achieved
- **Behavioral** – is the objective written so that expected performance can be clearly observed?
- **Achievable** – Is the objective realistic within the time frame, demands, and resources at my site?

Example: Intervention

Objective

- **Item #21:** Selects relevant occupations to facilitate clients meeting established goals.
- **Site specific objective:** *Based on evaluation results of patients with a variety of diagnoses, student **consistently** selects activities, and introduces them into the treatment plan, that demonstrate a purposeful, goal-oriented outcome. **The selected activities consider the individual patient's values, interests and abilities.***

Example: Professional Behavior Objective

- **Item #42**- Demonstrates respect for diversity factors of others including but not limited to sociocultural, socioeconomic, spiritual and life style choices
- ***When assigned patients from cultural backgrounds unfamiliar to the student, student investigates diversity factors and appropriately modifies behavior or interaction style 95% of the time.***

FWPE & SSLOs

- Student must be evaluated on each item

Example: Basic Tenet Objective

Item #6: Clearly, confidently and accurately communicates the roles of the OT and OTA to clients, families, significant others, colleagues, service providers, and the public.

What if there is no
OTA in your Facility?

Possible Solution

- The student will present an in-service to the rehab staff on the potential role of the COTA.

Better yet....

- ***When there is no COTA on staff, student will research the role of COTA's in like settings and present a 30 minute in-service on the potential role of the COTA in evaluation and treatment to staff by week 9.***

RESOURCES

SSLO EXAMPLES

<http://www.aota.org/Educate/EdRes/Fieldwork/SiteObj.aspx>

NEOTEC's SSLO CHECKLIST as a guide

http://www.jefferson.edu/health_professions/occupational_therapy/programs/fieldwork/documents/NEOTECOTchecklistrevisedandimproved.pdf

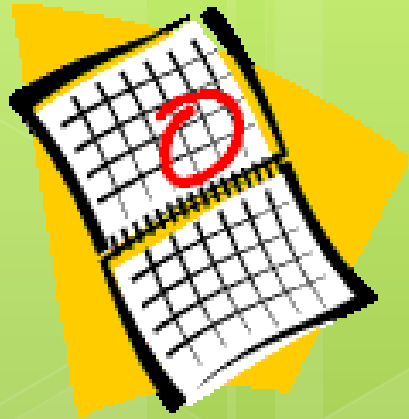




SSLO's

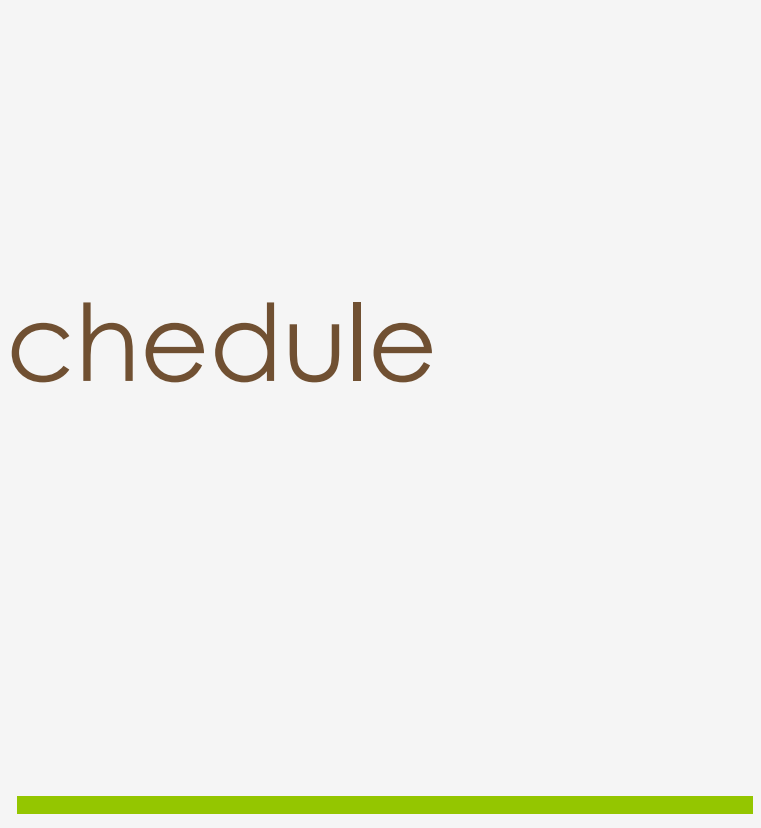
Audience Participation

PRACTICE



Student Weekly Schedule

8 or 12 Week



Benefits of the schedule

Provides guidance for therapist and student

Provides structure for both the student and therapist

Provides specific information and instant feedback if goals are not being achieved.

Sequences learning experiences to grade progression toward entry-level practice.

Eliminates the “oh, we never reviewed that ...”

OT Student program and OTA Student program

- 12 week schedule for Occupational Therapy students
- 8 week schedule for Occupational Therapy assistant students.

8 and 12 week schedules

- What are the expectations?
- What do students need to know?
- How will the program be graded for the student?
- How are new employees introduced to the setting?



8 Or 12 Week Schedules

- Schedules include information from orientation manuals or could just include information about direct clinical skills
- Include timing of assignments
- Number of notes to be written
- Number of evaluations to be completed
- Attendance at rounds
- Communication with family members

8 Or 12 Week Schedules

- Assigned orientations with different staff
- Midterm evaluations
- Amount of notes, evaluations or discharges to be completed.
- Number of corrections for each piece of documentation
- Week by week outline of productivity standards

Sample schedules

- General information about the week
 - Or
- Specific Information about what needs to be accomplished



Week by Week Schedule

- General Orientation
 - What will be completed Week 1?
 - Orientation to Fieldwork Manual
 - Orientation to Emergency Procedures
 - Orientation to Facility
 - Orientation to basic equipment (ie hospital bed use and w/c leg rests)

Considerations

- Clinical Orientation
 - Evaluation procedures and assessments
 - Treatment scheduling/ plan
 - Documentation
 - Available Equipment
 - Administrative Roles
 - Clinical Case Load Expectations

8 and 12 week schedule Evaluation Procedures and Assessments

- What skills will be learned each week?
 - Week 1 a chart review with total A
 - Week 2 2 chart reviews with minimal corrections or review of medical terminology
 - Week 3 – complete 3 chart reviews independently

8 and 12 week schedule Evaluation Procedures and Assessments

Clinical Evaluations and Procedures

When will ADL training and FIM training take place?

- Visual Perception
- Cognition
- Sensory motor
- Apraxia and Motor Planning
- Sensory Diets-

Week 1 research 3 activities to include in sensory diet

Week 2 add 2 more activities

Week 12 I'll train and educate family in sensory diet.

Example 1 of Progression

- Week 2 Take Vital signs with cues daily
- Week 3 I'll take Vital signs
- Week 8 I'll take and report any concerns regarding vital signs

Example 2: Treatment Plan

- Week 2 CO- treat for 2 patients daily after review of plan
- Week 5 lly treat current patients, co treat with more complex patients
- Week 8 l'ly treat 8 patients daily.

Example 3: Clinical Case Load Expectations

- Week 4- Treat 4 patients and evaluate 1 new patient
- Week 8 Treat 6 patients and evaluate 2 new patients
- Week 12 I'll carry full case load of 8-9 patients.

Example 4: Documentation

- Week 2 Observe 2 evaluations and write down observations
- Week 3 Complete evaluation with assistance and >10 errors
- Week 6 Complete 3 evaluations weekly with >3 errors
- Week 12 I in all aspects of evaluation

Similarities in 8 vs. 12 week Schedule

- Orientations
- Clinical orientations
- Documentation
- Billing Procedures
- Equipment Use
- Team Meetings/ department communication

Differences in 12 vs. 8 week schedule

12 Week	8 week
Mid term review at 6 weeks	Midterm review at 4 weeks
Caseload or productivity standards/expectations	Caseload or productivity standards/expectations
	Service Competency

Conclusion

Programming Differences

- Occupational Therapy 12 week schedule
 - 6 week midterm
 - FWPE- grading criteria 42 areas
 - Management
 - Lengthier evaluation
- Occupational Therapy Assistant Program
 - 8 week schedule
 - 4 week midterm
 - FWPE grading criteria 25 areas

Possibly more training for evaluation and some treatments for service competency



8 and 12
Week

Audience Participation

Your Ideas

Finishing Your Starter Kit

- Resources have been provided
- Can start small – modify and change as your program develops
- Set Realistic Goals
 - Use the whole department to assist
- TAKE A STUDENT OR 2! IT WILL BENEFIT YOUR DEPARTMENT!

Resources

- www.aota.org/Educate/EdRes/Fieldwork/NewPrograms/38245.aspx
- www.aota.org/Educate/EdRes/Fieldwork/NewPrograms/38250.aspx
- www.aota.org/Educate/EdRes/Fieldwork/NewPrograms/38246.aspx

References

Accreditation Council for Occupational Therapy Education (**ACOTE®**) **Standards** and Interpretive Guidelines **2006** retrieved from: www.aota.org/.../Educate/Accredit/StandardsReview/guide/42369.aspx?FT=.pdf

AOTA, (2000). COE Guidelines for an Occupational Therapy Fieldwork Experience - Level II retrieved from: <http://aota.org/Educate/EdRes/Fieldwork/LevelII/38247.aspx>

For More Information Contact:

Susan Santalucia MS, OTR/L
Thomas Jefferson University OT Program
Susan.Santalucia @jefferson.edu
215-503-9629

Ellen Rosenberg MS, OTR/L
Harcum College OTA Program
erosenberg@harcum.edu
610-526-6024

Caryn Johnson MS, OTR/L, FAOTA
Thomas Jefferson University OT Program
Caryn.Johnson @Jefferson.edu
215-503-9607