

AOTA FIELDWORK DATA FORM

Date: November 12, 2013

Name of Facility: Stanford Hospital and Clinics

Address: Street 300 Pasteur Dr., MC 5284 City: Stanford State: CA Zip: 94305

<p>FW I</p> <p>Contact Person: Not Applicable Credentials:</p> <p>Phone: E-mail:</p>	<p>FW II</p> <p>Outpatient: Lori Byer DPT, OCS Email: LoBeyer@stanfordmed.org Phone: 650-721-7676</p> <p>Inpatient: Kiely Schmidt DPT Email: Kschmidt@stanfordmed.org Phone: 650-724-2789</p>
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<p>Director: Judy Leydig Phone: 650-498-5903 Fax: 650-725-5433 Web site address: www.rehabstudents.stanfordhospital.com</p>	<p>Initiation Source: <input checked="" type="checkbox"/> FW Office <input type="checkbox"/> FW Site <input type="checkbox"/> Student</p>	<p>Corporate Status: <input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> State Gov't <input type="checkbox"/> Federal Gov't</p>	<p>Preferred Sequence of FW: <small>ACOTE Standards B.10.6</small> Any <input checked="" type="checkbox"/> Second/Third only; 1st must be in: <input type="checkbox"/> Full-time only <input checked="" type="checkbox"/> Part-time option <input checked="" type="checkbox"/> Prefer Full-time</p>
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OT Fieldwork Practice Settings (ACOTE Form A #s noted) :

Hospital-based settings	Community-based settings	School-based settings	Age Groups:	Number of Staff:
<input checked="" type="checkbox"/> In-Patient Acute 1.1 <input type="checkbox"/> In-Patient Rehab 1.2 <input type="checkbox"/> SNF/ Sub-Acute/ Acute Long-Term Care 1.3 <input type="checkbox"/> General Rehab Outpatient 1.4 <input checked="" type="checkbox"/> Outpatient Hands 1.5 <input type="checkbox"/> Pediatric Hospital/Unit 1.6 <input type="checkbox"/> Peds Hospital Outpatient 1.7 <input checked="" type="checkbox"/> In-Patient Psych 1.8	<input type="checkbox"/> Peds Community 2.1 <input type="checkbox"/> Behavioral Health Community 2.2 <input type="checkbox"/> Older Adult Community Living 2.3 <input type="checkbox"/> Older Adult Day Program 2.4 <input checked="" type="checkbox"/> Outpatient/hand private practice 2.5 <input type="checkbox"/> Adult Day Program for DD 2.6 <input type="checkbox"/> Home Health 2.7 <input type="checkbox"/> Peds Outpatient Clinic 2.8	<input type="checkbox"/> Early Intervention 3.1 <input type="checkbox"/> School 3.2 <p>Other area(s) please specify:</p>	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-12 <input type="checkbox"/> 13-21 <input checked="" type="checkbox"/> 22-64 <input checked="" type="checkbox"/> 65+	OTRs: 33 COTAs: 0 Aides: 8 PT: 47 Speech: 13 Resource Teacher: 0 Counselor/Psychologist: Other:

<p>Student Prerequisites (check all that apply) <small>ACOTE Standard B.10.6</small></p> <p><input checked="" type="checkbox"/> CPR American Heart Assoc. BLS for Healthcare Providers only-others not accepted</p> <p><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</p> <p><input type="checkbox"/> First Aid <input type="checkbox"/> Infection Control training <input checked="" type="checkbox"/> HIPAA Training <input checked="" type="checkbox"/> Prof. Liability Ins. <input type="checkbox"/> Own transportation <input type="checkbox"/> Interview</p>	<p>Health requirements:</p> <p><input checked="" type="checkbox"/> HepB <input checked="" type="checkbox"/> MMR <input checked="" type="checkbox"/> Tetanus <input checked="" type="checkbox"/> Chest x-ray (if TB positive) <input checked="" type="checkbox"/> Drug screening <input checked="" type="checkbox"/> TB/Mantoux</p> <p><input type="checkbox"/> Physical Check up <input checked="" type="checkbox"/> Varicella <input checked="" type="checkbox"/> Influenza (strongly recommended, must sign declination if no) <input checked="" type="checkbox"/> Pertussis</p> <p>Please list any other requirements: Able to lift 40 pounds.</p>
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Performance skills, patterns, contexts and client factors addressed in this setting (check all that apply)

<p>Performance Skills: Motor Skills <input checked="" type="checkbox"/> Posture <input checked="" type="checkbox"/> Mobility <input checked="" type="checkbox"/> Coordination <input checked="" type="checkbox"/> Strength & effort <input checked="" type="checkbox"/> Energy</p> <p>Process Skills <input checked="" type="checkbox"/> Energy <input checked="" type="checkbox"/> Knowledge <input checked="" type="checkbox"/> Temporal organization <input checked="" type="checkbox"/> Organizing space & objects <input checked="" type="checkbox"/> Adaptation</p> <p>Communication/ Interaction Skills <input checked="" type="checkbox"/> Physicality- non verbal <input checked="" type="checkbox"/> Information exchange <input checked="" type="checkbox"/> Relations</p>	<p>Client Factors: Body functions/structures <input checked="" type="checkbox"/> Mental functions- affective <input checked="" type="checkbox"/> Mental functions-cognitive <input checked="" type="checkbox"/> Mental functions- perceptual <input checked="" type="checkbox"/> Sensory functions & pain <input checked="" type="checkbox"/> Voice & speech functions <input checked="" type="checkbox"/> Major organ systems: heart, lungs, blood, immune <input checked="" type="checkbox"/> Digestion/ metabolic/ endocrine systems <input type="checkbox"/> Reproductive functions <input checked="" type="checkbox"/> Neuromusculoskeletal & movement functions <input checked="" type="checkbox"/> Skin</p>	<p>Context(s): <input checked="" type="checkbox"/> Cultural- ethnic beliefs & values <input checked="" type="checkbox"/> Physical environment <input checked="" type="checkbox"/> Social Relationships <input checked="" type="checkbox"/> Personal- age, gender, etc. <input checked="" type="checkbox"/> Spiritual <input checked="" type="checkbox"/> Temporal- life stages, etc. <input checked="" type="checkbox"/> Virtual- simulation of env, chat room, etc.</p> <p>Performance Patterns/Habits <input checked="" type="checkbox"/> Impoverished habits <input checked="" type="checkbox"/> Useful habits <input checked="" type="checkbox"/> Dominating habits</p> <p><input checked="" type="checkbox"/> Routine sequences <input checked="" type="checkbox"/> Roles</p>
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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): <small>*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</small>		
<p>Activities of Daily Living (ADL) <input checked="" type="checkbox"/> Bathing/showering <input checked="" type="checkbox"/> Bowel and bladder mgmt <input checked="" type="checkbox"/> Dressing <input checked="" type="checkbox"/> Eating <input checked="" type="checkbox"/> Feeding <input checked="" type="checkbox"/> Functional mobility <input checked="" type="checkbox"/> Personal device care <input checked="" type="checkbox"/> Personal hygiene & grooming <input checked="" type="checkbox"/> Sexual activity <input checked="" type="checkbox"/> Sleep/rest <input checked="" type="checkbox"/> Toilet hygiene</p>	<p>Instrumental Activities of Daily Living (IADL) <input checked="" type="checkbox"/> Care of others/pets <input checked="" type="checkbox"/> Child rearing <input type="checkbox"/> Communication device use <input checked="" type="checkbox"/> Community mobility <input checked="" type="checkbox"/> Financial management <input checked="" type="checkbox"/> Health management & maintenance <input checked="" type="checkbox"/> Home establishment & management <input checked="" type="checkbox"/> Meal preparation & clean up <input checked="" type="checkbox"/> Safety procedures & emergency responses <input checked="" type="checkbox"/> Shopping</p>	<p>Education <input type="checkbox"/> Formal education participation <input checked="" type="checkbox"/> Exploration of informal personal education needs or interests <input checked="" type="checkbox"/> Informal personal education participation</p> <p>Work <input checked="" type="checkbox"/> Employment interests & pursuits <input type="checkbox"/> Employment seeking and acquisition <input checked="" type="checkbox"/> Job performance <input type="checkbox"/> Retirement preparation & adjustment <input checked="" type="checkbox"/> Volunteer exploration / participation</p>
<p>Play <input type="checkbox"/> Play exploration <input type="checkbox"/> Play participation</p>	<p>Leisure <input checked="" type="checkbox"/> Leisure exploration <input checked="" type="checkbox"/> Leisure participation</p>	<p>Social Participation <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Peer/friend</p>
<p>Purposeful Activity- therapeutic context leading to occupation, practice in preparation for natural context <input checked="" type="checkbox"/> Practicing an activity <input checked="" type="checkbox"/> Simulation of activity <input checked="" type="checkbox"/> Role Play Examples: practicing self-care while observing sternal precautions post-op</p>	<p>Preparatory Methods- preparation for purposeful & occupation-based activity <input checked="" type="checkbox"/> Sensory-Stimulation <input checked="" type="checkbox"/> Physical agent modalities <input checked="" type="checkbox"/> Splinting <input checked="" type="checkbox"/> Exercise Examples: fabricating or fitting a pre-fab splint post-operatively</p>	<p>Therapeutic Use-of-Self- describe Teach patient to incorporate breathing techniques into ADL. Consultation Process- Coordinate discharge plan with patient, family, case manager, social worker and physician. Education Process- describe Teach patient to observe spine precautions.</p>
<p>Method of Intervention Direct Services/case load for entry-level OT <input checked="" type="checkbox"/> One-to-one: <input checked="" type="checkbox"/> Small group(s): primarily psych</p>	<p>Outcomes of Intervention * <input checked="" type="checkbox"/> Occupational performance- improve &/ or enhance <input checked="" type="checkbox"/> Client Satisfaction</p>	<p>Theory/ Frames of Reference/ Models of Practice <input type="checkbox"/> Acquisitional <input checked="" type="checkbox"/> Biomechanical <input checked="" type="checkbox"/> Cognitive- Behavioral</p>

<p>x Large group: primarily psych</p> <p>Discharge Outcomes of clients (% clients)</p> <p>x Home 70% (est) (includes home health)</p> <p>x Another medical facility 30% (est)</p> <p>x Home Health</p>	<p>x Role Competence</p> <p>x Adaptation</p> <p>x Health & Wellness</p> <p>x Prevention</p> <p>x Quality of Life</p> <p>OT Intervention Approaches</p> <p>x Create, promote (health promotion)</p> <p>x Establish, restore, remediation</p> <p><input type="checkbox"/> Maintain</p> <p>x Modify, compensation, adaptation</p> <p>x Prevent, disability prevention</p>	<p><input type="checkbox"/> Coping</p> <p>x Developmental</p> <p><input type="checkbox"/> Ecology of Human Performance</p> <p>x Model of Human Occupation (MOHO)</p> <p><input type="checkbox"/> Occupational Adaptation</p> <p>x Occupational Performance Model</p> <p><input type="checkbox"/> Person/ Environment/ Occupation (P-E-O)</p> <p><input type="checkbox"/> Person-Environment-Occupational Performance</p> <p>x Psychosocial</p> <p>x Rehabilitation frames of reference</p> <p><input type="checkbox"/> Sensory Integration</p> <p><input type="checkbox"/> Other (please list):</p>
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Please list most common screenings and evaluations used in your setting: Activities of daily living, cognitive, dysphagia, environment, need for adaptive equipment and orthotics, neuromuscular, play and leisure activities, psycho-social skills/components, range of motion, sensory, strength, visual screening, work activities, COPM, AMPS, FIM, KELS
 Because of the nature of acute care, we are often more focused on performance skills, occupation and client factors, although incorporate all aspects of OT domain into our practice.

Identify safety precautions important at your FW site

- | | |
|--|--|
| x Medications | x Swallowing/ choking risks |
| x Post-surgical (list procedures) ACDF, Spine fusion, CABG, solid organ transplant, total hip and knee | x Behavioral system/ privilege level (locked areas, grounds) |
| x Contact guard for ambulation | x Sharps count |
| x Fall risk | x 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: Interns are asked to complete on-line safety and practice and electronic medical record modules before the start of the internship, and may be asked to review therapy guidelines for specific diagnoses before the internship. Interns are encouraged to e-mail their assigned fieldwork educator prior to the internship for specific information about their unit(s) and the patient population. Interns should also be aware of the missions, goals and philosophy of their school, and be prepared to share those with their preceptor, so that they can be incorporated into the fieldwork program.

<p>Target caseload/ productivity for fieldwork students:</p> <p>Productivity % per 40 hour work week: 60-75% at the end of the internship</p> <p>Caseload expectation at end of FW: Varies by unit and in-patient vs. out-patient. In acute medical surgical units 6-8 patient evaluations and treatment.</p> <p># Groups per day expectation at end of FW: only in psych (1-2)</p>	<p>Documentation: Frequency/ Format (briefly describe) :</p> <p><input type="checkbox"/> Hand-written documentation: <input checked="" type="checkbox"/> Computerized Medical Records:</p> <p>Time frame requirements to complete documentation: completed daily; real time documentation as schedule permits.</p>
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<p>Administrative/ Management duties or responsibilities of the OT/ OTA student:</p> <p><input checked="" type="checkbox"/> Schedule own clients <input checked="" 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 (or case study) <input checked="" type="checkbox"/> Case study (or in-service) <input checked="" type="checkbox"/> Participate in in-services/ grand rounds (or as above) <input checked="" type="checkbox"/> Fieldwork Project (describe): as required by school <input 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>
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Student work schedule & outside study expected:	Other	Describe level of structure for student?	Describe level of supervisory support for student?
Schedule hrs/ week/ day: 8-5 (may vary) Out-patient may work 4 ten hour days.	Room provided <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> High	<input checked="" type="checkbox"/> High (varies by location and pt population)
Do students work weekends? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no (not routinely.)	Meals <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Moderate
Do students work evenings? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Stipend amount:	<input type="checkbox"/> Low	<input type="checkbox"/> Low

Describe the FW environment/ atmosphere for student learning: The amount of structure varies based on the student's experience and needs, internship type, and individual clinical instructors. In general, structure is greatest during the first 3-4 weeks, then decreases. General goals and objectives are developed for each service, but the OTR and OTS collaboratively develop individualized goals. Please let us know your personal needs, and we will try to tailor the program accordingly.

This is a teaching hospital, and all of the staff (nurses, physicians, social workers, case managers, nutritionists, chaplains, respiratory care practitioners, physical therapists; etc.) are comfortable teaching and working with interns. We often have multiple OT, PT and speech interns in the department at the same time.

Interns who are most successful in this environment are achievers who take initiative and flexible and comfortable with change. Experience in an acute care setting and working with teams is a plus.

Describe public transportation available: Contact Stanford University Parking and Transportation Services, www.transportation@stanford.edu for information about parking and public transportation.

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: JCAHO (Also Stroke Center Certification), NCI Cancer Center, CA Department of Health, American Nurses Credentialing Center (Magnet), Leapfrog Group

Year of most recent review: 2013

Summary of outcomes of OT Department review: no deficiencies

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* The mission of Stanford Hospital and Clinics is to care, to educate, and to discover.

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* We work with several OT schools. We ask that the schools and/or students provide us with the mission and goals for their school, and also their curricular themes, so that we can incorporate them into our learning program.
 - 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? The therapists work with patients to assess their goals related to occupation, and establish a treatment plan that reflects those goals. At times, the patients are non-verbal, and we work with family and other significant others to learn as much as possible about the patient and what was meaningful to them prior to their illness or injury, and try to incorporate that information into the care.
 - b. Describe how you seek to include client-centered OT practice? How do clients participate in goal setting and intervention activities? See above.
 - c. Describe how psychosocial factors influence engagement in occupational therapy services? We recognize the "dynamic interrelatedness" of performance skills and patterns, client factors, context, activity demands and areas of occupation (OT Practice Framework, 2nd edition). We try to assess all factors that affect the client's ability to engage in our services.
 - d. Describe how you address clients' community-based needs in your setting? We look at our client's pre-injury or illness or pre-hospitalization roles, and evaluate how the client will be affected by their new role as a "patient" or person receiving health care services. We set goals with the patient and family/significant other, and treatment plans. A major part of our role is consultation with the patient and other team members to help determine the best plan for patients post-discharge from the acute care setting.

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* Competencies for the department are evidence-based. We have a strong education program for therapists and other hospital departments related to evidence-based practice, and new/revised programs are supported with evidence. If students do a case study or project, the student must demonstrate the evidence for their treatment plan. Most students have access to medical databases through their schools, but we also have a medical library and librarians who are available for consultation for special literature searches. Several members of the department have had evidence-based fellowship awards from the hospital, or been coaches or teachers for evidence-based practice.

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* Please go to our web site www.rehabstudents.stanfordhospital.com for a description of the program, overall principles and objectives, ethical guidelines, professional dress, supervision; etc. Overall behavioral objectives are related to the AOTA fieldwork performance evaluation (fundamentals of practice, basic tenets; evaluation and screening; intervention and management), but there are specific objectives related to the service to which the intern is assigned. For example, an intern on an orthopedic unit might need to know the differences between different types of total hip replacement surgeries and the standard precautions for each, whereas a student on a neurosurgical unit might need to demonstrate cognitive screening and precautions for an extra-ventricular drain. The current practice is for fieldwork educators to use our standard behavioral objectives for students (based on service to which they are assigned, i.e., psychology, medical/surgical, ICU, orthopedic, hands).

6. 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)

OCCUPATIONAL THERAPY STAFF PROFILE
(Check / those who supervise OT fieldwork students)

Name and (OT/OTA)		Title	Degree and College/University	Grad Year	OT Specialty
Acosta, Yvonne*	OTR/L	Sr. therapist	MS, University of Buffalo	1980	Acute, rehab, ICU
Adler, Emeira*	OTR/L	Sr. therapist	Universidad Centrale de Venezuela	1991	Acute, ICU
Barnes, Amy*	OTR/L	Sr. Therapist	MS, CSU – Dominguez Hills	2010	Acute
Bolding, Deborah	OTR/L	Therapist	MS, Boston University	1981	Acute, rehab
Brook, Lewella*	OTR/L	Sr. Therapist	BS, Texas Women's University	1982	CHT, hands
Brown, Karen	OTR/L	Therapist	BS, San Jose State University	1996	Acute, dysphagia
Copuaco, Monina*	OTR/L	Sr. therapist	BS, College of St. Catherine	1968	CHT, hands
Clark, Susan*	OTR/L	Sr. therapist	BS, University of New Hampshire	1978	CHT, hands
Devich, Jennifer*	OTR/L	Sr. therapist	MS, San Jose State University	2004	CHT, hands
Dougherty, Margaret*	OTR/L	Clinical Specialist	MS, Virginia Commonwealth University	1986	Rehab, dysphagia, FIM lecturer/trainer, driving
Enos, Stacia	OTR/L	Sr. Therapist	MS, San Jose State University	2010	Acute, ICU
Estipona, Brian*	OTR/L	Therapist	BS, San Jose State	2005	Ortho
Gordon, Carolyn*	OTR/L	Sr. therapist	BS, Univ. of New England	1989	CHT, hands
Greenberg, Norma	OTR/L	Quality Supervisor	BS, Temple University MS, Thomas Jefferson Univ.	1979 1989	CPHQ, Acute, geriatrics, dysphagia, psych
Greenhalgh, Jody*	OTR/L	Sr. therapist	BS, San Jose State University	1981	Plastics, acute, dysphagia
Heitcamp, Alysia*	OTR/L	Sr. therapist	MOT, University of North Dakota	2004	Acute
Kaplan, Lynna*	OTR/L	Sr. therapist	BS, San Jose State University	1965	Acute, psych, geriatrics
Khan, Samana*	OTR/L	Therapist	MA, University of Southern California	2007	Acute, Peds, Psych
Kusumoto, Mandy*	OTR/L	Therapist	MS, CSU-Dominguez Hills	2012	Acute
Lacy, Mandy	OTR/L	Therapist	MS, San Jose State University	2009	Acute, ICU, NDT
Lashgari, Donna*	OTR/L	Supervisor; Adv. Clinical Specialist	BS, Univ. of Southern California MS in Health Sciences SFSU DHSc A T Still University	1972 1999 2014	CHT
Moore, Marisa*	OTR/L	Sr. Therapist	MS, San Jose State University	2009	Acute, psych, pain
Muccini, Julie*	MS, OTR/L	Clinical Specialist	MS, Boston University	1996	Rehab, Acute
Pickett, Karen*	OTR/L	Supervisor	MS, San Jose State University	1985	Acute, psych, chronic pain, cognition
Overstreet, Kathy*	OTR/L	Sr. therapist	BS, San Jose State University	1997	Psych, CBT, mindfulness
O'Connell, Carol*	OTR/L	Sr. therapist	Perpetual Help College of Medicine, Philippines	1990	Acute

Takatani, Shohei*	OTR/L	Sr. therapist	MS, San Jose State University	2010	Acute, ICU, CCU, CSU, splinting
Tolbert, Kristine*	OTR/L	Clinical specialist	BS, Indiana University	1986	Ortho, acute
Vithyavuthi, Irene*	OTR/L	Sr. therapist	MS, CSU-Dominguez Hills	2009	Acute, plastics, trauma
Williams, Jennifer	BSc.OT	Sr. therapist	BSc.OT University of Toronto	1997	Neuro Rehab
Wong, Judy*	OTR/L	Sr. therapist	BS, San Jose State University	1977	Acute, ICU
*denotes clinical instructors					

We have other staff that may help supervise staff during vacation; etc., but these are our primary preceptors/consultants

7. 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
- 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:

- We have clinical fieldwork educator meetings two times/year to discuss changes to the program, student issues, how department changes affect the internship programs, and discuss ways to improve clinical reasoning skills.
- We have 2-3 in-services per year related to student supervision and the development of clinical reasoning skills; etc.
- We participate in the California OT Fieldwork Council (usually 1-2 people attend the meetings), which include an education component.
- Many of our OTs have taken either a one-day course offered by our Continuing Education Center on “Preceptor Training” and/or the APTA CI credentialing course. Six therapists have completed the AOTA Fieldwork Educators Certificate course.

8. 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*

Students are asked to complete on-line training modules required of all new staff before starting the internship. This will take approximately 8 hours. Students complete orientation with the Education Coordinator for approximately 4 hours, have an on-line training program for electronic documentation (approximately 2 hours), then orient with their preceptor. In addition, interns will complete transfer competency and fit testing for personal protective equipment).

FWEs are asked to keep weekly written summaries of supervisory session with the student, at least until the mid-term is successfully completed. Learning contracts may be written with input from the academic coordinators in some cases. In addition, we maintain any documentation requested by the schools.

Supervisory patterns–Description (respond to all that apply)

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

9. 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 N/A*

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? Schools are required to sign our contract. Some modifications may be made with the approval of our attorney.

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): [Stanford Hospital and Clinics](#)

Type of Business Organization (Corporation, partnership, sole proprietor, etc.): [Private, non-profit](#)

State of Incorporation: [CA](#)

Fieldwork Site agreement negotiator: [contact K Schmidt PT, DPT](#) **Phone:** **Email:** kschmidt@stanfordmed.org

Address (if different from facility):

Street: [n/a](#) City: State: Zip:

Name of student: **Potential start date for fieldwork:** We prefer to use the standard start dates 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 6/5/2014