



Master of Occupational Therapy

Student Handbook 2016 - 2017



**MOT Handbook
Table of Contents**

Table of Contents.....	1-2
Purpose	3
Mission/Philosophy.....	4
Accreditation	5
Faculty.....	5
Academic Requirements.....	6
Grading/Academic Integrity.....	7
Level II Fieldwork Evaluation	7
Medical Requirements.....	8
Attendance Policy-Fieldwork.....	9
Probationary Policy.....	9
Disciplinary Policy.....	10
Dismissal Policy.....	11
Appeal of Program Dismissal	11-12
Readmission Policy	12
Program Honor Code	13
Course Policies and Practices	13-14
Equipment and Lab Safety Policies.....	15-16
Dress Code	17-18
MOT Curriculum.....	19
ACOTE Standards.....	20-53
Graduation Requirements	54
Certification	54
Licensure.....	54
Health Insurance	55
Advising – Academic Counseling	55
Infectious Diseases	56
Liability Insurance.....	56
Professional Organizations.....	56
Student OT Association	57
Problem Solving.....	58
Phone Calls.....	58
Bookstore/Bursar/Cafeteria	58-59
Library/Parking.....	59
OT Code of Ethics... ..	59-70
Appendix A	71
Student Code of Ethics.....	72-73
Review of Online Social Networking.	74
Appendix B.....	75
Student Copyright Permission.....	76
Appendix C.....	77
Consent Form	78
Appendix D.....	79

Statement of Understanding	80
Appendix E	81
MOT Advisor/Student responsibilities	82
Appendix F	83
Dress Code	84-86

DEPARTMENT OF OCCUPATIONAL THERAPY
MASTER'S OF OCCUPATIONAL THERAPY PROGRAM
STUDENT HANDBOOK

The purpose of the Student Handbook is to provide you, the student, with a reference to the policies, rules and regulations of the Department of Occupational Therapy.

You will receive a copy of the Student Handbook when you begin the MOT program. You will be expected to read it and ask questions prior to the end of the second week of Fall Semester classes. At the end of the second week, you must complete the form on the last page and give it to the Program Director.

Keep this handbook in a safe place. You may need to refer to it throughout your time in the program. It is *your* responsibility to be aware of the policies and abide by them. Take this with you on Level II Fieldwork.

You may also need to refer to the Shawnee State University Student Handbook and the University Catalog for additional rules, regulations and information.

Mission Statement

It is the mission of the Occupational Therapy Program at Shawnee State University to facilitate students to become independent, life-long learners while teaching students the fundamental skills of thinking critically, acting ethically, and communicating effectively. By accomplishing these goals, students will develop themselves as confident occupational therapy professionals who are change agents for the profession and their communities who value occupation centered evidence-based practice. Further, it is the mission of the Program to contribute to the community through continuing education, community service, and enrichment of the workforce.

Program Philosophy Statement

At the center of our beliefs is the occupational nature of humans. Meyer (1922) noted, "...it is the use that we make of ourselves that gives that ultimate stamp to our every organ" (p.5). Through engagement in occupation, humans develop their occupational identity (Kielhofner, 2001). This drive for engagement in occupations is uniquely human and is the means through which people can express who they are to themselves and others (Laliberte-Rudman, 2002). This occupational nature is the essence of being human, and provides the foundation for all of our actions in the world.

Our philosophy statement revolves around the core belief in the occupational nature of humans, and is further divided into three parts that reflect the values and beliefs that the program holds about life-long learning, occupation, and the profession of occupational therapy.

Curricular Design

The curriculum design is derived from the mission and philosophy of the Occupational Therapy Program. The philosophy statements regarding life-long learners, occupation, and the Occupational Therapy profession are the foundational core for the entire curriculum design. Our design is driven by the content domain of the occupational nature of humans, within the physical, cultural, temporal, social, emotional, and spiritual contexts. To become successful occupational therapy practitioners, learners must develop and build the professional competencies of self-discovery, creativity, clinical reasoning, and ethical reasoning. Cultivation of skills in evidence-based practice, and the ability to be a change agent for clients and the profession complete the set of professional competencies required for practitioners in an ever-changing world.

The plan for selecting and sequencing the program content is the curriculum design. It is based on Knowles' (1970) adult learning theory and Dewey's (1938) inquiry based learning. Dewey's four points of inquiry, communication, construction, and expression, provide the curriculum framework for developing life-long learners. The program recognizes that occupational therapy is a dynamic and constantly evolving profession.

Accreditation Statement

The SSU Occupational Therapy Program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449. AOTA's phone number is 1-800-729-2682 (members); 1-301-652-6611 (non members). ACOTE's phone number is 1-301-652-2682. Graduates are able to sit for the national certification examination for the occupational therapist administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT). For more information on these limitations, you can contact NBCOT at (301) 990-7979 or email info@nbcot.org. After successful completion of this exam, the individual will be an Occupational Therapist, Registered (OTR). Most states require licensure in order to practice; however, state licenses are usually based on the results of the NBCOT Certification Examination. NBCOT sets its own criteria for taking the exam, which may include questions on the applicant's criminal history. A felony conviction may affect a graduate's ability to sit for the NBCOT Certification examination or attain state licensure. All students are required to purchase an AOTA student subscription to be used throughout their academic program coursework.

Occupational Therapy Program Full-time Faculty

Debra Scurlock, PhD., OTR/L, Professor
Chair, Rehabilitation and Sports Studies
Director, Masters in Occupational Therapy Program
(740) 351-3272 e-mail: dscurlock@shawnee.edu

Christine Raber, PhD., OTR/L, Professor
(740) 351-3530 e-mail: craber@shawnee.edu

Ed Kehres, PhD., OTR/L, Assistant Professor
(740) 351-3473 e-mail: ekehres@shawnee.edu

Jim McPherson, PhD, FAOTA, OTR/L Professor
(740) 351-3525 e-mail: jmcperson@shawnee.edu

Barbara Warnock, M.S., OTR/L, Associate Professor, Fieldwork Coordinator
(740) 351-3116 e-mail: bwarnock@shawnee.edu

Mikel Stone, M.S. OTR/L Assistant Professor
740-351-3083 3-mail: mstone@shawnee.edu

Penny S. Merritt, B.I.S., A.A.S.
Graduate Center Administrator
(740) 351-3177, FAX # (740) 351-3354
E-mail: pmerritt@shawnee.edu

Academic Administrative Assistant 1
Krista Sloas, A.A.S.
(740) 351-3169
E-mail: ksloas@shawnee.edu

Program Continuation and Completion Requirements

Academic Requirements

For a student to remain enrolled in the Occupational Therapy Program, he/she must meet the following criteria:

1. A “B” in any course with MOT prefix is expected throughout the curriculum. One C+/C will be permitted in an MOT course while in the program; student will then be placed on probation during the following semester.
2. Maintain an overall GPA of 3.00 in subsequent semesters.

If any one of these criteria is not met, the student will be dismissed from the MOT Program. Conditions for readmission to the MOT Program will be detailed by the program director at the time of dismissal. Readmission is not guaranteed and is granted at the discretion of the department director and the department Student Affairs Committee.

Academic Requirements – Fieldwork

Fieldwork I

Students must have an overall grade point hour ratio of 3.00 to participate in Fieldwork I courses.

Fieldwork II

Students are required to have successfully completed all MOT and any other required course in the curriculum as indicated by a minimum 3.00 GPA prior to participating in Fieldwork II courses.

Fieldwork II must be completed within 12 months following completion of required MOT courses (unless extreme circumstances exist) *and* six weeks prior to taking the NBCOT exam.

Grading Scale

All MOT instructors will use the following grading scale unless otherwise noted in syllabus:

A	=	93 - 100
A-	=	90 - 92.99
B+	=	88 - 89.99
B	=	82 - 87.99
B-	=	80 - 81.99
C+	=	78 - 79.99
C	=	75 - 77.99
F	=	Below 75

Student Success Center

The Student Success Center is the hub of learning for all students across campus. Within the Student Success Center, you can find a table to study alone or with a group, use a computer, see an Advisor or Accessibility Services Coordinator, get tutoring or attend supplemental instruction, attend a College Success Workshop, get your questions answered, and much more.

(<http://www.shawnee.edu/offices/student-success-center/>)

Cheating - Academic Integrity

All academic and clinical (Fieldwork) work within the Occupational Therapy Program will be governed by the college policy on Code of Student Conduct as explained in the current *Shawnee Student Handbook*, and the MOT/OTA Student Code of Ethics found in Appendix A of this handbook. Furthermore, students will also abide by the Occupational Therapy Code of Ethics as adopted by the 2010 Representative Assembly of AOTA.

Student may appeal any penalty by following the “Guidelines for Dealing with Student Complaints,” outlined in the *Shawnee Student Handbook*. Students are responsible for obtaining and reviewing any updates or changes to the OT Code of Ethics that may occur during their time in the MOT program.

FIELDWORK II

Fieldwork II – MOT 6691, 6692 and, 6693 (optional)

The State Authorization Reciprocity Agreement (NC SARA) is a voluntary agreement among its member states and U.S. territories that establishes comparable national standards for interstate offering of postsecondary distance- education courses and programs. It is intended to make it easier for students to take online courses and distant clinical experiences offered by postsecondary institutions based in another state. Due to the voluntary bases of this program, not all states have participated in this agreement and thus limit the ability for OT students to be placed in all states. The following website identifies those states are participants in this agreement (<http://nc-sara.org/about>). Currently, Shawnee State University has completed the necessary steps to send SSU students to Kentucky facilities for clinical experiences. This is a cumbersome and expensive process. SSU administration is currently looking at procedures to place students in other states that do not participate in SARA but this has not been established. **THUS, currently MOT students will be placed in facilities that participate in the State Authorization Reciprocity Agreement and the state of Kentucky**

The MOT Program will assign each student two FWII placements. Students *must* prepare to live outside the Portsmouth area during the two twelve-week placements. Students who refuse their assigned placements forfeit their place in the MOT Program. **Students may not have outside employment during Level II fieldwork, as all attention must be focused on MOT studies.** Students will normally not be permitted to attend Level II fieldwork at the same clinical settings as their Level I fieldwork placements. No hours from Level I fieldwork is permitted to count toward Level II hours.

Dismissal from affiliation: In the event a student is dismissed from, elects to terminate, or receives a failing grade in Level II Fieldwork, the student receives a failing grade for the course and is dismissed from the program. If a student fails their first affiliation, the second affiliation will be canceled. Due to the complexities of providing Level II Fieldwork experiences, students should make every possible effort to successfully complete affiliations as assigned.

(Also, see Academic Requirements - Fieldwork and Absences - Fieldwork II).

Level II Fieldwork Evaluation

Prior to the start of Fieldwork II (MOT 6691, 6692), each student will be given access to a paper copy and electronic copy of the Student Evaluation of Fieldwork Experience. It is the student's responsibility to complete this evaluation prior to the last day of each Level II experience and obtain their Fieldwork Educator's signature. After the form is signed, it should be copied and one copy given to the Fieldwork Educator and the original form mailed or hand delivered to the fieldwork coordinator within 3 days of each fieldwork completion.

Failure to complete the Student Evaluation of Fieldwork Experience, obtain the supervisor's signature and return one copy to the Academic Fieldwork Coordinator will result in a grade of "F" for the Fieldwork experience. Diplomas will not be awarded until all grades are received by the Registrar's Office.

The Fieldwork Facility should forward the signed original AOTA Fieldwork Evaluation Form with all points totaled to the Academic Fieldwork Coordinator, Department of Occupational Therapy, Shawnee State University, 940 Second Street, Portsmouth, OH 45662.

Medical Requirements

Students are required to have a current physical exam (w/CBC and urinalysis), up-to-date shot records, current TB test, First Aid, CPR Certificate, Hepatitis B vaccine, and criminal background checks, prior to starting Fieldwork II. Some fieldwork sites require additional medical information, which will be communicated to students prior to placement. CPR and First Aid may be completed at Red Cross, or other local agencies. A copy of the certificate must be shown to the fieldwork coordinator prior to starting Fieldwork II experiences. The student must keep all of his/her medical information personally and have it ready for each fieldwork site.

Medical and background information for fieldwork is the student's responsibility.

Attendance Policy - Fieldwork

Absences - Fieldwork I - experiences.

1. When you are assigned to a Fieldwork I experience, you **must** notify your supervisor **prior** to assigned starting time if you will be tardy or absent. Failure to do this is considered unprofessional and will result in dismissal from the Fieldwork experience and from the MOT Program.
2. All fieldwork level 1 experiences absent time **MUST** be made up by the student in coordination with their Fieldwork Educator and course instructor. If time cannot be made up, you will be dismissed from the Fieldwork experience and the MOT Program.
3. Problems with transportation are unexcused absences/tardiness. It is the student's responsibility to resolve these problems.

When you are assigned to a Fieldwork II experience, you will be responsible for notifying your immediate fieldwork educator prior to assigned starting time if you will be tardy or absent.

Failure to do this **will** result in dismissal from **all** assigned Fieldwork II experiences.

1. If you are absent more than 8 hours on any Fieldwork II experience, you must arrange to make up the time missed. If time cannot be made up, you will be dismissed from the Fieldwork with a failing grade. These 8 hours are not a personal day and should only be used in extreme circumstances. If the fieldwork center does not feel the reason for absence is appropriate or otherwise deems it necessary, **all** time missed must be made up.
2. If you are dismissed from a Fieldwork II placement due to failure to report an absence, missing more than 8 hours, or inability to make-up missed time, you will be dismissed from the MOT Program. Students may appeal dismissal using the process described in the Catalog.
3. Problems with transportation are unexcused absences/tardiness. It is the student's responsibility to resolve these problems.

Probationary Policy

Students in the Master of Occupational Therapy Program are expected to maintain the highest standards of professionalism in their performance and their attitudes while in the classroom, laboratories, and/or clinical affiliates.

Professionalism includes behavior, appearance, and attitude. It is the goal of the MOT program at SSU to facilitate the development of a high degree of professionalism in all students. Furthermore, it is the belief of the faculty that the classroom represents a microcosm of the clinical setting. For this reason, all student behaviors are considered potential professional behaviors. While debate and differing opinions are encouraged, students are expected to communicate with all faculty and fellow class members in a respectful, tolerant, and considerate manner. This includes verbal, written, and e-mail communications. Cell phones **MUST** be turned off or silenced during all class sessions; furthermore, **NO** texting is allowed during class or lab time. Lap top computers and other electronic devices may be used in class for note taking with permission of the instructor. Internet activities must be related to course assignments and may only occur at faculty approved times during classes. Checking or using social media sites

(Facebook, Instagram, Twitter) or non-class related e-mail are NOT approved internet activities during class, and may result in loss of privilege to use electronic devices during class.

Students are encouraged to resolve conflicts directly with peers and/or faculty, and to use appropriate chain of command (outlined below) when conflict resolution is not satisfactory.

Course Instructor > Program Director > Department Chair > Dean > Provost

(Refer to current SSU Catalog, Student Handbook, and Graduate Manual for Policy on Academic Appeals) Students may also be placed on “Professional Probation” for behaviors that conflict with those standards established in the Student Code of Ethics, as detailed in Appendix A of the MOT Student Handbook. Incidents will be addressed on an individual basis based upon the severity of the behavior. “Severity,” will be determined by the SSU Master’s Department of Occupational Therapy Student Affairs Committee in conjunction with the involved parties. The Committee will determine the nature of disciplinary action and will assist, if deemed necessary, in developing an improvement plan. Should the student fail to show satisfactory improvement, as outlined in the improvement plan, the student will be dismissed from the MOT program.

Probationary status will remain in effect for the duration of the student's participation in the MOT Program.

Disciplinary Policy

In order to aid in developing professional attitudes and behaviors, the following policy has been established to deal with discipline problems within the Master’s in Occupational Therapy program:

Category I Offenses: Any student committing any of the following acts will be subject to immediate dismissal from the program.

1. Attendance on University or Clinical properties while under the influence or while in possession of any mind altering substances (alcohol, non-prescription drugs, etc.).
2. Verbal or physical acts of aggression against another person while on University or Clinical properties.
3. Deliberate destruction or damage to university, clinical, student or faculty property.
4. Theft of university, clinical, student, or faculty property.
5. Deliberate falsification of any Program, clinical, or patient documentation or record by either omission or addition.
6. Plagiarism (to steal another’s ideas or words and to pass them off as your own) or cheating on any type of program evaluation.
7. Any type of inappropriate Face Book behavior (or other social media) that crosses the line of confidentiality in their class, fieldwork, research, and other confidential areas.

Category II Offenses: Any student committing any of the following acts will be subject to the following disciplinary procedures:

First Offense: Probation (To be in effect for the duration of the program).

Second Offense: Dismissal from the program (This offense may be from either Category I or Category II).

1. Causing damage to university, clinical, patient, student, or faculty property through negligence.
2. Causing injury or potential harm to a patient, student, or faculty member through negligence.
3. Inappropriate use of social media which results in potential or actual harm to any patient, student, faculty, or clinician.
3. Insubordination or refusal to obey an order relating to hospital function or patient care; except where the student is not qualified to perform a task; or, proper supervision is lacking.
4. Any form of sexual harassment against another person associated with the program or clinical settings.
4. Misuse/abuse of copier and /or computer privileges result in the student's loss of his/her copier privileges.
5. Misuse/abuse of any program materials, including but not limited to, assessments, testing equipment, adaptive equipment, and/or supplies found in OT lab. Failure to follow stated procedures for signing out equipment and supplies.

Dismissal Policy

A student may be dismissed from the MOT program by the Director for any of the following reasons:

- 1). Inability of the student to maintain a grade point average of 3.000 or greater.
- 2) Excessive absence and/or tardiness for lecture, laboratory, and/or clinical course.
- 3) Deficiencies as described in the "Professional Probation Policy" of this handbook.
- 4) Plagiarism (to steal another's ideas or words and to pass them off as your own) or cheating on any type of program evaluation.
- 5) Falsification of patient or therapeutic records.
- 6) Appearing in classes or clinical experiences while under the influence of mind-altering substances.
- 7) Patient abuse of any type (i.e. physical, verbal or mental)
- 8) Theft of University, hospital, or patient property.
- 9) Inappropriate use of Face Book or other social media concerning SSU's Occupational Therapy Program.

Appeal of Program Dismissal

Any student desiring to appeal dismissal from this program should follow the "Guidelines for Appealing a Dismissal from a Health Science Program" as outlined in the University catalog (via SSU website). That process is as follows:

1. Within three (3) working days following a student's notification of dismissal from a Health Science program, the student must request in writing a meeting with the program director to appeal the dismissal decision. The student shall be notified of the results of this appeal within two (2) working days following the meeting. If the student is not satisfied with the decision, he/she may request (in writing) within three working days a second appeal hearing as described below.

2. Upon the student's written request for the next level of appeal, the program director shall arrange a joint meeting with the student, the program director (or his/her designee), the Chair, Dept. of Rehabilitation and Sport Professions (or his/her designee), the Dean of The College of Professional Studies (or his/her designee), and the Provost (or his/her designee). The student shall be notified of the results of this appeal hearing within two (2) working days following the meeting.

Criteria to be used in ruling on a student's dismissal appeal include the student's past academic achievement, the student's rationale for current grade status, and the prediction of future performance in the program.

Dismissal from this program is not the same as dismissal from the University. University dismissal policies are outlined in the Shawnee State University Catalog section on academics. Readmission Policy

Any student who is dismissed from the Master's in Occupational Therapy Program or elects to withdraw for personal reasons may apply for readmission. Because of the limited class space, students may only be considered for readmission if space is available in the current class.

Procedures for requesting readmission are as follows:

1. A formal written request for readmission must be submitted to the program director of the Master's in Occupational Therapy Program.
2. All requests for readmission will be presented to the Admissions Committee for review and action.
3. Applicants requesting readmission will be considered for readmission based on a review of the applicant's folder and space availability.
4. The applicant will be notified in writing of the Admission Committee's decision. Specific recommendations and/or requirements based on the student's transcript evaluation and the time lapse involved since the student's last enrollment will be communicated in writing by the program director at the recommendation of the Admission's Committee.

For those students who are out of sequence and are requesting readmission to the program, testing for MOT courses which were completed more than one year (12 months) from the scheduled date of entry into the Master's in Occupational Therapy Program is required. Readmission testing must be taken as scheduled by the Student Affairs Committee in conjunction with individual class instructors. If the student fails to obtain a grade of "B" or better on the examination, they will not be readmitted to the program.

MOT PROGRAM HONOR CODE:

I pledge to conduct myself with honest and integrity in meeting all academic and professional requirements in the MOT program at Shawnee State University.

I agree to report any, observed or suspicious, acts of academic or professional misconduct, including but not limited:

- Plagiarism
- Cheating
- Lying
- Stealing
- Falsifying documents
- Abuse of equipment and supplies.
- Facilitating other's engagement in any of the above.
- Confidentiality abuse through social media

Furthermore, I will abide by the profession's Standards of Practice and Code of Ethics.

Course Policies and Practices:

1. Attendance is expected for all class sessions and service learning sessions. Tardiness will affect participation grade. Students may be awarded 0-10 points for participation in a course session if the designated faculty member has it in their syllabus. Please seek feedback about participation grade with instructor at any time during the semester; remember, asking for feedback and participating in supervision is part of your professional development.

Students are expected to be prepared to participate in all sessions; therefore, it is essential that assigned readings are completed as scheduled. Absences must be reported to the instructor by the student PRIOR to the time they will occur. This is especially important for ALL visits at service learning sessions, and students are required to contact the Instructor AND facility staff as appropriate to the session which will be missed. Instructor will determine the status (excused or unexcused) of the absence after discussion with the student. Any unexcused, undocumented absence on the day of any quiz, assignment, or exam will result in no points for the assigned work. Students must MAKE UP missed time at service learning setting in order to ensure that minimum hours are achieved. All assignments are due at the beginning of class. NO credit will be given for late assignments unless other arrangements have been made with the instructor PRIOR to the due date.

2. Use current APA style to cite references used in **any** assignment. Be discerning about all materials used for referencing; professional literature and resources are expected to be used, unless otherwise specified on the assignment. Plagiarism will not be tolerated; please refer to program handbook for policy addressing Academic Misconduct.
3. Students are expected to abide by departmental policies for signing learning resources (project materials, equipment, etc.) out of the storage room. Hours for sign-in and sign-out are available from the graduate assistants. Unless otherwise specified on an assignment, the

instructor will not be signing equipment, etc. in or out of the storage room for student use. Be sure to plan ahead!

4. Presentations may be graded using the MOT Presentation Rubric, and be provided to students at the beginning of semesters if the designated faculty member uses the rubric for his/her class.

5. Professionalism includes behavior, appearance, and attitude. It is the goal of the MOT program at SSU to facilitate the development of a high degree of professionalism in all students. Furthermore, it is the belief of the faculty that the classroom represents a microcosm of the clinical setting. For this reason, all student behaviors are considered potential professional behaviors. While debate and differing opinions are encouraged, students are expected to communicate with all faculty and fellow class members in a respectful, tolerant, and considerate manner. This includes verbal, written, and e-mail communications. Cell phones **MUST** be turned off or silenced during all class sessions; furthermore, **NO** texting is allowed during class or lab time. Lap top computers and other electronic devices may be used in class for note taking with permission of the instructor. Internet activities must be related to course assignments and may only occur at faculty approved times during classes. Checking or using social media sites (Facebook, Instagram, Twitter) or non-class related e-mail are **NOT** approved internet activities during class, and may result in loss of privilege to use electronic devices during class.

6. Use appropriate chain of command (outlined below) to address any course or program concerns or issues. Refer to current SSU Catalog and Student Handbook for Policy on Academic Appeals.

Course Instructor > Program Director > Department Chair > Dean > Provost

6. It is a privilege to participate in learning activities that involve clients. When assigned to a clinical facility, it is important to respect the privacy of the patients, clients, students, staff, or residents. At no time should you discuss any patient, client, student, or resident with anyone outside of the facility, except in the context of planning with appropriate others (i.e., instructor, team members, and co-leaders in groups). Confidentiality violations will not be tolerated and are subject to disciplinary actions, such as dismissal from the program. Only initials of patient/client/student/resident should be used on any written assignment, including chart reviews/personal notes. This data must be maintained in a file box stored in a nonpublic area. Any assignment turned in with a patient/client/student/resident name will be given a grade of zero (0).

Equipment and Lab Safety Policies

Please see inventory list for OT lab and storage areas: Fall 2016

Students will use a range of media in the lab courses, and therefore are responsible for familiarizing themselves with the MSDS and other safety information about all supplies and equipment used a variety of courses. Additionally, each student is responsible for maintaining safe work areas in the lab and follow all posted safety procedures. Students will follow safety standards at all times while in labs to secure the utmost safety for themselves and all those around them.

Students may use labs at different times during the course of a day when they are “open” for additional practice. During these times, an instructor must be present, or special permission given by instructor to allow use of lab materials. However, due to risk of injury, visitors and children must have special permission to be in the lab from the Director of the Program.

First Aid Kits

First aid kits are located in both OT labs, room 102 and 103 where the equipment is located. These kits are to be used for the immediate response to minor injuries, such as cuts or minor burns. All injury victims have the option of obtaining medical treatment or consultation.

Minor injuries requiring first aid must be reported to the course instructor who will fill out an incident report. This report will be kept on file in the OT areas and a copy given to SSU The Department of Public Safety (security).

Security may be called at 3232 for emergencies
Security may be called at 3243 for non-emergencies

MSDS Laboratory Safety Information

Safety information (e.g. contents, manufacture, precautions, cleaning requirements) regarding all supplies and equipment is located in the clearly labeled MSDS manual in the RED fire cabinet in the storage room. Information is kept updated regarding any new supplies or equipment brought into the labs.

Emergency evacuations/ Classroom emergency procedures/Fire procedures

This information can be found under the SSU emergency procedures

Shawnee State University Emergency Resources (SSU Alert)
http://www.shawnee.edu/offices/public-safety/emergency_resources.aspx

Additionally, fire signs, and emergency evacuation directions are in front of the department of occupational therapy as well as at door exits.

15

Bloodborne Pathogens information, including SSU's response plan, is located at:

<http://www.shawnee.edu/offices/Risk-Management-Insurance/EHS.aspx>

Universal Precautions for the School Setting

"Universal precautions," as defined by CDC, are a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other bloodborne pathogens." (CDC, 1996).

Universal precautions refer to the usual and ordinary steps all school staff and students need to take in order to reduce their risk of infection with HIV, the virus that causes AIDS, as well as all other blood-borne organisms (such as Hepatitis B virus). They are universal because they refer to steps that need to be taken in all cases, not only when a staff member or a student is known to be HIV-infected. They are precautions because they require foresight and planning and should be integrated into existing safety guidelines. Appropriate equipment (mops, bucket, bleach, hot water, hand soap, disposable towels, and gloves) are readily available to the staff member (the instructor) who is responsible for the clean-up of body fluid spills.

- Treat human blood spills with caution (Make Instructor aware immediately)
- Blood spill should be properly cleaned up by the designated staff member (Instructor)
- Inspect the intactness of skin on all exposed body parts, especially the hands. Cover any and all open cuts or broken skin, and contact instructor to clean up spill.
- Clean up blood spills with a solution of one part household bleach to ten parts water, pouring the solution around the periphery of the spill. Disinfect mops, buckets and other cleaning equipment with fresh bleach solution.
- Always wash hands after any contact with body fluids. This should be done immediately in order to avoid contaminating other surfaces or parts of the body. Be especially careful not to touch your eyes before washing up. Soap and water will kill HIV.
- Clean up other body fluid spills (urine, vomit, feces) unless grossly contaminated, in the usual manner. They do not pose a significant risk of HIV infection.

Dress Code

During ALL clinical and community learning activities, students are to wear the following:

- a. Navy blue, white, black, or charcoal gray polo shirt (must have a collar and buttoned placket, long or short sleeved, but not sleeveless); may have SSU Occupational Therapy embroidered logo. Shirts may be pique or jersey knit type, with banded or hemmed sleeves. NO other types of shirts may be worn. If more warmth is needed, a long sleeved, solid color (navy blue) cardigan type sweater, with buttons) may be permitted. SSU MOT fleece jackets or quarter zip pullovers, purchased from SOTA ONLY, can be worn as part of the uniform.
- b. Tan or Navy Khaki pants: pleated or unpleated; neatly hemmed or cuffed. No crop or capri length pants, leggings or very close fitting style pants, cargo type pants, unhemmed or frayed hem pant legs or denim type material permitted. If a belt is worn, the belt must be a solid color (leather, or navy blue, black or gray fabric), clean, neat, without excess trim and without large (more than 2" diameter) belt buckles.
- c. White, black, or navy blue socks or stockings only; no-show/low cut socks permitted. Socks or hosiery MUST be worn at all times; no bare legs allowed at any time.
- d. Shoes must be oxford or loafer type (tie style), closed heel and closed toe, with FLAT NONSKID soles; sole and/or heel height may not exceed 1" (no platform type soles or heels of any type). Clean athletic shoes permitted as long as they have no excess trim or color. NO open-heeled clogs are permitted.
- e. Lab coats; if requested at a Fieldwork site, a lab coat should be short (fingertip length) and have a button front. Cotton/polyester blends are preferred for ease of care and wash ability.
- f. Name tag MUST be worn at all times on the left chest of shirt (or lab jacket). The program provides the first name tag. Replacements must be ordered through the program secretary BEFORE a Fieldwork assignment begins, or as soon as possible if lost.
- g. Grooming-During all Fieldwork experiences:
 - Hair must be neatly styled. If longer than shoulder length, hair must be tied back (male and female).
 - Nails must be neat, and trimmed short. Nail biting will not be tolerated. Excessive nail decorations are not permitted.
 - Jewelry may consist of wedding rings, watches, small earrings (must be less than 1/2" in length or post type). Other finger rings are not to be worn because they interfere with sanitary hand washing. Due to the need for conservative dress in majority of clinical settings, male students may not wear earrings in clinical placements. Any other visible body piercings must be removed or covered (both genders).
 - Tattoos must be fully covered by clothing or bandage.
 - Never wear cologne, perfume, or after-shave, due to patient/client sensitivities and conditions that may be triggered by strong smells. Good personal hygiene is expected.
 - Makeup (including nail polish) must be in neutral colors and understated in application.
 - Clothing must be clean, pressed and fit appropriately.

While a strict dress code is not required in classroom sessions, students should maintain a neat, clean appearance that is not distracting to the learning process. Other dress requirements will be

outlined for specific courses (i.e., sleeveless tops for palpation activities, clothing for messy activities, business casual for conferences, etc).

Attention:

All MOT students are expected to use their jump drives and SSU pens for research and all classes in our curriculum. Additionally, all students are expected to use the SSU water bottles given to you at your orientation for proper hydration; you will be involved in many outdoor activities in our community as part of your Level 1 experiences in our curriculum.

Shawnee State University MOT Curriculum

Semester	Number	Credits	Course Title
Fall I	MOT 5550	3	Occupational Nature of Humans Across the Lifespan*
	MOT 5555	3	Theories of Occupation*
	MOT 5560	3	Participation in Occupations: Therapeutic Process
	MOT 5565	3	Analysis of Human Movement
	MOT 6601	3	Research Concepts in Health Services*
	Total	15	
Spring I	MOT 5570	3	Systems, Issues, Trends*
	MOT 5575	3	Health Conditions in Occupational Performance
	MOT 5580	3	Biopsychosocial Core of Occupation Therapy Practice*
	MOT 5585	3	Occupational Therapy Process Through the Lifespan*
	MOT 5590	2	OT and Technology
	MOT 6601	2	Research Seminar 1*
	Total	16	
Fall II	MOT 6650	4	Evaluation and Intervention – Early Childhood Adolescence
	MOT 6651	4	Evaluation and Intervention – Early and Middle Adulthood
	MOT 6652	1	Evaluation and Intervention- Older Adults I
	MOT 6670	3	Leadership and Advocacy*
	MOT 6600	2	Orthotics
	MOT 6603	1	Research Seminar 2*
		Total	15
Spring II	MOT 6653	3	Evaluation and Intervention – Older Adults II
	MOT 6671	3	Program Development*
	MOT 6680	3	Evidence-Based Practice
	MOT 6690	3	OT Practice Capstone
	MOT 6604	1	Research Seminar 3*
	Total	13	
Summer II	MOT 6691	9	Fieldwork Level II
	Total	9	
Fall III	MOT 6692	9	Fieldwork Level II
	Total	9	
Total hours required		77	
Elective	MOT 6693	3-9	Fieldwork Level II (Optional)
	MOT 6699	1-3	Special Topics in Occupational Therapy

**2011 Accreditation Council for Occupational Therapy Education (ACOTE®)
Standards and Interpretive Guide
(Effective July 31, 2013)
December 2012 Interpretive Guide Version**

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST
	PREAMBLE
	<p>The rapidly changing and dynamic nature of contemporary health and human services delivery systems requires the occupational therapist to possess basic skills as a direct care provider, consultant, educator, manager, researcher, and advocate for the profession and the consumer.</p> <p>A graduate from an ACOTE-accredited master's-degree-level occupational therapy program must</p> <ul style="list-style-type: none"> • Have acquired, as a foundation for professional study, a breadth and depth of knowledge in the liberal arts and sciences and an understanding of issues related to diversity. • Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service. • Have achieved entry-level competence through a combination of academic and fieldwork education. • Be prepared to articulate and apply occupational therapy theory and evidence-based evaluations and interventions to achieve expected outcomes as related to occupation. • Be prepared to articulate and apply therapeutic use of occupations with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. • Be able to plan and apply occupational therapy interventions to address the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts and environments to support engagement in everyday life activities that affect health, well-being, and quality of life. • Be prepared to be a lifelong learner and keep current with evidence-based professional practice. • Uphold the ethical standards, values, and attitudes of the occupational therapy profession. • Understand the distinct roles and responsibilities of the occupational therapist and occupational therapy assistant in the supervisory process. • Be prepared to effectively communicate and work interprofessionally with those who provide care for individuals and/or populations in order to clarify each member's responsibility in executing components of an intervention plan.

	<ul style="list-style-type: none"> • Be prepared to advocate as a professional for the occupational therapy services offered and for the recipients of those services. • Be prepared to be an effective consumer of the latest research and knowledge bases that support practice and contribute to the growth and dissemination of research and knowledge.
	<i>FOR ALL STANDARDS LISTED BELOW, IF ONE COMPONENT OF THE STANDARD IS NONCOMPLIANT, THE ENTIRE STANDARD WILL BE CITED. THE PROGRAM MUST DEMONSTRATE COMPLIANCE WITH ALL COMPONENTS OF THE STANDARD IN ORDER FOR THE AREA OF NONCOMPLIANCE TO BE REMOVED.</i>

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A MASTER’S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST
SECTION A: GENERAL REQUIREMENTS	
A.1.0. SPONSORSHIP AND ACCREDITATION	
A.1.1.	The sponsoring institution(s) and affiliates, if any, must be accredited by the recognized regional accrediting authority. For programs in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.
A.1.2.	Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate degree-granting authority.
A.1.3.	Accredited occupational therapy educational programs may be established only in senior colleges, universities, or medical schools.
A.1.4.	The sponsoring institution(s) must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning at all locations where the program is offered. This would include course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution(s) must also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities assigned to students in a fieldwork setting are appropriate to the program.
	<i>THE DEGREES MOST COMMONLY CONFERRED ARE THE MASTER OF OCCUPATIONAL THERAPY (MOT), MASTER OF SCIENCE IN OCCUPATIONAL THERAPY (MSOT), AND MASTER OF SCIENCE (MS). PROGRAMS OFFERING COMBINED BACCALAUREATE/MASTER’S (BS/MS OR BS/MOT) DEGREES ARE STRONGLY ENCOURAGED TO AVOID USING “BACCALAUREATE IN OCCUPATIONAL THERAPY” AS THE BACCALAUREATE PORTION OF THE DEGREE NAME TO AVOID CONFUSING THE PUBLIC. DEGREE NAMES FOR THE BACCALAUREATE PORTION OF THE PROGRAM MOST COMMONLY USED ARE “BACCALAUREATE IN HEALTH SCIENCES,” “BACCALAUREATE IN ALLIED HEALTH,” “BACCALAUREATE IN OCCUPATIONAL SCIENCE,” AND “BACCALAUREATE IN HEALTH</i>

	<i>STUDIES.”</i>
A.1.5.	<p>The program must</p> <ul style="list-style-type: none"> • Inform ACOTE of the transfer of program sponsorship or change of the institution’s name within 30 days of the transfer or change. • Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution’s accreditation status to probation or withdrawal of accreditation. • Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program. • Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. • Pay accreditation fees within 90 days of the invoice date. • Submit a Report of Self-Study and other required reports (e.g., Interim Report, Plan of Correction, Progress Report) within the period of time designated by ACOTE. All reports must be complete and contain all requested information. • Agree to a site visit date before the end of the period for which accreditation was previously awarded. • Demonstrate honesty and integrity in all interactions with ACOTE.
	<p><i>THE INSTITUTION AND THE ACCREDITED PROGRAM WILL BE ADVISED THAT THE PROGRAM IS ON ADMINISTRATIVE PROBATIONARY ACCREDITATION WHEN THE PROGRAM DOES NOT COMPLY WITH ONE OR MORE OF THE ABOVE ADMINISTRATIVE REQUIREMENTS FOR MAINTAINING ACCREDITATION. THE POLICIES AND PROCEDURES FOR ADMINISTRATIVE PROBATIONARY ACCREDITATION ARE DETAILED IN ACOTE POLICY IV.C., “CLASSIFICATION OF ACCREDITATION CATEGORIES.” THE PROGRAM IS ALSO RESPONSIBLE FOR COMPLYING WITH THE CURRENT REQUIREMENTS OF ALL ACOTE POLICIES, INCLUDING THE REQUIREMENT FOR THE PROGRAM TO SUBMIT A LETTER OF INTENT TO SEEK ACCREDITATION FOR AN ADDITIONAL LOCATION AT LEAST 12 MONTHS PRIOR TO THE PLANNED ADMISSION OF STUDENTS INTO THAT ADDITIONAL LOCATION.</i></p>
A.2.0. ACADEMIC RESOURCES	
A.2.1.	<p>The program must identify an individual as the program director who is assigned to the occupational therapy educational program on a full-time basis. The director may be assigned other institutional duties that do not interfere with the management and administration of the program. The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met.</p>
	<i>THE STANDARD DOES NOT ALLOW THE APPOINTMENT OF CO-DIRECTORS.</i>
A.2.2.	<p>The program director must be an initially certified occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The program director must</p>

	hold a doctoral degree awarded by an institution that is accredited by a regional accrediting body recognized by the U.S. Department of Education (USDE). The doctoral degree is not limited to a doctorate in occupational therapy.
	<i>A DOCTORAL DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2013, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD. FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS.</i>
A.2.3.	The program director must have a minimum of 8 years of documented experience in the field of occupational therapy. This experience must include <ul style="list-style-type: none"> • Clinical practice as an occupational therapist; • Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting; • Scholarship (e.g., scholarship of application, scholarship of teaching and learning); and • At least 3 years of experience in a full-time academic appointment with teaching responsibilities at the postsecondary level.
A.2.4.	The program director must be responsible for the management and administration of the program, including planning, evaluation, budgeting, selection of faculty and staff, maintenance of accreditation, and commitment to strategies for professional development.
A.2.5.	<i>(No related Standard)</i>
A.2.6.	The program director and faculty must possess the academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution.
A.2.7.	The program must identify an individual for the role of academic fieldwork coordinator who is specifically responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0 and is assigned to the occupational therapy educational program as a full-time faculty member as defined by ACOTE. The academic fieldwork coordinator may be assigned other institutional duties that do not interfere with the management and administration of the fieldwork program. The institution must document that the academic fieldwork coordinator has sufficient release time to ensure that the needs of the fieldwork program are being met. This individual must be a licensed or otherwise regulated occupational therapist. Coordinators must hold a minimum of a master's degree awarded by an institution that is accredited by a USDE-recognized regional accrediting body.
	<i>A MASTER'S DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2013, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD.</i>

	<i>FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS</i>
A.2.8.	Core faculty who are occupational therapists or occupational therapy assistants must be currently licensed or otherwise regulated according to regulations in the state or jurisdiction in which the program is located. Faculty in residence and teaching at additional locations must be currently licensed or otherwise regulated according to regulations in the state or jurisdiction in which the additional location is located.
A.2.9.	<i>(No related Standard)</i>
A.2.10.	The majority of full-time faculty who are occupational therapists or occupational therapy assistants must hold a doctoral degree. All full-time faculty must hold a minimum of a master's degree. All degrees must be awarded by an institution that is accredited by a USDE-recognized regional accrediting body. The degrees are not limited to occupational therapy. For an even number of full-time faculty, at least half must hold doctorates. The program director is counted as a faculty member.
	<i>A DOCTORAL OR MASTER'S DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2013, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD. FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS.</i>
A.2.11.	The faculty must have documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning).
	<i>EVIDENCE OF EXPERTISE IN TEACHING ASSIGNMENTS MIGHT INCLUDE DOCUMENTATION OF RECENT CONTINUING EDUCATION, RELEVANT EXPERIENCE, FACULTY DEVELOPMENT PLAN REFLECTING ACQUISITION OF NEW CONTENT, INCORPORATION OF FEEDBACK FROM COURSE EVALUATIONS, AND OTHER SOURCES.</i>
A.2.12.	For programs with additional accredited location(s), the program must identify a faculty member who is an occupational therapist as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.
A.2.13.	The occupational therapy faculty at each accredited location where the program is offered must be sufficient in number and must possess the expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation. The faculty must include individuals competent to ensure delivery of the broad scope of occupational therapy practice. Multiple adjuncts, part-time faculty, or full-time faculty may be configured to meet this goal. Each accredited additional location must have at least one full-time equivalent (FTE) faculty member.

A.2.14.	Faculty responsibilities must be consistent with and supportive of the mission of the institution.
A.2.15.	The faculty–student ratio must permit the achievement of the purpose and stated objectives for laboratory and lecture courses, be compatible with accepted practices of the institution for similar programs, and ensure student and consumer safety.
A.2.16.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic and administrative requirements, including support for any portion of the program offered by distance education.
A.2.17.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program’s obligation to matriculated and entering students.
A.2.18.	Classrooms and laboratories must be provided that are consistent with the program’s educational objectives, teaching methods, number of students, and safety and health standards of the institution, and they must allow for efficient operation of the program.
A.2.19.	If the program offers distance education, it must include <ul style="list-style-type: none"> • A process through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit, • Technology and resources that are adequate to support a distance-learning environment, and • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies.
A.2.20.	Laboratory space provided by the institution must be assigned to the occupational therapy program on a priority basis. If laboratory space for occupational therapy lab classes is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use.
A.2.21.	Adequate space must be provided to store and secure equipment and supplies.
A.2.22.	The program director and faculty must have office space consistent with institutional practice.
A.2.23.	Adequate space must be provided for the private advising of students.
A.2.24.	Appropriate and sufficient equipment and supplies must be provided by the institution for student use and for the didactic and supervised fieldwork components of the curriculum.
A.2.25.	Students must be given access to and have the opportunity to use the evaluative and treatment methodologies that reflect both current practice and practice in the geographic area served by the program.
A.2.26.	Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, and other reference materials needed to meet the requirements of the curriculum. This may include, but is not limited to, libraries, online services, interlibrary loan, and resource centers.

A.2.27.	Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods.
A.3.0. STUDENTS	
A.3.1.	Admission of students to the occupational therapy program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.
A.3.2.	<i>(No related Standard)</i>
A.3.3.	Policies pertaining to standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), and prerequisite educational or work experience requirements must be readily accessible to prospective students and the public.
A.3.4.	Programs must document implementation of a mechanism to ensure that students receiving credit for previous courses and/or work experience have met the content requirements of the appropriate master's Standards.
A.3.5.	Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student.
A.3.6.	Evaluation content and methods must be consistent with the curriculum design, objectives, and competencies of the didactic and fieldwork components of the program.
A.3.7.	Evaluation must be conducted on a regular basis to provide students and program officials with timely indications of the students' progress and academic standing.
A.3.8.	Students must be informed of and have access to the student support services that are provided to other students in the institution.
A.3.9.	Advising related to professional coursework and fieldwork education must be the responsibility of the occupational therapy faculty.
A.4.0. OPERATIONAL POLICIES	
A.4.1.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and Web sites—must accurately reflect the program offered.
A.4.2.	Accurate and current information regarding student and program outcomes must be readily available to the public on the program's Web page. At a minimum, the following data must be reported for the previous 3 years: <ul style="list-style-type: none"> • Total number of program graduates • Graduation rates. The program must provide the direct link to the National Board for Certification in Occupational Therapy (NBCOT) program data results on the program's home page.
A.4.3.	The program's accreditation status and the name, address, and telephone number of ACOTE must be published in all of the following materials used by the institution: catalog, Web site, and program-related brochures or flyers available to prospective students. A link to www.acoteonline.org must be provided on the program's home page.
<i>SAMPLE WORDING: "THE OCCUPATIONAL THERAPY/OCCUPATIONAL THERAPY ASSISTANT PROGRAM IS ACCREDITED BY THE</i>	

	<i>ACCREDITATION COUNCIL FOR OCCUPATIONAL THERAPY EDUCATION (ACOTE) OF THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION (AOTA), LOCATED AT 4720 MONTGOMERY LANE, SUITE 200, BETHESDA, MD 20814-3449. ACOTE'S TELEPHONE NUMBER, C/O AOTA, IS (301) 652-AOTA AND ITS WEB ADDRESS IS WWW.ACOTEONLINE.ORG."</i>
A.4.4.	All practices within the institution related to faculty, staff, applicants, and students must be nondiscriminatory.
A.4.5.	Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included.
A.4.6.	The program or sponsoring institution must have a defined and published policy and procedure for processing student and faculty grievances.
A.4.7.	Policies and procedures for handling complaints against the program must be published and made known. The program must maintain a record of student complaints that includes the nature and disposition of each complaint.
A.4.8.	Policies and processes for student withdrawal and for refunds of tuition and fees must be published and made known to all applicants.
A.4.9.	Policies and procedures for student probation, suspension, and dismissal must be published and made known.
A.4.10.	Policies and procedures for human-subject research protocol must be published and made known.
A.4.11.	Programs must make available to students written policies and procedures regarding appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures).
A.4.12.	A program admitting students on the basis of ability to benefit (defined by the USDE as admitting students who do not have either a high school diploma or its equivalent) must publicize its objectives, assessment measures, and means of evaluating the student's ability to benefit.
A.4.13.	Documentation of all progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program's Web site about the potential impact of a felony conviction on a graduate's eligibility for certification and credentialing must be provided.
	<i>SAMPLE WORDING: "GRADUATES OF THE PROGRAM WILL BE ELIGIBLE TO SIT FOR THE NATIONAL CERTIFICATION EXAMINATION FOR THE OCCUPATIONAL THERAPIST, ADMINISTERED BY THE NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY (NBCOT). AFTER SUCCESSFUL COMPLETION OF THIS EXAM, THE GRADUATE WILL BE AN OCCUPATIONAL THERAPIST, REGISTERED (OTR). IN ADDITION, MOST STATES REQUIRE LICENSURE TO PRACTICE; HOWEVER, STATE LICENSES ARE USUALLY BASED ON THE RESULTS OF THE NBCOT CERTIFICATION EXAMINATION. A FELONY CONVICTION MAY AFFECT A GRADUATE'S ABILITY TO SIT FOR THE NBCOT CERTIFICATION EXAMINATION OR ATTAIN STATE</i>

	<i>LICENSURE.”</i>
A.4.14.	The program must have a documented and published policy to ensure that students complete all graduation and fieldwork requirements in a timely manner. This policy must include a statement that all Level II fieldwork must be completed within a time frame established by the program.
	<i>SAMPLE WORDING: “STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM.”</i>
A.4.15.	Records regarding student admission, enrollment, fieldwork, and achievement must be maintained and kept in a secure setting. Grades and credits for courses must be recorded on students’ transcripts and permanently maintained by the sponsoring institution.
A.5.0. STRATEGIC PLAN AND PROGRAM ASSESSMENT	
For programs that are offered at more than one location, the program’s strategic plan, evaluation plan, and results of ongoing evaluation must address each program location as a component of the overall plan.	
A.5.1.	<p>The program must document a current strategic plan that articulates the program’s future vision and guides the program development (e.g., faculty recruitment and professional growth, scholarship, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites). A program strategic plan must be for a minimum of a 3-year period and include, but need not be limited to,</p> <ul style="list-style-type: none"> • Evidence that the plan is based on program evaluation and an analysis of external and internal environments. • Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program. • Specific measurable action steps with expected timelines by which the program will reach its long-term goals. • Person(s) responsible for action steps. • Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.
A.5.2.	<p>The program director and each faculty member who teaches two or more courses must have a current written professional growth and development plan. Each plan must contain the signature of the faculty member and supervisor. At a minimum, the plan must include, but need not be limited to,</p> <ul style="list-style-type: none"> • Goals to enhance the faculty member’s ability to fulfill designated responsibilities (e.g., goals related to currency in areas of teaching responsibility, teaching effectiveness, research, scholarly activity). • Specific measurable action steps with expected timelines by which the faculty member will achieve the goals. • Evidence of annual updates of action steps and goals as they are met or as circumstances change. • Identification of the ways in which the faculty member’s professional development plan will contribute to attaining the program’s strategic goals.

	<i>THE PLAN SHOULD REFLECT THE INDIVIDUAL FACULTY MEMBER'S DESIGNATED RESPONSIBILITIES (E.G., EVERY PLAN DOES NOT NEED TO INCLUDE SCHOLARLY ACTIVITY IF THIS IS NOT PART OF THE FACULTY MEMBER'S RESPONSIBILITIES. SIMILARLY, IF THE FACULTY MEMBER'S PRIMARY ROLE IS RESEARCH, HE OR SHE MAY NOT NEED A GOAL RELATED TO TEACHING EFFECTIVENESS).</i>
A.5.3.	<p>Programs must routinely secure and document sufficient qualitative and quantitative information to allow for meaningful analysis about the extent to which the program is meeting its stated goals and objectives. This must include, but need not be limited to,</p> <ul style="list-style-type: none"> • Faculty effectiveness in their assigned teaching responsibilities. • Students' progression through the program. • Student retention rates. • Fieldwork performance evaluation. • Student evaluation of fieldwork experience. • Student satisfaction with the program. • Graduates' performance on the NBCOT certification exam. • Graduates' job placement and performance as determined by employer satisfaction.
A.5.4.	Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An annual report summarizing analysis of data and planned action responses must be maintained.
	<i>THE INTENT OF STANDARD A.5.4 IS THAT PROGRAMS PREPARE AN ANNUAL REPORT THAT SUMMARIZES AN ANALYSIS OF DATA COLLECTED ABOUT THE EXTENT TO WHICH THE PROGRAM IS MEETING ITS STATED GOALS AND OBJECTIVES AS REQUIRED BY STANDARD A.5.3 (E.G., FACULTY EFFECTIVENESS IN THEIR ASSIGNED TEACHING RESPONSIBILITIES; STUDENTS' PROGRESSION THROUGH THE PROGRAM, STUDENT RETENTION RATES, FIELDWORK PERFORMANCE EVALUATION, STUDENT EVALUATION OF FIELDWORK EXPERIENCE, STUDENT SATISFACTION WITH THE PROGRAM, GRADUATES' PERFORMANCE ON THE NBCOT CERTIFICATION EXAM, GRADUATES' JOB PLACEMENT, AND PERFORMANCE AS DETERMINED BY EMPLOYER SATISFACTION).</i>
A.5.5.	The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.
A.5.6.	The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has less than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total.
	<i>PROGRAMS THAT DID NOT HAVE CANDIDATES WHO SAT FOR THE EXAM IN EACH OF THE 3 MOST RECENT CALENDAR YEARS MUST MEET THE REQUIRED 80% PASS RATE EACH YEAR UNTIL DATA FOR 3</i>

<i>CALENDAR YEARS ARE AVAILABLE.</i>	
A.6.0. CURRICULUM FRAMEWORK The curriculum framework is a description of the program that includes the program’s mission, philosophy, and curriculum design.	
A.6.1.	The curriculum must include preparation for practice as a generalist with a broad exposure to current practice settings (e.g., school, hospital, community, long-term care) and emerging practice areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, children, adolescents, adults, and elderly persons in areas of physical and mental health.
A.6.2.	<i>(No related Standard)</i>
A.6.3.	The program must document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate.
A.6.4.	<i>(No related Standard)</i>
A.6.5.	The statement of philosophy of the occupational therapy program must reflect the current published philosophy of the profession and must include a statement of the program’s fundamental beliefs about human beings and how they learn.
A.6.6.	The statement of the mission of the occupational therapy program must be consistent with and supportive of the mission of the sponsoring institution. The program’s mission statement should explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions.
A.6.7.	The curriculum design must reflect the mission and philosophy of both the occupational therapy program and the institution and must provide the basis for program planning, implementation, and evaluation. The design must identify curricular threads and educational goals and describe the selection of the content, scope, and sequencing of coursework.
A.6.8.	The program must have clearly documented assessment measures by which students are regularly evaluated on their acquisition of knowledge, skills, attitudes, and competencies required for graduation.
A.6.9.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) and materials used to accomplish course objectives must be documented. Programs must also demonstrate the consistency between course syllabi and the curriculum design.

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A MASTER’S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST
SECTION B: CONTENT REQUIREMENTS The content requirements are written as expected student outcomes. Faculty are responsible for developing learning activities and evaluation methods to document that students meet these outcomes.	
B.1.0.	FOUNDATIONAL CONTENT REQUIREMENTS Program content

	must be based on a broad foundation in the liberal arts and sciences. A strong foundation in the biological, physical, social, and behavioral sciences supports an understanding of occupation across the lifespan. If the content of the Standard is met through prerequisite coursework, the application of foundational content in sciences must also be evident in professional coursework. The student will be able to
B.1.1.	Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics.
B.1.2.	Demonstrate knowledge and understanding of human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.
B.1.3.	Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral sciences, social sciences, and occupational science. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.
B.1.4.	Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.
B.1.5.	Demonstrate an understanding of the ethical and practical considerations that affect the health and wellness needs of those who are experiencing or are at risk for social injustice, occupational deprivation, and disparity in the receipt of services.
B.1.6.	Demonstrate knowledge of global social issues and prevailing health and welfare needs of populations with or at risk for disabilities and chronic health conditions.
B.1.7.	Demonstrate the ability to use statistics to interpret tests and measurements for the purpose of delivering evidence-based practice.
B.1.8.	Demonstrate an understanding of the use of technology to support performance, participation, health and well-being. This technology may include, but is not limited to, electronic documentation systems, distance communication, virtual environments, and telehealth technology.
B.2.0. BASIC TENETS OF OCCUPATIONAL THERAPY Coursework must facilitate development of the performance criteria listed below. The student will be able to	
B.2.1.	Articulate an understanding of the importance of the history and philosophical base of the profession of occupational therapy.
B.2.2.	Explain the meaning and dynamics of occupation and activity, including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors.
B.2.3.	Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both

	the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support performance, participation, health, and well-being.
B.2.4.	Articulate the importance of balancing areas of occupation with the achievement of health and wellness for the clients.
B.2.5.	Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.
B.2.6.	Analyze the effects of heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual.
B.2.7.	Demonstrate task analysis in areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors to formulate an intervention plan.
B.2.8.	Use sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice.
B.2.9.	Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, personal, temporal, virtual) and environment.
B.2.10.	Use clinical reasoning to explain the rationale for and use of compensatory strategies when desired life tasks cannot be performed.
B.2.11.	Analyze, synthesize, and apply models of occupational performance.
B.3.0. OCCUPATIONAL THERAPY THEORETICAL PERSPECTIVES	
The program must facilitate the development of the performance criteria listed below.	
The student will be able to	
B.3.1.	Apply theories that underlie the practice of occupational therapy.
B.3.2.	Compare and contrast models of practice and frames of reference that are used in occupational therapy.
B.3.3.	Use theories, models of practice, and frames of reference to guide and inform evaluation and intervention.
B.3.4.	Analyze and discuss how occupational therapy history, occupational therapy theory, and the sociopolitical climate influence practice.
B.3.5.	Apply theoretical constructs to evaluation and intervention with various types of clients in a variety of practice contexts and environments to analyze and effect meaningful occupation outcomes.
B.3.6.	Discuss the process of theory development and its importance to occupational therapy.
B.4.0.	SCREENING, EVALUATION, AND REFERRAL The process of screening, evaluation, and referral as related to occupational performance and participation must be culturally relevant and based on theoretical perspectives, models of practice, frames of reference, and available evidence. In addition, this process must consider the continuum of need from individuals to populations. The program must facilitate development of the performance criteria listed below. The student will be able to

B.4.1.	Use standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention. These tools include, but are not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, significant others, and community.
B.4.2.	Select appropriate assessment tools on the basis of client needs, contextual factors, and psychometric properties of tests. These must be culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process.
B.4.3.	Use appropriate procedures and protocols (including standardized formats) when administering assessments.
B.4.4.	Evaluate client(s)' occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes <ul style="list-style-type: none"> • The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems). • Performance patterns (e.g., habits, routines, rituals, roles). • Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social). • Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.
B.4.5.	Compare and contrast the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapist and occupational therapy assistant in that process.
B.4.6.	Interpret criterion-referenced and norm-referenced standardized test scores on the basis of an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.
B.4.7.	Consider factors that might bias assessment results, such as culture, disability status, and situational variables related to the individual and context.
B.4.8.	Interpret the evaluation data in relation to accepted terminology of the profession and relevant theoretical frameworks.
B.4.9.	Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluation to specialists who are internal and external to the profession.
B.4.10.	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to the requirements of applicable facility, local, state, federal, and reimbursement

	agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.
B.4.11.	<i>(No related Standard)</i>
B.5.0.	INTERVENTION PLAN: FORMULATION AND IMPLEMENTATION The process of formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and participation must be culturally relevant; reflective of current occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference. The program must facilitate development of the performance criteria listed below. The student will be able to
B.5.1.	Use evaluation findings based on appropriate theoretical approaches, models of practice, and frames of reference to develop occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components: <ul style="list-style-type: none"> • The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems). • Performance patterns (e.g., habits, routines, rituals, roles). • Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social). Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.
B.5.2.	Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADLs, IADLs, education, work, play, rest, sleep, leisure, and social participation.
B.5.3.	Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods).
B.5.4.	Design and implement group interventions based on principles of group development and group dynamics across the lifespan.
B.5.5.	Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration.
B.5.6.	Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception).
B.5.7.	Demonstrate therapeutic use of self, including one’s personality, insights,

	perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.
B.5.8.	Develop and implement intervention strategies to remediate and/or compensate for cognitive deficits that affect occupational performance.
B.5.9.	Evaluate and adapt processes or environments (e.g., home, work, school, community) applying ergonomic principles and principles of environmental modification.
B.5.10.	Articulate principles of and be able to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.
B.5.11.	Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and participation. Train in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics.
B.5.12.	Provide recommendations and training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.
B.5.13.	Provide recommendations and training in techniques to enhance community mobility, including public transportation, community access, and issues related to driver rehabilitation.
B.5.14.	Provide management of feeding, eating, and swallowing to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and swallowing assessment and management) and train others in precautions and techniques while considering client and contextual factors.
B.5.15.	Demonstrate safe and effective application of superficial thermal and mechanical modalities as a preparatory measure to manage pain and improve occupational performance, including foundational knowledge, underlying principles, indications, contraindications, and precautions

	<p><i>SKILLS, KNOWLEDGE, AND COMPETENCIES FOR ENTRY-LEVEL PRACTICE ARE DERIVED FROM AOTA PRACTICE DOCUMENTS AND NBCOT PRACTICE ANALYSIS STUDIES. SUPERFICIAL THERMAL MODALITIES INCLUDE, BUT ARE NOT LIMITED TO, HYDROTHERAPY/WHIRLPOOL, CRYOTHERAPY (COLD PACKS, ICE), FLUIDOTHERAPY, HOT PACKS, PARAFFIN, WATER, AND INFRARED. MECHANICAL MODALITIES INCLUDE, BUT ARE NOT LIMITED TO, VASOPNEUMATIC DEVICES AND CONTINUOUS PASSIVE MOTION. THE WORD “DEMONSTRATE” DOES NOT REQUIRE THAT A STUDENT ACTUALLY PERFORM THE TASK TO VERIFY KNOWLEDGE AND UNDERSTANDING. THE PROGRAM MAY SELECT THE TYPES OF LEARNING ACTIVITIES AND ASSESSMENTS THAT WILL INDICATE COMPLIANCE WITH THE STANDARD.</i></p> <p><i>FOR INSTITUTIONS IN STATES WHERE REGULATIONS RESTRICT THE USE OF PHYSICAL AGENT MODALITIES, IT IS RECOMMENDED THAT STUDENTS BE EXPOSED TO THE MODALITIES OFFERED IN PRACTICE TO ALLOW STUDENTS KNOWLEDGE AND EXPERIENCE WITH THE MODALITIES IN PREPARATION FOR THE NBCOT EXAMINATION AND FOR PRACTICE OUTSIDE OF THE STATE IN WHICH THE EDUCATIONAL INSTITUTION RESIDES.</i></p>
B.5.16.	Explain the use of deep thermal and electrotherapeutic modalities as a preparatory measure to improve occupational performance, including indications, contraindications, and precautions.
	<p><i>SKILLS, KNOWLEDGE, AND COMPETENCIES FOR ENTRY-LEVEL PRACTICE ARE DERIVED FROM AOTA PRACTICE DOCUMENTS AND NBCOT PRACTICE ANALYSIS STUDIES. DEEP THERMAL MODALITIES INCLUDE, BUT ARE NOT LIMITED TO, THERAPEUTIC ULTRASOUND AND PHONOPHORESIS. ELECTROTHERAPEUTIC MODALITIES INCLUDE, BUT ARE NOT LIMITED TO, BIOFEEDBACK, NEUROMUSCULAR ELECTRICAL STIMULATION, FUNCTIONAL ELECTRICAL STIMULATION, TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION, ELECTRICAL STIMULATION FOR TISSUE REPAIR, HIGH-VOLTAGE GALVANIC STIMULATION, AND IONTOPHORESIS.</i></p>
B.5.17.	Develop and promote the use of appropriate home and community programming to support performance in the client’s natural environment and participation in all contexts relevant to the client.
B.5.18.	Demonstrate an understanding of health literacy and the ability to educate and train the client, caregiver, family and significant others, and communities to facilitate skills in areas of occupation as well as prevention, health maintenance, health promotion, and safety.
B.5.19.	Apply the principles of the teaching–learning process using educational methods to design experiences to address the needs of the client, family, significant others, colleagues, other health providers, and the public.
B.5.20.	Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.

B.5.21.	Effectively communicate and work interprofessionally with those who provide services to individuals, organizations, and/or populations in order to clarify each member's responsibility in executing an intervention plan.
B.5.22.	Refer to specialists (both internal and external to the profession) for consultation and intervention.
B.5.23.	Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client, the sociocultural context, and technological advances.
B.5.24.	Select and teach compensatory strategies, such as use of technology and adaptations to the environment, that support performance, participation, and well-being.
B.5.25.	Identify and demonstrate techniques in skills of supervision and collaboration with occupational therapy assistants and other professionals on therapeutic interventions.
B.5.26.	Understand when and how to use the consultative process with groups, programs, organizations, or communities.
B.5.27.	Describe the role of the occupational therapist in care coordination, case management, and transition services in traditional and emerging practice environments.
B.5.28.	Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention.
B.5.29.	Plan for discharge, in collaboration with the client, by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. This process includes, but is not limited to, identification of client's current status within the continuum of care; identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming to facilitate the client's progression along the continuum toward outcome goals.
B.5.30.	Organize, collect, and analyze data in a systematic manner for evaluation of practice outcomes. Report evaluation results and modify practice as needed to improve client outcomes.
B.5.31.	Terminate occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. This process includes developing a summary of occupational therapy outcomes, appropriate recommendations, and referrals and discussion of post-discharge needs with the client and with appropriate others.
B.5.32.	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.
B.5.33.	<i>(No related Standard)</i>

B.6.0. CONTEXT OF SERVICE DELIVERY

Context of service delivery includes the knowledge and understanding of the various contexts, such as professional, social, cultural, political, economic, and ecological, in

which occupational therapy services are provided. The program must facilitate development of the performance criteria listed below. The student will be able to	
B.6.1.	Evaluate and address the various contexts of health care, education, community, political, and social systems as they relate to the practice of occupational therapy.
B.6.2.	Analyze the current policy issues and the social, economic, political, geographic, and demographic factors that influence the various contexts for practice of occupational therapy.
B.6.3.	Integrate current social, economic, political, geographic, and demographic factors to promote policy development and the provision of occupational therapy services.
B.6.4.	Articulate the role and responsibility of the practitioner to advocate for changes in service delivery policies, to effect changes in the system, and to identify opportunities in emerging practice areas.
B.6.5.	Analyze the trends in models of service delivery, including, but not limited to, medical, educational, community, and social models, and their potential effect on the practice of occupational therapy.
B.6.6.	Utilize national and international resources in making assessment or intervention choices and appreciate the influence of international occupational therapy contributions to education, research, and practice.
B.7.0.	MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES Management of occupational therapy services includes the application of principles of management and systems in the provision of occupational therapy services to individuals and organizations. The program must facilitate development of the performance criteria listed below. The student will be able to
B.7.1.	Describe and discuss the impact of contextual factors on the management and delivery of occupational therapy services.
B.7.2.	Describe the systems and structures that create federal and state legislation and regulations and their implications and effects on practice.
B.7.3.	Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.
B.7.4.	Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third party, private payer), appeals mechanisms, and documentation requirements that affect the practice of occupational therapy.
B.7.5.	Demonstrate the ability to plan, develop, organize, and market the delivery of services to include the determination of programmatic needs and service delivery options and formulation and management of staffing for effective service provision.
B.7.6.	Demonstrate the ability to design ongoing processes for quality improvement (e.g., outcome studies analysis) and develop program changes as needed to ensure quality of services and to direct administrative changes.
B.7.7.	Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non-occupational therapy personnel.
B.7.8.	Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.

B.7.9.	<i>(No related Standard)</i>
B.7.10.	<i>(No related Standard)</i>
B.7.11.	<i>(No related Standard)</i>
B.7.12.	<i>(No related Standard)</i>
B.8.0. SCHOLARSHIP	
Promotion of scholarly endeavors will serve to describe and interpret the scope of the profession, establish new knowledge, and interpret and apply this knowledge to practice. The program must facilitate development of the performance criteria listed below. The student will be able to	
B.8.1.	Articulate the importance of how scholarly activities contribute to the development of a body of knowledge relevant to the profession of occupational therapy.
B.8.2.	Effectively locate, understand, critique, and evaluate information, including the quality of evidence
B.8.3.	Use scholarly literature to make evidence-based decisions.
B.8.4.	Understand and use basic descriptive, correlational, and inferential quantitative statistics and code, analyze, and synthesize qualitative data.
B.8.5.	Understand and critique the validity of research studies, including their design (both quantitative and qualitative) and methodology.
B.8.6.	Demonstrate the skills necessary to design a scholarly proposal that includes the research question, relevant literature, sample, design, measurement, and data analysis.
B.8.7.	Participate in scholarly activities that evaluate professional practice, service delivery, and/or professional issues (e.g., Scholarship of Integration, Scholarship of Application, Scholarship of Teaching and Learning).
<p><i>THE INTENT OF STANDARD B.8.7 IS TO EMPHASIZE THE “DOING” PART OF THE RESEARCH PROCESS THAT CAN SUPPORT BEGINNING RESEARCH SKILLS IN A PRACTICE SETTING. SYSTEMATIC REVIEWS THAT REQUIRE ANALYSIS AND SYNTHESIS OF DATA MEET THE REQUIREMENT FOR THIS STANDARD. NARRATIVE REVIEWS DO NOT MEET THIS STANDARD.</i></p> <p><i>A CULMINATING PROJECT RELATED TO RESEARCH IS NOT REQUIRED FOR THE MASTER’S LEVEL. IF IT IS CONSISTENT WITH THE PROGRAM’S CURRICULUM DESIGN AND GOALS, THE PROGRAM MAY CHOOSE TO REQUIRE A CULMINATING RESEARCH LEARNING ACTIVITY (E.G., SYSTEMATIC REVIEW OF LITERATURE, FACULTY-LED RESEARCH ACTIVITY, STUDENT RESEARCH PROJECT).</i></p>	
B.8.8.	Demonstrate skills necessary to write a scholarly report in a format for presentation or publication.
B.8.9.	Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities.
B.8.10.	<i>(No related Standard)</i>
B.9.0. PROFESSIONAL ETHICS, VALUES, AND RESPONSIBILITIES	
Professional ethics, values, and responsibilities include an understanding and appreciation of ethics and values of the profession of occupational therapy. The program must facilitate development of the performance criteria listed below. The student will be	

able to	
B.9.1.	Demonstrate knowledge and understanding of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics and Ethics Standards</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.
B.9.2.	Discuss and justify how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.
B.9.3.	Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.
B.9.4.	Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.
B.9.5.	Discuss professional responsibilities related to liability issues under current models of service provision.
B.9.6.	Discuss and evaluate personal and professional abilities and competencies as they relate to job responsibilities.
B.9.7.	Discuss and justify the varied roles of the occupational therapist as a practitioner, educator, researcher, consultant, and entrepreneur
B.9.8.	Explain and justify the importance of supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.
B.9.9.	Describe and discuss professional responsibilities and issues when providing service on a contractual basis
B.9.10.	Demonstrate strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.
B.9.11.	Explain the variety of informal and formal systems for resolving ethics disputes that have jurisdiction over occupational therapy practice.
B.9.12.	Describe and discuss strategies to assist the consumer in gaining access to occupational therapy services.
B.9.13.	Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., AOTA, state occupational therapy associations, advocacy organizations).

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST
SECTION C: FIELDWORK EDUCATION AND DOCTORAL EXPERIENTIAL COMPONENT	
C.1.0: FIELDWORK EDUCATION	
<p>Fieldwork education is a crucial part of professional preparation and is best integrated as a component of the curriculum design. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under supervision of a qualified occupational therapy practitioner serving as a role model. The academic fieldwork coordinator is responsible for the program's compliance with fieldwork education requirements. The academic fieldwork coordinator will</p>	

C.1.1.	Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that fieldwork experiences strengthen the ties between didactic and fieldwork education
C.1.2.	Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students.
C.1.3.	Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives and communicate with the student and fieldwork educator about progress and performance during fieldwork.
C.1.4.	Ensure that the ratio of fieldwork educators to students enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.
C.1.5.	Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner in accordance with the policy adopted by the program as required by Standard A.4.14.
C.1.6.	The program must have evidence of valid memoranda of understanding in effect and signed by both parties at the time the student is completing the Level I or Level II fieldwork experience. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding.
	<i>IF A FIELD TRIP, OBSERVATION, OR SERVICE LEARNING ACTIVITY IS USED TO COUNT TOWARD PART OF LEVEL I FIELDWORK, THEN A MEMORANDUM OF UNDERSTANDING IS REQUIRED. IF A FIELD TRIP, OBSERVATION, OR SERVICE LEARNING ACTIVITY IS NOT USED TO COUNT TOWARD PART OF LEVEL I FIELDWORK, THEN NO MEMORANDUM OF UNDERSTANDING IS REQUIRED. WHEN A MEMORANDUM OF UNDERSTANDING IS ESTABLISHED WITH A MULTISITE SERVICE PROVIDER (E.G., CONTRACT AGENCY, CORPORATE ENTITY), THE ACOTE STANDARDS DO NOT REQUIRE A SEPARATE MEMORANDUM OF UNDERSTANDING WITH EACH PRACTICE SITE.</i>
C.1.7.	Ensure that at least one fieldwork experience (either Level I or Level II) has as its focus psychological and social factors that influence engagement in occupation.
The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients. The program will	
C.1.8.	Ensure that Level I fieldwork is integral to the program's curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.
C.1.9.	Ensure that qualified personnel supervise Level I fieldwork. Examples may include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists,

	physician assistants, teachers, social workers, nurses, and physical therapists.
C.1.10.	Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork.
<p>The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and research, administration, and management of occupational therapy services. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The program will</p>	
C.1.11.	Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities
C.1.12.	Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.
C.1.13.	Require a minimum of 24 weeks' full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies, as long as it is at least 50% of an FTE at that site.
C.1.14.	Ensure that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program.
C.1.15.	Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).
C.1.16.	Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student.
C.1.17.	Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or otherwise regulated occupational therapist with at least 3 years' full-time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational

	therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.
C.1.18.	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA <i>Fieldwork Performance Evaluation for the Occupational Therapy Student</i> or equivalent)
C.1.19.	Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice.

GLOSSARY

Accreditation Standards for a Doctoral-Degree-Level Educational Program for the Occupational Therapist, Masters-Degree-Level Educational Program for the Occupational Therapist, and Associate-Degree-Level Educational Program for the Occupational Therapy Assistant

Definitions given below are for the purposes of these documents.

ABILITY TO BENEFIT: A phrase that refers to a student who does not have a high school diploma or its recognized equivalent, but is eligible to receive funds under the Title IV Higher Education Act programs after taking an independently administered examination and achieving a score, specified by the Secretary of the U.S. Department of Education (USDE), indicating that the student has the ability to benefit from the education being offered.

ACADEMIC CALENDAR: The official institutional document that lists registration dates, semester/quarter stop and start dates, holidays, graduation dates, and other pertinent events. Generally, the academic year is divided into two major semesters, each approximately 14 to 16 weeks long. A smaller number of institutions have quarters rather than semesters. Quarters are approximately 10 weeks long; there are three major quarters and the summer session.

ACTIVITY: A term that describes a class of human actions that are goal directed (AOTA, 2008b).

ADVANCED: The stage of being beyond the elementary or introductory.

AFFILIATE: An entity that formally cooperates with a sponsoring institution in implementing the occupational therapy educational program.

AREAS OF OCCUPATION: Activities in which people engage: activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation.

ASSIST: To aid, help, or hold an auxiliary position.

BODY FUNCTIONS: The physiological functions of body systems (including psychological functions).

BODY STRUCTURES: Anatomical parts of the body such as organs, limbs, and their components.

CARE COORDINATION: The process that links clients with appropriate services and resources.

CASE MANAGEMENT: A system to ensure that individuals receive appropriate health care services.

CLIENT: The term used to name the entity that receives occupational therapy services. Clients may include (1) individuals and other persons relevant to the client's life including family, caregivers, teachers, employers, and others who may also help or be served indirectly; (2) organizations, such as businesses, industries, or agencies; and (3) populations within a community (AOTA, 2008b).

CLIENT-CENTERED SERVICE DELIVERY: An orientation that honors the desires and priorities of clients in designing and implementing interventions.

CLIENT FACTORS: Factors that reside within the client and that may affect performance in areas of occupation. Client factors include body functions and body structures.

CLINICAL REASONING: Complex multifaceted cognitive process used by practitioners to plan, direct, perform, and reflect on intervention.

COLLABORATE: To work together with a mutual sharing of thoughts and ideas.

COMPETENT: To have the requisite abilities/qualities and capacity to function in a professional environment.

CONSORTIUM: Two or more higher education institutions having a formal agreement to share resources for the operation of an educational program.

CONSUMER: The direct and/or indirect recipient of educational and/or practitioner services offered.

CONTEXT/CONTEXTUAL FACTORS AND ENVIRONMENT:

CONTEXT: The variety of interrelated conditions within and surrounding the client that influence performance. Contexts include cultural, personal, temporal, and virtual aspects.

ENVIRONMENT: The external physical and social environment that surrounds the client and in which the client's daily life occupations occur.

CONTEXT OF SERVICE DELIVERY: The knowledge and understanding of the various contexts in which occupational therapy services are provided.

COOPERATIVE PROGRAM: Two administrative entities having a cooperative agreement to offer a single program. At least one of the entities must hold degree-granting authority as required by the ACOTE Standards.

CRITERION-REFERENCED: Tests that compare the performance of an individual to that of another group, known as the *norm group*.

CULMINATING PROJECT: A project that is completed by a doctoral student that demonstrates the student's ability to relate theory to practice and to synthesize advanced knowledge in a practice area.

CURRICULUM DESIGN: An overarching set of assumptions that explains how the curriculum is planned, implemented, and evaluated. Typically, a curriculum design includes educational goals and curriculum threads and provides a clear rationale for the selection of content, the determination of scope of content, and the sequence of the content. A curriculum design is expected to be consistent with the mission and philosophy of the sponsoring institution and the program.

CURRICULUM THREADS: Curriculum threads, or *themes*, are identified by the program as areas of study and development that follow a path through the curriculum and represent the unique qualities of the program, as demonstrated by the program's graduates. Curriculum threads are typically based on the profession's and program's vision, mission, and philosophy (e.g., occupational needs of society, critical thinking/professional reasoning, diversity/globalization, (AOTA, 2008a).

DIAGNOSIS: The process of analyzing the cause or nature of a condition, situation, or problem. Diagnosis as stated in Standard B.4.0. refers to the occupational therapist's ability to analyze a problem associated with occupational performance and participation.

DISTANCE EDUCATION: Education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include

- The Internet;
- One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- Audio conferencing; or
- Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course.

DISTANCE EDUCATION DELIVERY MODEL: There is one curriculum with some (or all) of the students receiving the didactic portion of the program taught via distance education from the primary campus. The didactic portion of the program is delivered to all students (irrespective of whether it is delivered in class or by distance education) by the same instructors. Students may receive the experiential and lab components at either the primary campus or at other locations.

DRIVER REHABILITATION: Specialized evaluation and training to develop mastery of specific skills and techniques to effectively drive a motor vehicle independently and in accordance with state department of motor vehicles regulations.

ENTRY-LEVEL OCCUPATIONAL THERAPIST: The outcome of the occupational therapy educational and certification process; an individual prepared to begin generalist practice as an occupational therapist with less than 1 year of experience.

ENTRY-LEVEL OCCUPATIONAL THERAPY ASSISTANT: The outcome of the occupational therapy educational and certification process; an individual prepared to begin generalist practice as an occupational therapy assistant with less than 1 year of experience

FACULTY:

FACULTY, CORE: Persons who are resident faculty, including the program director, appointed to and employed primarily in the occupational therapy educational program.

FACULTY, FULL TIME: Core faculty members who hold an appointment that are full-time, as defined by the institution, and whose job responsibilities include teaching and/or contributing to the delivery of the designed curriculum regardless of the position title (e.g., full-time instructional staff and clinical instructors would be considered faculty).

FACULTY, PART TIME: Core faculty members who hold an appointment that is considered by that institution to constitute less than full-time service and whose job responsibilities include teaching and/or contributing to the delivery of the designed curriculum regardless of the position title.

FACULTY, ADJUNCT: Persons who are responsible for teaching at least 50% of a course and are part-time, nonsalaried, non-tenure-track faculty members who are paid for each class they teach.

FIELDWORK COORDINATOR: Faculty member who is responsible for the development, implementation, management, and evaluation of fieldwork education.

FRAME OF REFERENCE: A set of interrelated, internally consistent concepts, definitions, postulates, and principles that provide a systematic description of a practitioner's interaction with clients. A frame of reference is intended to link theory to practice.

FULL-TIME EQUIVALENT (FTE): An equivalent position for a full-time faculty member (as defined by the institution). A full-time equivalent can be made up of no more than 3 individuals.

GRADUATION RATE: The total number of students who graduated from a program within 150% of the published length of the program, divided by the number of students on the roster who started in the program.

HABITS: "Automatic behavior that is integrated into more complex patterns that enable people to function on a day-to-day basis" (Neidstadt & Crepeau, 1998).

HEALTH LITERACY: Degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (National Network of Libraries of Medicine, 2011).

INTERPROFESSIONAL COLLABORATIVE PRACTICE: “Multiple health workers from different professional backgrounds working together with patients, families, careers, and communities to deliver the highest quality of care”(World Health Organization, 2010).

MEMORANDUM OF UNDERSTANDING (MOU): A document outlining the terms and details of an agreement between parties, including each parties’ requirements and responsibilities. A memorandum of understanding may be signed by any individual who is authorized by the institution to sign fieldwork memoranda of understanding on behalf of the institution.

MENTORING: A relationship between two people in which one person (the mentor) is dedicated to the personal and professional growth of the other (the mentee). A mentor has more experience and knowledge than the mentee.

MISSION: A statement that explains the unique nature of a program or institution and how it helps fulfill or advance the goals of the sponsoring institution, including religious missions.

MODALITIES: Application of a therapeutic agent, usually a physical agent modality.

DEEP THERMAL MODALITIES: Modalities such as therapeutic ultrasound and phonophoresis.

ELECTROTHERAPEUTIC MODALITIES: Modalities such as biofeedback, neuromuscular electrical stimulation, functional electrical stimulation, transcutaneous electrical nerve stimulation, electrical stimulations for tissue repair, high-voltage galvanic stimulation, and iontophoresis.

MECHANICAL MODALITIES: Modalities such as vasopneumatic devices and continuous passive motion.

SUPERFICIAL THERMAL MODALITIES: Modalities such as hydrotherapy, whirlpool, cryotherapy, fluidotherapy, hot packs, paraffin, water, and infrared.

MODEL OF PRACTICE: The set of theories and philosophies that defines the views, beliefs, assumptions, values, and domain of concern of a particular profession or discipline. Models of practice delimit the boundaries of a profession.

OCCUPATION: “Activities . . . of everyday life, named, organized and given value and meaning by individuals and a culture. Occupation is everything that people do to occupy themselves, including looking after themselves . . . enjoying life . . . and contributing to the social and economic fabric of their communities“ (Law, Polatajko, Baptiste, & Townsend, 1997).

OCCUPATIONAL PROFILE: An analysis of a client's occupational history, routines, interests, values, and needs to engage in occupations and occupational roles.

OCCUPATIONAL THERAPY: The art and science of applying occupation as a means to effect positive, measurable change in the health status and functional outcomes of a client by a qualified occupational therapist and/or occupational therapy assistant (as appropriate).

OCCUPATIONAL THERAPY PRACTITIONER: An individual who is initially credentialed as an occupational therapist or an occupational therapy assistant.

PARTICIPATION: Active engagement in occupations.

PERFORMANCE PATTERNS: Patterns of behavior related to daily life activities that are habitual or routine. Performance patterns include habits, routines, rituals, and roles.

PERFORMANCE SKILLS: Features of what one does, not what one has, related to observable elements of action that have implicit functional purposes. Performance skills include motor and praxis, sensory/perceptual, emotional regulation, cognitive, and communication and social skills.

PHILOSOPHY: The underlying belief and value structure for a program that is consistent with the sponsoring institution and which permeates the curriculum and the teaching learning process.

POPULATION-BASED INTERVENTIONS: Interventions focused on promoting the overall health status of the community by preventing disease, injury, disability, and premature death. A population-based health intervention can include assessment of the community's needs, health promotion and public education, disease and disability prevention, monitoring of services, and media interventions. Most interventions are tailored to reach a subset of a population, although some may be targeted toward the population at large. Populations and subsets may be defined by geography, culture, race and ethnicity, socioeconomic status, age, or other characteristics. Many of these characteristics relate to the health of the described population (Keller, Schaffer, Lia-Hoagberg, & Strohschein, 2002).

PREPARATORY METHODS: Intervention techniques focused on client factors to help a client's function in specific activities.

PROGRAM DIRECTOR (associate-degree-level occupational therapy assistant): An initially certified occupational therapist or occupational therapy assistant who is licensed or credentialed according to regulations in the state or jurisdiction in which the program is located. The program director must hold a minimum of a master's degree.

PROGRAM DIRECTOR (master's-degree-level occupational therapist): An initially certified occupational therapist who is licensed or credentialed according to regulations in the state or jurisdiction in which the program is located. The program director must hold a doctoral degree.

PROGRAM DIRECTOR (doctoral-degree-level occupational therapist): An initially certified occupational therapist who is licensed or credentialed according to regulations in the state or jurisdiction in which the program is located. The program director must hold a doctoral degree.

PROGRAM EVALUATION: A continuing system for routinely and systematically analyzing data to determine the extent to which the program is meeting its stated goals and objectives.

PURPOSEFUL ACTIVITY: “An activity used in treatment that is goal directed and that the [client] sees as meaningful or purposeful” (Low, 2002).

RECOGNIZED REGIONAL OR NATIONAL ACCREDITING AUTHORITY: Regional and national accrediting agencies recognized by the USDE and/or the Council for Higher Education Accreditation (CHEA) to accredit postsecondary educational programs/institutions. The purpose of recognition is to ensure that the accrediting agencies are reliable authorities for evaluating quality education or training programs in the institutions they accredit.

Regional accrediting bodies recognized by USDE:

- Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges (ACCJC/WASC)
- Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges (ACSCU/WASC)
- Commission on Colleges, Southern Association of Colleges and Schools (SACS)
- Commission on Institutions of Higher Education, New England Association of Schools and Colleges (CIHE/NEASC)
- Higher Learning Commission, North Central Association of Colleges and Schools (HLC)
- Middle States Commission on Higher Education, Middle States Association of Colleges and Schools (MSCHE)
- Northwest Commission on Colleges and Universities (NWCCU)

National accrediting bodies recognized by USDE:

- Accrediting Bureau of Health Education Schools (ABHES)
- Accrediting Commission of Career Schools and Colleges (ACCSC)
- Accrediting Council for Continuing Education and Training (ACCET)
- Accrediting Council for Independent Colleges and Schools (ACICS)
- Council on Occupational Education (COE)
- Distance Education and Training Council Accrediting Commission (DETC)
- New York State Board of Regents

REFLECTIVE PRACTICE: Thoughtful consideration of one’s experiences and knowledge when applying such knowledge to practice. Reflective practice includes being coached by professionals.

RELEASE TIME: Period when a person is freed from regular duties, especially teaching, to allow time for other tasks or activities.

RETENTION RATE: A measure of the rate at which students persist in their educational program, calculated as the percentage of students on the roster, after the add period, from the beginning of the previous academic year who are again enrolled at, or graduated prior to, the beginning of the subsequent academic year.

SCHOLARSHIP: “A systematic investigation . . . designed to develop or to contribute to generalizable knowledge” (45 CFR § 46). Scholarship is made public, subject to review, and part of the discipline or professional knowledge base (Glassick, Huber, & Maeroff, 1997). It allows others to build on it and further advance the field (AOTA, 2009).

SCHOLARSHIP OF DISCOVERY: Engagement in activity that leads to the development of “knowledge for its own sake.” The Scholarship of Discovery encompasses original research that contributes to expanding the knowledge base of a discipline (Boyer, 1990).

SCHOLARSHIP OF INTEGRATION: Investigations making creative connections both within and across disciplines to integrate, synthesize, interpret, and create new perspectives and theories (Boyer, 1990).

SCHOLARSHIP OF APPLICATION: Practitioners apply the knowledge generated by Scholarship of Discovery or Integration to address real problems at all levels of society (Boyer, 1990). In occupational therapy, an example would be the application of theoretical knowledge to practice interventions or to teaching in the classroom.

SCHOLARSHIP OF TEACHING AND LEARNING: ““Involves the systematic study of teaching and/or learning and the public sharing and review of such work through presentations, publications, and performances” (McKinney, 2007, p. 10).

SKILL: The ability to use one’s knowledge effectively and readily in execution or performance.

SPONSORING INSTITUTION: The identified legal entity that assumes total responsibility for meeting the minimal standards for ACOTE accreditation.

STRATEGIC PLAN: A comprehensive plan that articulates the program’s future vision and guides the program development (e.g., faculty recruitment and professional growth, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites). A program’s strategic plan must include, but need not be limited to,

- Evidence that the plan is based on program evaluation and an analysis of external and internal environments,
- Long-term goals that address the vision and mission of both the institution and program, as well as specific needs of the program,
- Specific measurable action steps with expected timelines by which the program will reach its long-term goals,
- Person(s) responsible for action steps, and
- Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.

SUPERVISE: To direct and inspect the performance of workers or work.

SUPERVISION, DIRECT: Supervision that occurs in real time and offers both audio and visual capabilities to ensure opportunities for timely feedback.

SUPERVISOR: One who ensures that tasks assigned to others are performed correctly and efficiently.

THEORY: A set of interrelated concepts used to describe, explain, or predict phenomena.

TRANSFER OF CREDIT: A term used in higher education to award a student credit for courses earned in another institution prior to admission to the occupational therapy or occupational therapy assistant program.

References

- American Occupational Therapy Association. (2008a). *Occupational therapy model curriculum*. Bethesda MD: Author. Retrieved from <http://www.aota.org/Education-Careers/Educators/Model-Curriculum.aspx>
- American Occupational Therapy Association. (2008b). Occupational therapy practice framework: Domain and process (2nd ed.). *American Journal of Occupational Therapy*, 62, 625–683.
- American Occupational Therapy Association. (2009). Scholarship in occupational therapy. *American Journal of Occupational Therapy*, 63, 790–796.
<http://dx.doi.org/10.5014/ajot.63.6.790>
- Boyer, E. L. (1990). *Scholarship reconsidered: Priorities of the professoriate*. San Francisco: Jossey-Bass.
- Crepeau, E. B., Cohn, E., & Schell, B. (Eds.). (2008). *Willard and Spackman's occupational therapy* (11th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Glassick, C. E., Huber, M. T., & Maeroff, G. I. (1997). *Scholarship assessed: Evaluation of the professoriate*. San Francisco: Jossey-Bass.
- Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, DC: Interprofessional Education Collaborative.
- Keller, L., Schaffer, M., Lia-Hoagberg, B., & Strohschein S. (2002). Assessment, program planning and evaluation in population-based public health practice. *Journal of Public Health Management and Practice*, 8(5), 30–44.

- Law, M., Polatajko, H., Baptiste, W., & Townsend, E. (1997). Core concepts of occupational therapy. In E. Townsend (Ed.), *Enabling occupation: An occupational therapy perspective* (pp. 29–56). Ottawa, ON: Canadian Association of Occupational Therapists.
- Low, J. (2002). Historical and social foundations for practice. In C. A. Trombly & M. V. Radomski (Eds.), *Occupational therapy for physical dysfunction* (5th ed., pp. 17–30). Philadelphia: Lippincott Williams & Wilkins.
- McKinney, K. (2007). *Enhancing learning through the scholarship of teaching and learning*. San Francisco: Jossey-Bass.
- National Network of Libraries of Medicine. (2011). *Health literacy*. Retrieved February 3, 2012, from <http://nnlm.gov/outreach/consumer/hlthlit.html>
- Schon, D. A. (1987). *Educating the reflective practitioner*. San Francisco: Jossey-Bass.
- Public welfare: Protection of human subjects*, 45 CFR § 46 (2005).
- U.S. Department of Education (2011). *Funding Your Education: The Guide to Federal Student Aid, 2012-13*. Retrieved February 3, 2012, from http://studentaid.ed.gov/students/attachments/siteresources/12-13_Guide.pdf.
- World Health Organization. (2010). *Framework for action on interprofessional education and collaborative practice*. Geneva: Author. Retrieved from http://whqlibdoc.who.int/hq/2010/WHO_HRH_HP_N_10.3_eng.pdf.

Additional OT Program Information

Graduation Requirements

In order to graduate with a Master's in Occupational Therapy, students must successfully complete all courses listed in the MOT curriculum and 24 weeks of Level II Fieldwork with a minimum of 77 semester hours. Students who complete the requirements must also be recommended by the MOT faculty for graduation. The Registrar's Office may withhold graduation if a student has outstanding financial obligations to the University or has not returned any University property, which has been borrowed. It is the student's responsibility to apply for graduation during their last semester on campus.

Certification

After you have successfully graduated, you are eligible to sit for the Certification Examination for Certified Occupational Therapist, Registered given by the National Board for Certification in Occupational Therapy (NBCOT) through Professional Examination Service (PES). The exam is given throughout the country via computer dates are always subject to change. Once you pass the exam, you are certified as an OT and will have to meet the periodic recertification requirements. Some states may require you to retake the exam if you do not maintain your license or practice without a license. You will need to become licensed to practice O.T. in most states including Ohio, Kentucky, and West Virginia. (See Licensure) Students must successfully complete all classroom and clinical experiences at least 2 months prior to the exam for which they expect to sit. Students are responsible for making application to the NBCOT and meeting their deadlines.

Licensure

Many states require that you have a license to practice OT. Most states accept the results of the exam given by the NBCOT. (See Certification) You must apply for a license in any state where you plan to work as an OTR (just as you must apply for a driver's license). You are also responsible for maintaining your license by paying annual fees or meeting other requirements.

Each state has different laws about the role of an OTR, the supervision of COTA's, temporary permits, etc. Some states allow you to put your license "in escrow" for a smaller fee if you do not plan to work as a OTR that year but want to keep your license. ***It is important that you know the law in the state where you work. It is your responsibility to contact the appropriate licensure board when seeking a license.***

States typically have an education verification form in the packet of materials you receive when applying. It is YOUR responsibility to acquire this material and get the appropriate verification forms signed and sent to the respective states.

In Ohio, you may not call yourself an OTR or any other title, which implies the practice of occupational therapy without a valid OT license from the state of Ohio.

- **Ohio OT, PT, AT Board** **614-466-3774**
<http://otptat.ohio.gov/>
- **Kentucky OT Board** **502-782-8807**
<http://www.bot.ky.gov/>
- **West Virginia Board** **304-285-3150**
<http://www.wvbot.org/>

Health Insurance

All MOT students are encouraged to carry personal health insurance. Verification of this should be submitted by the first day of MOT classes. If the student is not covered through parents' or spouse's policy, they may purchase insurance through the university. Contact the Bursar's Office for information.

Advising – Academic Counseling

Advising is scheduled with your assigned advisor. Once in the MOT program, students must meet/talk with their advisor at least once during each semester and sign the designated advisor sheet [see appendix D]. This is to insure proper class schedules and to avoid any problems at graduation. Be sure to keep up with the most current catalog to make sure all required courses are complete prior to fieldwork affiliations.

Counselors are available in the Student Services Office to assist personal and financial problems. In addition to the designated counselors, the MOT faculty will gladly attempt to help with academic or personal problems. One faculty member is assigned as a faculty advisor to each student as he/she enters the MOT program. He/She will follow your academic progress. Please refer to the Advising-Academic Counseling Section.

Infectious Diseases

As a member of the health care team, MOT students need to be aware of risks involved in working with patients who have infectious diseases. All MOT students are expected to follow Universal precautions in patient care and laboratory situations where potential exists for exposure to blood and body fluids.

Students **must** have a current TB skin test to participate in Level I Fieldwork. This test must be updated annually.

Most clinical sites require certain vaccinations, such as the Hepatitis B vaccination, to help protect the students from any unforeseen exposure and to comply with OSHA regulations. When these vaccinations are required, it is the student's financial responsibility to obtain these from a health care provider of their choice.

Students are required to attend annual OSHA approved blood borne pathogens training. Students who miss the assigned sessions will be required to find their own approved training at their own expense.

Please be informed that clinical sites may require random urine drug screenings so they are in compliance with their policies regarding the Drug-Free Workplace Act.

Medical information is required at acceptance into the MOT program and must be provided and kept current independently by the STUDENT. This information is taken by the student to each level II fieldwork site the first day of clinical experience. The responsibility is in the student's hands.

Liability Insurance

Students may purchase additional liability insurance through a private carrier. The coverage by the University will be explained to you prior to starting Fieldwork. Students must pay their student fees *prior* to the beginning of each semester in order to be covered under the University's policy.

Professional Organizations

There are two major voluntary organizations to which you may belong as a student and after you graduate.

The American Occupational Therapy Association, Inc., (AOTA) is a national organization, which offers many services including several publications such as *the American Journal of Occupational Therapy* and the *OT Week*, current practice information, continuing education, and employment services.

All students are required to purchase this publication for use in the MOT program.

Address: The American Occupational Therapy Association, Inc.
P.O. Box 1725
Rockville, MD 20850
1-800-729-2682 Members
1-301-652-6611 Non Members

Each state also has its own OT organization. The Ohio Occupational Therapy Association, Inc., (OOTA) represents the concerns of Ohio OT's. They produce a monthly newsletter, which keeps you informed of events in Ohio, issues important to Ohio OT's, and job openings. They sponsor a lobbyist who helps ensure that third party insurers pay for OT services and represents OT concerns to the Ohio Legislation. They also may have monthly district meetings and an annual conference.

Address: Ohio Occupational Therapy Association, Inc.
6795 Axtel Drive
Canal Winchester, OH 43110
614-920-9445

Student OT Association

The Student Occupational Therapy Association (SOTA) is an organization open to all students at SSU. Students applying to either program, as well as enrolled students, represent typical memberships. SOTA is a great way to get involved in the Occupational Therapy profession since your participation in SOTA builds skills and friendships outside of the classroom, which are very beneficial to beginning your professional career. Membership dues are nominal (usually, \$1.00), and meetings are scheduled each semester. The organization's general goals are:

- a) To provide a forum for occupational therapy students to promote occupational therapy in the community and the University;
- b) To provide opportunities for students to network and develop professional skills which complement academic coursework; and
- c) To provide access to resources which enhance personal and professional growth.

Each year, elections are held for President, Vice-President, Treasurer, and Secretary and AOTA Delegate (2). This group, in coordination with faculty advisor, and the membership, then determines goals and activities for the year. Some examples of SOTA activities are: occupational therapy promotional activities (such as a booth in the University Center during OT month), social activities (such as pizza sales), and organizing study groups. Meeting announcements will be posted in the lab. See SOTA President, or James McPherson, Faculty Advisor to SOTA, for more information.

Problem Solving

In the rare event that a problem occurs regarding your participation in the program, please follow the appropriate chain of command.

- First level - Instructor of the course in question
- Second level - MOT Department Director
- Third level – Chair, Dept. of Rehabilitation and Sport Studies
- Fourth level - Dean, College of Professional Studies
- Fifth level - Provost

Remember, when parents or significant others are involved in the problem solving process, the faculty are placed in a compromising position. The university and faculty are bound by law to keep information regarding your education confidential. As such, faculty are not free to discuss educational matters with anyone other than the individual.

Be advised that academic freedom dictates that no person other than the course instructor may change a grade.

Phone Calls

Students are not permitted to use the MOT/OTA instructors' or the secretary's phones for personal calls. Students are NOT to have cell phones set to ON while in any of the classes in the MOT curriculum. Students will NOT text friends or family while in any of the classes in the MOT curriculum.

When assigned to a fieldwork experience, students should not make or receive personal cell phone calls during regular working hours.

Additional Information

Bookstore

The Bookstore is located in the University Center. Besides all books being purchased there, supplies, graduation gowns, etc. can be ordered and bought through the Bookstore.

Bursar's Office

The Bursar's Office is located in the Student Business Center, University Center, 2nd floor. All fees, health insurance, and student financial matters will be handled through the Bursar's office. Failure to pay parking fines, tuition, etc., may result in holding grades. Tuition and fees must be paid prior to the first day of each semester in order for the student to be covered under the University's liability insurance. Students with unpaid fees will not be allowed to participate in laboratory or clinical experiences.

Cafeteria and Food Offerings

The on-campus restaurant (Bear's Den) is located in the University Center. During fall and spring semesters, the hours of operation will be Monday through Thursday, 7:30 a.m. - 7:00 p.m., Friday, 7:30 a.m. – 6:30 p.m., and Saturday-Sunday, 11:00a.m. – 6:00 p.m. The restaurant has indoor dining facilities. Jazzman's café is also located in the University Center. Please consult with University schedules since hours are subject to change.

Vending machines are available at all times in the following locations: The Commons Building, Massie Hall, Vern Riffe Building, University Center, Health Sciences Building, and Business and Engineering Buildings.

Library

The library is a place for the student to both study and research material. There are informative resource books and periodicals related to health sciences and occupational therapy. Learn to use the library and its resources, and you will have a powerful friend in your quest for knowledge. The library has easy access to inter-library loan and internet resources.

Reserved books cannot be removed from the library. Each semester, assigned readings will be on closed reserve in the library and may be checked out for use in the library.

Grades and diplomas **are held** if a book is not returned.

Student Parking

Students can only park in areas marked student parking, which are all over the university setting. The student should NOT expect to be able to park directly in front of the Occupational Therapy area, or the Dental Hygiene area. There are plenty of parking areas across campus and it is an excellent source of exercise to WALK. Violators who park in faculty/staff/visitor/dental hygiene area/ or handicapped parking areas will be towed away by the city at the car owners expense.

Occupational Therapy Code of Ethics (2015)

The American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics and Ethics Standards (2015)* ("Code and Ethics Standards") is a public statement of principles used to promote and maintain high standards of conduct within the profession. Members of AOTA are committed to promoting inclusion, diversity, independence, and safety for all recipients in various stages of life, health, and illness and to empower all beneficiaries of occupational therapy. This commitment extends beyond service recipients to include professional colleagues, students, educators, businesses, and the community.

The *Occupational Therapy Code of Ethics and Ethics Standards (2015)* was tailored to address the most prevalent ethical concerns of the profession in education, research, and practice. The concerns of stakeholders including the public, consumers, students, colleagues, employers, research participants, researchers, educators, and practitioners were addressed in the creation of this document. A review of issues raised in ethics cases, member questions related to ethics, and content of other professional codes of ethics were utilized to ensure that the revised document is applicable to occupational therapists, occupational therapy assistants, and students in all roles.

The historical foundation of this Code and Ethics Standards is based on ethical reasoning surrounding practice and professional issues, as well as on empathic reflection regarding these interactions with others (see e.g., AOTA, 2005, 2006, 2010, 2015). This reflection resulted in the establishment of principles that guide ethical action, which goes beyond rote following of rules or application of principles. Rather, *ethical action* it is a manifestation of moral

While much has changed over the course of the profession's history, more has remained the same. The profession of occupational therapy remains grounded in seven core concepts, as identified in the *Core Values and Attitudes of Occupational Therapy Practice (AOYA, 1993)*: *altruism, equality, freedom, justice, dignity, truth, and prudence*. *Altruism* is the individual's ability to place the needs of others before their own. *Equality* refers to the desire to promote fairness in interactions with others. The concept of *freedom* and personal choice is paramount in a profession in which the desires of the client must guide our interventions. Occupational therapy practitioners, educators, and researchers relate in a fair and impartial manner to individuals with whom they interact and respect and adhere to the applicable laws and standards regarding their area of practice, be it direct care, education, or research (*justice*). Inherent in the practice of occupational therapy is the promotion and preservation of the individuality and *dignity* of the client, by assisting him or her to engage in occupations that are meaningful to him or her regardless of level of disability. In all situations, occupational therapists, occupational therapy assistants, and students must provide accurate information, both in oral and written form (*truth*). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions to direct them in their area(s) of practice (*prudence*). These seven core values provide a foundation by which occupational therapy personnel guide their interactions with others, be they students, clients, colleagues, research participants, or communities. These values also define the ethical principles to which the profession is committed and which the public can expect.

The *Occupational Therapy Code of Ethics and Ethics Standards (2015)* is a guide to professional conduct when ethical issues arise. Ethical decision making is a process that includes awareness of how the outcome will impact occupational therapy clients in all spheres. Applications of Code and Ethics Standards Principles are considered situation-specific, and where a conflict exists, occupational therapy personnel will pursue responsible efforts for resolution. These Principles apply to occupational therapy personnel engaged in any professional role, including elected and volunteer leadership positions.

The specific purposes of the *Occupational Therapy Code of Ethics and Ethics Standards (2015)* are to

1. Identify and describe the principles supported by the occupational therapy profession.
2. Educate the general public and members regarding established principles to which occupational therapy personnel are accountable.
3. Socialize occupational therapy personnel new to the practice to expected standards of conduct.
4. Assist occupational therapy personnel in recognition and resolution of ethical dilemmas.

Occupational Therapy Code of Ethics (2015)

Preamble

The 2015 Occupational Therapy Code of Ethics (Code) of the American Occupational Therapy Association (AOTA) is designed to reflect the dynamic nature of the profession, the evolving health care environment, and emerging technologies that can present potential ethical concerns in research, education, and practice. AOTA members are committed to promoting inclusion, participation, safety, and well-being for all recipients in various stages of life, health, and illness and to empowering all beneficiaries of service to meet their occupational needs. Recipients of services may be individuals, groups, families, organizations, communities, or populations (AOTA, 2014b).

The Code is an AOTA Official Document and a public statement tailored to address the most prevalent ethical concerns of the occupational therapy profession. It outlines Standards of Conduct the public can expect from those in the profession. It should be applied to all areas of occupational therapy and shared with relevant stakeholders to promote ethical conduct.

The Code serves two purposes:

1. It provides aspirational Core Values that guide members toward ethical courses of action in professional and volunteer roles, and
2. It delineates enforceable Principles and Standards of Conduct that apply to AOTA members.

Whereas the Code helps guide and define decision-making parameters, ethical action goes beyond rote compliance with these Principles and is a manifestation of moral character and mindful reflection. It is a commitment to benefit others, to virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage. Recognizing and resolving ethical issues is a systematic process that includes analysis of the complex dynamics of situations, weighing of consequences, making reasoned decisions, taking action, and reflecting on outcomes. Occupational therapy personnel, including students in occupational therapy programs, are expected to abide by the Principles and Standards of Conduct within this Code. Personnel roles include clinicians (e.g., direct service, consultation, administration); educators; researchers; entrepreneurs; business owners; and those in elected, appointed, or other professional volunteer service.

The process for addressing ethics violations by AOTA members (and associate members, where applicable) is outlined in the Code's Enforcement Procedures (AOTA, 2014a).

Although the Code can be used in conjunction with licensure board regulations and laws that guide standards of practice, the Code is meant to be a free-standing document, guiding ethical dimensions of professional behavior, responsibility, practice, and decision making. This Code is not exhaustive; that is, the Principles and Standards of Conduct cannot address every possible situation. Therefore, before making complex ethical decisions that require further expertise, occupational therapy personnel should seek out resources to assist in resolving ethical issues not addressed in this document. Resources can include, but are not limited to, ethics

committees, ethics officers, the AOTA Ethics Commission or Ethics Program Manager, or an ethics consultant.

Core Values

The profession is grounded in seven long-standing Core Values: (1) Altruism, (2) Equality, (3) Freedom, (4) Justice, (5) Dignity, (6) Truth, and (7) Prudence. Altruism involves demonstrating concern for the welfare of others. Equality refers to treating all people impartially and free of bias. Freedom and personal choice are paramount in a profession in which the values and desires of the client guide our interventions. Justice expresses a state in which diverse communities are inclusive; diverse communities are organized and structured such that all members can function, flourish, and live a satisfactory life. Occupational therapy personnel, by virtue of the specific nature of the practice of occupational therapy, have a vested interest in addressing unjust inequities that limit opportunities for participation in society (Braveman & Bass-Haugen, 2009).

Inherent in the practice of occupational therapy is the promotion and preservation of the individuality and Dignity of the client, by treating him or her with respect in all interactions. In all situations, occupational therapy personnel must provide accurate information in oral, written, and electronic forms (Truth). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions in professional and volunteer roles (Prudence).

The seven Core Values provide a foundation to guide occupational therapy personnel in their interactions with others. Although the Core Values are not themselves enforceable standards, they should be considered when determining the most ethical course of action.

Principles and Standards of Conduct

The Principles and Standards of Conduct that are enforceable for professional behavior include (1) Beneficence, (2) Nonmaleficence, (3) Autonomy, (4) Justice, (5) Veracity, and (6) Fidelity. Reflection on the historical foundations of occupational therapy and related professions resulted in the inclusion of Principles that are consistently referenced as a guideline for ethical decision making.

Beneficence

Principle 1. Occupational therapy personnel shall demonstrate a concern for the well-being and safety of the recipients of their services.

Beneficence includes all forms of action intended to benefit other persons. The term beneficence connotes acts of mercy, kindness, and charity (Beauchamp & Childress, 2013). Beneficence requires taking action by helping others, in other words, by promoting good, by preventing harm, and by removing harm. Examples of beneficence include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, helping persons with disabilities, and rescuing persons in danger (Beauchamp & Childress, 2013).

Related Standards of Conduct

Occupational therapy personnel shall

- A. Provide appropriate evaluation and a plan of intervention for recipients of occupational therapy services specific to their needs.
- B. Reevaluate and reassess recipients of service in a timely manner to determine whether goals are being achieved and whether intervention plans should be revised.
- C. Use, to the extent possible, evaluation, planning, intervention techniques, assessments, and therapeutic equipment that are evidence based, current, and within the recognized scope of occupational therapy practice.
- D. Ensure that all duties delegated to other occupational therapy personnel are congruent with credentials, qualifications, experience, competency, and scope of practice with respect to service delivery, supervision, fieldwork education, and research.
- E. Provide occupational therapy services, including education and training, that are within each practitioner's level of competence and scope of practice.
- F. Take steps (e.g., continuing education, research, supervision, training) to ensure proficiency, use careful judgment, and weigh potential for harm when generally recognized standards do not exist in emerging technology or areas of practice.
- G. Maintain competency by ongoing participation in education relevant to one's practice area.
- H. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the services are no longer beneficial.
- I. Refer to other providers when indicated by the needs of the client.
- J. Conduct and disseminate research in accordance with currently accepted ethical guidelines and standards for the protection of research participants, including determination of potential risks and benefits.

Nonmaleficence

Principle 2. Occupational therapy personnel shall refrain from actions that cause harm.

Nonmaleficence “obligates us to abstain from causing harm to others” (Beauchamp & Childress, 2013, p. 150). The Principle of Nonmaleficence also includes an obligation to not impose risks of harm even if the potential risk is without malicious or harmful intent. This Principle often is examined under the context of due care. The standard of due care “requires that the goals pursued justify the risks that must be imposed to achieve those goals” (Beauchamp & Childress, 2013, p. 154). For example, in occupational therapy practice, this standard applies to situations in which the client might feel pain from a treatment intervention; however, the acute pain is justified by potential longitudinal, evidence-based benefits of the treatment.

Related Standards of Conduct

Occupational therapy personnel shall

- A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.
- B. Avoid abandoning the service recipient by facilitating appropriate transitions when unable to provide services for any reason.

- C. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues, students, research participants, or others.
- D. Avoid any undue influences that may impair practice and compromise the ability to safely and competently provide occupational therapy services, education, or research.
- E. Address impaired practice and when necessary report to the appropriate authorities.
- F. Avoid dual relationships, conflicts of interest, and situations in which a practitioner, educator, student, researcher, or employer is unable to maintain clear professional boundaries or objectivity.
- G. Avoid engaging in sexual activity with a recipient of service, including the client's family or significant other, student, research participant, or employee, while a professional relationship exists.
- H. Avoid compromising rights or well-being of others based on arbitrary directives (e.g., unrealistic productivity expectations, falsification of documentation, inaccurate coding) by exercising professional judgment and critical analysis.
- I. Avoid exploiting any relationship established as an occupational therapy clinician, educator, or researcher to further one's own physical, emotional, financial, political, or business interests at the expense of recipients of services, students, research participants, employees, or colleagues.
- J. Avoid bartering for services when there is the potential for exploitation and conflict of interest.

Autonomy

Principle 3. Occupational therapy personnel shall respect the right of the individual to self-determination, privacy, confidentiality, and consent.

The Principle of Autonomy expresses the concept that practitioners have a duty to treat the client according to the client's desires, within the bounds of accepted standards of care, and to protect the client's confidential information. Often, respect for Autonomy is referred to as the self-determination principle. However, respecting a person's autonomy goes beyond acknowledging an individual as a mere agent and also acknowledges a person's right "to hold views, to make choices, and to take actions based on [his or her] values and beliefs" (Beauchamp & Childress, 2013, p. 106). Individuals have the right to make a determination regarding care decisions that directly affect their lives. In the event that a person lacks decision-making capacity, his or her autonomy should be respected through involvement of an authorized agent or surrogate decision maker.

Related Standards of Conduct

Occupational therapy personnel shall

- A. Respect and honor the expressed wishes of recipients of service.
- B. Fully disclose the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention; and any reasonable alternatives to the proposed intervention.

- C. Obtain consent after disclosing appropriate information and answering any questions posed by the recipient of service or research participant to ensure voluntariness.
- D. Establish a collaborative relationship with recipients of service and relevant stakeholders, to promote shared decision making.
- E. Respect the client's right to refuse occupational therapy services temporarily or permanently, even when that refusal has potential to result in poor outcomes.
- F. Refrain from threatening, coercing, or deceiving clients to promote compliance with occupational therapy recommendations.
- G. Respect a research participant's right to withdraw from a research study without penalty.
- H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communications, in compliance with applicable laws, including all aspects of privacy laws and exceptions thereto (e.g., Health Insurance Portability and Accountability Act, Family Educational Rights and Privacy Act).
- I. Display responsible conduct and discretion when engaging in social networking, including but not limited to refraining from posting protected health information.
- J. Facilitate comprehension and address barriers to communication (e.g., aphasia; differences in language, literacy, culture) with the recipient of service (or responsible party), student, or research participant.

Justice

Principle 4. Occupational therapy personnel shall promote fairness and objectivity in the provision of occupational therapy services.

The Principle of Justice relates to the fair, equitable, and appropriate treatment of persons (Beauchamp & Childress, 2013). Occupational therapy personnel should relate in a respectful, fair, and impartial manner to individuals and groups with whom they interact. They should also respect the applicable laws and standards related to their area of practice. Justice requires the impartial consideration and consistent following of rules to generate unbiased decisions and promote fairness. As occupational therapy personnel, we work to uphold a society in which all individuals have an equitable opportunity to achieve occupational engagement as an essential component of their life.

Related Standards of Conduct

Occupational therapy personnel shall

- A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy.
- B. Assist those in need of occupational therapy services to secure access through available means.
- C. Address barriers in access to occupational therapy services by offering or referring clients to financial aid, charity care, or pro bono services within the parameters of organizational policies.
- D. Advocate for changes to systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy services.

- E. Maintain awareness of current laws and AOTA policies and Official Documents that apply to the profession of occupational therapy.
- F. Inform employers, employees, colleagues, students, and researchers of applicable policies, laws, and Official Documents.
- G. Hold requisite credentials for the occupational therapy services they provide in academic, research, physical, or virtual work settings.
- H. Provide appropriate supervision in accordance with AOTA Official Documents and relevant laws, regulations, policies, procedures, standards, and guidelines.
- I. Obtain all necessary approvals prior to initiating research activities.
- J. Refrain from accepting gifts that would unduly influence the therapeutic relationship or have the potential to blur professional boundaries, and adhere to employer policies when offered gifts.
- K. Report to appropriate authorities any acts in practice, education, and research that are unethical or illegal.
- L. Collaborate with employers to formulate policies and procedures in compliance with legal, regulatory, and ethical standards and work to resolve any conflicts or inconsistencies.
- M. Bill and collect fees legally and justly in a manner that is fair, reasonable, and commensurate with services delivered.
- N. Ensure compliance with relevant laws and promote transparency when participating in a business arrangement as owner, stockholder, partner, or employee.
- O. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.
- P. Refrain from participating in any action resulting in unauthorized access to educational content or exams (including but not limited to sharing test questions, unauthorized use of or access to content or codes, or selling access or authorization codes).

Veracity

Principle 5. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.

Veracity is based on the virtues of truthfulness, candor, and honesty. The Principle of Veracity refers to comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information (Beauchamp & Childress, 2013). Veracity is based on respect owed to others, including but not limited to recipients of service, colleagues, students, researchers, and research participants.

In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive. When entering into a therapeutic or research relationship, the recipient of service or research participant has a right to accurate information. In addition, transmission of information is incomplete without also ensuring that the recipient or participant understands the information provided.

Concepts of veracity must be carefully balanced with other potentially competing ethical principles, cultural beliefs, and organizational policies. Veracity ultimately is valued as a means to establish trust and strengthen professional relationships. Therefore, adherence to the Principle

of Veracity also requires thoughtful analysis of how full disclosure of information may affect outcomes

Related Standards of Conduct

Occupational therapy personnel shall

- A. Represent credentials, qualifications, education, experience, training, roles, duties, competence, contributions, and findings accurately in all forms of communication.
- B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.
- C. Record and report in an accurate and timely manner and in accordance with applicable regulations all information related to professional or academic documentation and activities.
- D. Identify and fully disclose to all appropriate persons errors or adverse events that compromise the safety of service recipients.
- E. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, research participants, or the public.
- F. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.
- G. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.
- H. Give credit and recognition when using the ideas and work of others in written, oral, or electronic media (i.e., do not plagiarize).
- I. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program or educational institution.
- J. Maintain privacy and truthfulness when utilizing telecommunication in delivery of occupational therapy services.

Fidelity

Principle 6. Occupational therapy personnel shall treat clients, colleagues, and other professionals with respect, fairness, discretion, and integrity.

The Principle of *Fidelity* comes from the Latin root *fidelis*, meaning loyal. *Fidelity* refers to the duty one has to keep a commitment once it is made (Veatch, Haddad, & English, 2010). In the health professions, this commitment refers to promises made between a provider and a client or patient based on an expectation of loyalty, staying with the patient in a time of need, and compliance with a code of ethics. These promises can be implied or explicit. The duty to disclose information that is potentially meaningful in making decisions is one obligation of the moral contract between provider and client or patient (Veatch et al., 2010).

Whereas respecting Fidelity requires occupational therapy personnel to meet the client's reasonable expectations, the Principle also addresses maintaining respectful collegial and organizational relationships (Purtilo & Doherty, 2011). Professional relationships are greatly

influenced by the complexity of the environment in which occupational therapy personnel work. Practitioners, educators, and researchers alike must consistently balance their duties to service recipients, students, research participants, and other professionals as well as to organizations that may influence decision making and professional practice.

Related Standards of Conduct

Occupational therapy personnel shall

- A. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated or permitted by relevant laws.
- B. Address incompetent, disruptive, unethical, illegal, or impaired practice that jeopardizes the safety or well-being of others and team effectiveness.
- C. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.
- D. Avoid using one's position (employee or volunteer) or knowledge gained from that position in such a manner as to give rise to real or perceived conflict of interest among the person, the employer, other AOTA members, or other organizations.
- E. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.
- F. Refrain from verbal, physical, emotional, or sexual harassment of peers or colleagues.
- G. Refrain from communication that is derogatory, intimidating, or disrespectful and that unduly discourages others from participating in professional dialogue.
- H. Promote collaborative actions and communication as a member of interprofessional teams to facilitate quality care and safety for clients.

- I. Respect the practices, competencies, roles, and responsibilities of their own and other professions to promote a collaborative environment reflective of interprofessional teams.
- J. Use conflict resolution and internal and alternative dispute resolution resources as needed to resolve organizational and interpersonal conflicts, as well as perceived institutional ethics violations.
- K. Abide by policies, procedures, and protocols when serving or acting on behalf of a professional organization or employer to fully and accurately represent the organization's official and authorized positions.
- L. Refrain from actions that reduce the public's trust in occupational therapy.
- M. Self-identify when personal, cultural, or religious values preclude, or are anticipated to negatively affect, the professional relationship or provision of services, while adhering to organizational policies when requesting an exemption from service to an individual or group on the basis of conflict of conscience.

References

- American Occupational Therapy Association. (2014a). Enforcement procedures for the *Occupational therapy code of ethics and ethics standards*. *American Journal of Occupational Therapy*, 68(Suppl. 3), S3–S15. <http://dx.doi.org/10.5014/ajot.2014.686S02>
- American Occupational Therapy Association. (2014b). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, 68 (Suppl. 1), S1–S48. <http://dx.doi.org/10.5014/ajot.2014.682006>
- Beauchamp, T. L., & Childress, J. F. (2013). *Principles of biomedical ethics* (7th ed.). New York: Oxford University Press.
- Braveman, B., & Bass-Haugen, J. D. (2009). Social justice and health disparities: An evolving discourse in occupational therapy research and intervention. *American Journal of Occupational Therapy*, 63, 7–12. <http://dx.doi.org/10.5014/ajot.63.1.7>
- Purtilo, R., & Doherty, R. (2011). *Ethical dimensions in the health professions* (5th ed.). Philadelphia: Saunders/Elsevier.
- Veatch, R. M., Haddad, A. M., & English, D. C. (2010). *Case studies in biomedical ethics*. New York: Oxford University Press.

Ethics Commission (EC)

Yvette Hachtel, JD, OTR/L, EC Chair (2013–2014)
Lea Cheyney Brandt, OTD, MA, OTR/L, EC Chair (2014–2015) Ann Moodey Ashe, MHS, OTR/L (2011–2014)
Joanne Estes, PhD, OTR/L (2012–2015) Loretta Jean Foster, MS, COTA/L (2011–2014)
Wayne L. Winistorfer, MPA, OTR (2014–2017) Linda Scheirton, PhD, RDH (2012–2015)
Kate Payne, JD, RN (2013–2014)
Margaret R. Moon, MD, MPH, FAAP (2014–2016)
Kimberly S. Erler, MS, OTR/L (2014–2017) Kathleen McCracken, MHA, COTA/L (2014–2017)
Deborah Yarett Slater, MS, OT/L, FAOTA, AOTA Ethics Program Manager

Adopted by the Representative Assembly 2015AprilC3.

Note. This document replaces the 2010 document Occupational Therapy Code of Ethics and Ethics Standards (2010), previously published and copyrighted in 2010 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 64, S17–S26. <http://dx.doi.org/10.5014/ajot.2010.64S17>

Copyright © 2015 by the American Occupational Therapy Association.

Citation. American Occupational Therapy Association. (in press). Occupational therapy code of ethics (2015). American Journal of Occupational Therapy, 69(Suppl. 3).

Appendix A:
Student Code of Ethics

STUDENT CODE OF ETHICS

Students shall:

1. Use their own knowledge and skill to complete examinations without referring to others' answers, old examinations, class notes or other references, unless specifically permitted by the instructor. They shall not cheat.
2. Use their own knowledge to write major papers or compile research information. They shall not plagiarize, quote or copy other persons' (including classmates) work without giving proper recognition as stated in a standard style manual. (e.g. A.P.A)
3. Respect opinions of instructor and other learners. They shall not insult, slur or degrade instructors, other health professionals or students. This respect extends to use of social media. (This ethics statement does not infringe upon a student's right to raise questions and request clarification but does modify the manner in which the question or clarification is brought forth.)
4. Respect the limited resources of textbooks, library books, reprints, and journals. They shall not mutilate, deface, damage or withhold resources for their own use.
5. Conserve limited resources by using only supplies needed for completion of assignments and maintain equipment in good working order. They shall not waste supplies or misuse equipment.
6. Assist in maintaining class and laboratory rooms in good order. They shall not leave these rooms dirty or in disarray or disorder upon completion of their assignments in each room.
7. Complete all assignments by the scheduled date and time or make satisfactory arrangements with the course instructor for an extension. They shall not expect to receive equal consideration in grading unless such arrangements are made.
8. Observe all safety procedures when working with patients and equipment whether in class, clinic, or patient's home. They shall not endanger the safety and welfare of patients, other students or faculty and staff.
9. Observe all policies and procedures established by the Department of Occupational Therapy and all fieldwork facilities. They shall not exempt themselves without specific permission by a faculty member or clinical supervisor.
10. Respect the confidentiality of patient information regardless of source (patient, therapist, records, charts). They shall not repeat information outside of the classroom, clinic or facility. They shall not make written reports outside of the clinic or facility in which any part of the patient's name appears except initials. They shall not engage in inappropriate relationships with patients.
11. Work in cooperation with and with respect for other health care team members. They shall not interfere with or obstruct the rendering of the services provided by other health care members.

12. Protect the property and property rights of the facility, clinic and patient. They shall not remove or borrow any property without permission and shall not damage or misuse property while in the facility, clinic or home.
13. Respect other students' projects. They shall not handle, steal, alter, deface, or otherwise harm another student's project, especially in a manner, which might cause the project to receive a lower grade by the instructor.
14. Abide by the current AOTA Code of Ethics.

-

**Shawnee State University
Master of Occupational Therapy Program**

**Review of Appropriate Online Social Networking &
Ethical Behavior**

I, _____, SSU ID _____
received education on appropriate **Online Social Networking** (OSN). I have been advised as to what is appropriate and what is inappropriate & unethical with patients, clinical sites, faculty, MOT program, other clinicians and other professionals that I may come in contact. As a result of this education on OSN, I am fully aware that any breach of conduct regarding OSN is grounds for immediate dismissal from the Master of Occupational Therapy Program.

The MOT Program promotes a zero tolerance for any inappropriate & unethical behavior of any type that has the potential to harm the program, clinical sites, faculty, clinical instructors, or other professionals of multiple disciplines.

By signing below, I acknowledge that if I instigate or participate in such behavior that I will be immediately dismissed from the MOT Program. I further acknowledge that it is my ethical duty to report any evidence of inappropriate use of OSN by my peers. I have also been advised to refer to my Master of Occupational Therapy Program Handbook.

Student: _____

Program Director: _____

Date: _____

Appendix B

Student Copyright Permission

Student Copyright Permission

I give permission to **Clark Memorial Library, Shawnee State University**, to retain and catalog a copy of the following:

Title of paper or work: _____

Prepared for (name of class): _____

Date class was completed: _____

- In granting this permission, I understand that I am not surrendering my intellectual property rights with regard to this material. Such permission will continue indefinitely unless I specifically revoke in writing.
- I understand that this material will be used to promote scholarship, personal study, and not for profit education use.
- I also understand that Clark Memorial Library, Shawnee State University, reserves the right to convert my material, without changing the content, to any format or medium for the purpose of preservation.
- I state that to the best of my knowledge this material does not infringe upon any third-party copyright.

Student Name (please print) _____

Student ID # _____

Student Address

Student Signature _____ **Date** _____

SSU Library Director Signature _____ **Date** _____

Appendix C:

Consent Form - Employer Follow-up

SHAWNEE STATE UNIVERSITY

MASTER'S IN OCCUPATIONAL THERAPY PROGRAM

CONSENT FORM

I, _____, do hereby grant my
(print student name here)

permission for the Shawnee State University MOT program to contact my employer(s), following my graduation, in order to obtain information regarding my job performance. I understand that the information is to be used for program evaluation and that I will remain ANONYMOUS and that the results will not affect my employment status or my standing with the educational program.

Agreed to by: _____ Date:
(Student Signature)

Appendix D:

SSU OT Program

Student Statement of Understanding

STATEMENT OF UNDERSTANDING

I have read and understand my responsibilities as outline in the 20____Entering Class, Shawnee State University Master of Occupational Therapy, MOT Program Student Handbook.

I agree to abide by all policies set forth in this handbook.

Signature

SSU ID

Date

Witness (friend or family member)

Date

Relationship to Student

RECEIVED BY THE DEPARTMENT OF OCCUPATIONAL THERAPY ON: _____

Appendix E:

SSU OT Program

Student and Advisor Responsibilities

Student Handbook

MOT Advisor/Student responsibilities

1. Advisors have a responsibility to meet with their students one time during each semester of the student's participation in the Master of Occupational Therapy Program. At one of these meetings, degree audits will be prepared and discussed with the students for career planning.
2. Students have a responsibility to meet with their advisors two times during each quarter of their participation in the Master of Occupational Therapy Program.. At one of these meetings, they will be made aware of their degree audit and consequences occurring (if any).
3. All student/advisor meetings will be recorded and placed in the students file. A copy of the degree audit will also be placed in the students file. Any developmental plans that have been developed with student and advisee will be kept in the students file for follow up and future reference.
4. Students and Advisors have responsibilities to one another and to faculty to make sure all are aware of any problems that arise that may affect the student's success in any coursework in the Master of Occupational Therapy Program.

Student: _____

Advisor: _____

Date: _____

APPENDIX F:
SSU OT Program
Dress Code

Physical Contact and Dress Policy for Certain Classes in the program:

As an Occupational Therapist you will be required to work with individuals (children, adults, and elderly) who have a variety of conditions. In some cases they may have orthopedic conditions like Rheumatoid Arthritis which will limit their ability to move in a typical way because of joint deterioration and contracture formation. In other cases they may have neurological problems that can lead to full paralysis of certain muscles and/or muscular weakness. And in some cases they may just have an orthopedic problem like Osteoarthritis which may occur following the onset of menopause.

In these cases it is necessary for you to be able to determine how well they may be able to move, how strong they are, and whether the movement or strength limitation they have could be interfering with normal function in their daily lives. You may also need to know how to treat the condition. In order to do this you need a sound foundation in anatomy, manual muscle testing, range of motion testing, movement analysis, and exposure to various manual treatment techniques.

In order to learn some assessments and insure you have the foundation you need to treat your patients it is necessary that you be able to identify:

1. The appropriate bony landmarks so you can accurately place your goniometer for testing.
2. Know generally how muscles attach so that you understand what muscles may move what parts of the body, identify an antigravity and gravity eliminated position for testing and perform an appropriate test for normal, good, poor, and fair contractile levels.
3. Understand whether a muscle is palpable. So you can test a trace or no contraction of that muscle.
4. What activities an individual may be capable of performing when they may have impairments to the neuro-musculo-skeletal system.
5. How to treat certain conditions that require manual manipulation, transfer, strengthening, and/or improvements in range of motion for your clients.

In order to train you adequately for these tasks you will be required to touch your classmates, have your classmates touch you, and have your instructor touch your body. Note at no time will this require you be touched in an inappropriate manner (or a sexual manner) by your instructor or your classmates. In order for you to learn what you need to know for the clinic it may be necessary for male students to occasionally work with female students and female students to work with male students. You will also be required to switch partners, so that you are exposed to different individuals who have different body types. In the clinics you may be required to use these techniques with infants and elderly.

You may also be required to wear appropriate laboratory clothes to class and to labs. This may require that female students wear a sports bra, shorts with sports briefs and/or stretch pants. This may require male students take off their T shirts and expose their upper extremities and trunk and

wear shorts with sports briefs. Students are encouraged to wear T shirts when they are not being tested.

During a laboratory or class session it may come up that a student has a particular impairment in muscle function and/or range of motion or manipulative ability. Your instructor may ask if they can demonstrate these impairments to the rest of the class. This is done as an instructional tool and is not meant to belittle a student in any fashion. We all have certain motor impairments and they may be used to educate other students.

All students will be required to demonstrate a professional attitude during laboratory and classroom activities. All students should respect the dignity of each of the other students in the class. The instructor is responsible for insuring that all activities in the laboratories and in the class conform to this requirement.

1. Physical contact will be limited to that necessary and appropriate for completion of the class sessions.
2. This section identifies the need and provides a justification for the physical contact between faculty and students and students and faculty.
3. Physical contact should only occur when there is a third person in the room of the same gender of the participant.
4. If an individual feels uncomfortable during the training session because they believe they have been touched inappropriately they have the right to terminate that physical contact. They should report the occurrence of said contact to the class instructor and appropriate authorities on campus.
5. All students should insure an appropriate environment be maintained so that no student feels they are being belittled or treated in a demeaning fashion during any class or laboratory session.

It is necessary if you are going to continue in the program that you are aware of this and agree to participate in these activities.

Please review this section and read and sign the next page of this document.

Consent to Participation in Laboratory and Class Activities Involving Physical Contact and Dress Requirements.

I _____ understand that in certain classes I will have to conform to a dress code that requires as a female I wear a sports bra and shorts with sports briefs or a pair of stretch pants that do not interfere with movement of my lower extremity and as a male that requires I expose my upper body and wear shorts with sports briefs. This is done so that I understand how the body moves and how to properly assess an individual's ability to move. I also understand that in class and laboratories, I may have the instructor touch me, and need to touch other students both male and female and have these students touch me in a professional and clinical manner. This is done in order for me to learn how to assess movements and treat individuals with movement disorder.

In all cases I understand that if I feel that I have been touched in an inappropriate manner I have the right to terminate the contact and report such contact to the appropriate third parties on campus.

I also understand that I must treat my classmates in a professional manner and that my classmates are required to treat me with the respect and dignity that I deserve.

Signed: _____

Printed Name: _____

Date: _____