



**Master of Occupational Therapy
Student Handbook and Fieldwork Manual
Table of Contents**

Student Handbook.....	5
UNIVERSITY OF UTAH	6
Departmental Numbers.....	6
Adjunct Clinical Instructors.....	7
MISSION STATEMENT OF THE UNIVERSITY OF UTAH	8
MISSION STATEMENT OF THE University of Utah HEALTH	8
VISION OF EXCELLENCE STATEMENT OF THE COLLEGE OF HEALTH: STRATEGIC PRIORITIES. 9	
Vision of the Department of Occupational and Recreational Therapy	10
Mission of the Department of Occupational and Recreational Therapies	10
Organization Chart.....	11
Philosophy.....	12
OCCUPATIONAL THERAPY PROGRAM CURRICULUM	19
POLICIES AND PROCEDURES	20
Scholastic Standards.....	20
Accommodation.....	20
Inclusion Statement.....	20
Names & Personal Pronouns	21
Addressing Sexual Misconduct.....	21
Standards.....	21
Academic Standing and Academic Probation Policies	22
Case Mapping	24
Student Performance Assessment	24
Advising for Students.....	24
Rights of Appeal	25
Class Schedules	25
Attendance.....	25
Exam Policy	26
Timely Graduation	26
Graduation Processing	26
Pinning Ceremony.....	27
Electives Policy.....	27
Professional Development	28
Professional Behaviors Guide.....	29
Adapting Professional Behaviors from Entry to Entry-Level.....	31
Academic Dishonesty.....	34
Leave of Absence	37
Confidentiality and Respect for Others' Property	37
Dress Code	37
Scholarships and Financial Aid	38

Differential Tuition and Residency Requirements	39
Accreditation	39
HIPAA.....	40
Background Checks	40
Dr Ezekiel R and Edna Wattis Dumke Health Professions Education Building.....	41
Building Security System.....	41
Faculty Office Space and Main Area	41
Security and Personal Safety	42
Safety and Wellness	42
University Safety Statement.....	43
Lost and Found	43
Parking and Shuttle Services	43
Travel	43
Encryption.....	43
Equipment Use Policy.....	43
Social Media	44
University Email Policy	45
Libraries	46
PROFESSIONAL ORGANIZATIONS.....	46
American Occupational Therapy Association (AOTA).....	47
Assembly of Student Delegates (ASD)	47
American Occupational Therapy Foundation (AOTF)	47
Utah Occupational Therapy Association (UOTA)	47
World Federation of Occupational Therapy (WFOT)	47
National Board for Certification in Occupational Therapy (NBCOT).....	47
Felony Statement.....	48
CLASS ORGANIZATIONS.....	49
SOTA - Student Occupational Therapy Association.....	49
SAC – Student Advisory Committee	56
CAMPUS INFORMATION.....	58
STUDENT RESOURCES.....	60
APPENDIX A: ACCREDITATION INFORMATION	65
APPENDIX B: ETHICS INFORMATION.....	74
Occupational Therapy Code of Ethics and Ethics Standards (2010)	75
Scope of SEC Disciplinary Action Program.....	86
Enforcement Procedures for the Occupational Therapy Code of Ethics.....	87
Occupational Therapy's Commitment to Nondiscrimination and Inclusion.....	99
APPENDIX C: EMERGENCY AND SAFETY INFORMATION.....	105
APPENDIX C: PEOPLE FIRST	121
APPENDIX D: UNDERGRADUATE VS. GRADUATE YEARS.....	124
APPENDIX E: Encryption FAQ	127
FIELDWORK MANUAL.....	131
Purpose of Fieldwork Experiences.....	132
Level I Fieldwork.....	132
Level II Fieldwork	132
General Objectives of Fieldwork.....	134
General Level I Fieldwork Objectives	135
General Level II Fieldwork Objectives	139
Fieldwork Assignments	140

Requesting an Unlisted FW Experience	141
Changing or Canceling Fieldwork Experiences.....	141
Absences	141
Policy Regarding Level I Fieldwork Evaluation/Grades.....	142
Policy Regarding Level II Fieldwork Evaluation/Grades.....	142
Reassignment After Failure of Fieldwork.....	144
Professional Ethics	145
Verification of Immunizations.....	145
CPR Certification Policy	146
Health Insurance Coverage	146
Criminal Background Checks, Drug Screening and Health Immunizations Required By Fieldwork Sites	146
Dress Code and Schedule	147
Financial Responsibilities.....	147
NBCOT Examination	147
Utah State Licensure	148
Laws Related to Fieldwork:.....	148
Advising During and Pertaining to Fieldwork Experiences.....	149
Supplemental Fieldwork Experiences.....	150
International Fieldwork Placement	150
Independent Study Elective Experiential Placement Policy	151
Responsibilities.....	152
Occupational Therapy – University of Utah Responsibilities	152
Responsibilities of Level II Fieldwork Facilities	152
Student Responsibilities.....	153
FIELDWORK EXPERIENCES.....	155
First Year:	155
Second Year:.....	155
Third Year:	155
FIELDWORK FORMS.....	156
CORRESPONDENCE PRIOR TO ARRIVAL AT FIELDWORK II SITE	157
CORRESPONDENCE AFTER FIELDWORK	157
PERSONAL DATA SHEET	158
EVALUATION OF FIELDWORK II PERFORMANCE	160
STUDENT EVALUATION OF FIELDWORK I	162
FIELDWORK I OBSERVATION OF STUDENT PERFORMANCE.....	164
LEVEL II MIDTERM SELF-ASSESSMENT REPORT	167
STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)	169
FIELDWORK PERFORMANCE EVALUATION FOR THE OCCUPATIONAL THERAPY STUDENT.....	180
FIELDWORK RESOURCES.....	188
Occupational Therapy Practice Act	189
Occupational Therapy Practice Act Rules.....	196
Scope of Practice.....	199
Guidelines for Supervision, Roles and Responsibilities During the Delivery of Occupational Therapy Services.....	208
HIPAA Guidelines for Fieldwork.....	216
Evidence-Based Practice: What Can It Mean for Me?	217

STUDENT HANDBOOK

Welcome to the Department of Occupational and Recreational Therapies.

This handbook and fieldwork manual was developed to provide you with specific information related to the Department of Occupational and Recreational Therapies that is not clearly outlined in either the General Catalog or in the Class Schedule or on the web.

This handbook and fieldwork manual along with the General Catalog and Class Schedule as well as information that is readily available at the University's website, www.utah.edu, are all essential references for you during your academic experience. We expect that you will look for answers that can be found in any of these resources before you ask your advisor.

Read and become familiar with the contents of all the above mentioned resources. Keep the book handy and the websites bookmarked on your computer as useful resources of information that you will need throughout your academic experience at the University of Utah.

Graduate School is different from your undergraduate education in several ways (see Appendix E). At this level, you will be more responsible for your learning and your time management. You will have an advisor that will act as a mentor in helping you make decisions about your learning. It is a part of your student role to make yourself aware of these resources and use them to your advantage. The Department Chair is also a readily available resource for you. This is an exciting dynamic program and the effort you put into the many facets of it will be returned to you many times over. We expect that you will treat your classmates, colleagues, visiting faculty and faculty with the utmost respect.

This is a program where each experience is carefully crafted and each experience builds on the previous one. It will be beneficial for you, and is expected, that you will fully participate—in lectures, discussions, lab experiences and other opportunities—to your utmost ability. This is an 8-semester process that will prepare you to take the talents and skills you currently possess, increase them and add them to a professional repertoire of abilities in creating, thinking and implementing strategies that are used by occupational therapists in evaluation and treatment.

UNIVERSITY OF UTAH
College of Health
Dumke Health Professions Education Building
Department of Occupational and Recreational Therapies
520 Wakara Way
Salt Lake City, Utah 84108-1213

The Master of Occupational Therapy program is accredited by the
Accreditation Council for Occupational Therapy Education
4720 Montgomery Lane, P.O. Box 31220
Bethesda, Maryland 20824-1220 (301) 652-2682

Departmental Numbers

Security—(emergency)	801-585-COPS (2677)
Main Number	801-585-9135
Fax Number	801-585-1001
 Lorie Richards, PhD, OTR/L Associate Professor Department Chair Office: 368 HPEB 801-585-1069 lorie.richards@hsc.utah.edu	 Kelly Brown Academic Advisor/Admin. Asst. Office: 362 HPEB 801-585-0555 kelly.brown@hsc.utah.edu
 Deb Bachan Executive Secretary Office: 352 HPEB 801-585-9135 deb.bachan@hsc.utah.edu	 Carrie Cox Administrative Assistant Office: 361 HPEB 801-585-1107 Carrie.cox@hsc.utah.edu

Occupational Therapy Faculty

M. Pollie Price, PhD, OTR/L, FAOTA Associate Professor Director of Post Professional OTD Office: 385 HPEB 801-587-9227 pollie.price@hsc.utah.edu	Anne Kirby, PhD., OTR/L Assistant Professor Office: 393 HPEB 801-581-4248 ann.kirby@hsc.utah.edu
Alex Terrill, PhD Assistant Professor Office: 391 HPEB 801-581-5951 alex.terrill@hsc.utah.edu	Beth Cardell, PhD, OTR/L Associate Professor (Lecturer) Office: 384 HPEB 801-585-5511 beth.cardell@hsc.utah.edu

Jeanette Koski, OTD, OTR/L
 Assistant Professor (Lecturer)
 Academic Fieldwork Coordinator
 Office: 366 HPEB 801-585-3133
jeanette.koski@hsc.utah.edu

Martina "Tina" McNulty, PhD, OTR/L
 Associate Professor (Lecturer)
 Office: 394 HPEB
 801-585-9292
tina.mcnulty@hsc.utah.edu

Yda J. Smith, PhD, OTR/L
 Associate Professor (Lecturer)
 Director of Graduate Studies
 Office: 389 HPEB
 801-585-9589
yda.smith@health.utah.edu

Heidi Woolley, OTD, OTR/L
 Assistant Professor (Clinical)
 Life Skills Clinic Director
 Office: Life Skills Clinic
 801-581-4248
heidi.woolley@utah.edu

Recreational Therapy Faculty

Sandra K. Negley MS, MTRS, CTRS, FDRT
 Assistant Professor (Lecturer)
 Program Director of Recreational Therapy
 Office: 330 HPEB
 801-581-8868
sandra.negley@health.utah.edu

Steven A. Bell, PhD, TRS, CTRS
 Assistant Professor (Lecturer)
 Program Coordinator of Clinical
 Education
 Office: 373 HPEB 801-581-6062
steven.bell@health.utah.edu

Rhonda Nelson, PhD, CTRS, Mt-BS
 Assistant Professor
 Office: 369 HPEB
 801-213-6993
Rhonda.nelson@hsc.utah.edu

Adjunct Clinical Instructors

ADJUNCT FACULTY	AFFILIATION	SPECIALTY
Lezlie Adler, MA, OTR/L	Private Practice	Pediatrics
Nichole Bernhard, MOT, OTR/L	Intermountain Health Care	Adult
Trent Brown, MOT, OTR/L	Aspen Ridge	Adult
Brian Conors, MOT, OTR/L	PhDc, University of Utah	Adult
Lee Dibble, Ph.D., PT	Physical Therapy	Adult; Neuroanatomy
Danielle Frieberg, MOT, OTDc, OTR/L	University Developmental Assessment Center	Pediatrics
Kenneth "Bo" Foreman, PhD, PT	Physical Therapy	Anatomy
James Gardner, MOT, OTR/L	University of Utah Health	Adult; technology
Sarah Gray, MOT, OTR/L	University of Utah Life Skills Clinic	Pediatrics
Krisanne Lewis, MOT, OTR/L	Spectrum Academy	Pediatrics
Chris Noren, OTR/L	UUHSC	Adult
R. Scott Ward, Ph.D., PT	Physical Therapy	Physiology
Lindsay Williams, MOT, OTR/L	University of Utah Health	Adult

MISSION STATEMENT OF THE UNIVERSITY OF UTAH

The mission of the University of Utah is to serve the people of Utah and the world through the discovery, creation and application of knowledge; through the dissemination of knowledge by teaching, publication, artistic presentation and technology transfer; and through community engagement. As a preeminent research and teaching university with national and global reach, the University cultivates an academic environment in which the highest standards of intellectual integrity and scholarship are practiced. Students at the University learn from and collaborate with faculty who are at the forefront of their disciplines. The University faculty and staff are committed to helping students excel. We zealously preserve academic freedom, promote diversity and equal opportunity, and respect individual beliefs. We advance rigorous interdisciplinary inquiry, international involvement, and social responsibility.

Teaching

In its role as teaching institution, the University of Utah offers instruction in baccalaureate, masters, and doctoral degree programs. Its colleges, graduate, and professional schools include architecture, business, education, engineering, fine arts, health, humanities, law, medicine, mines and earth sciences, nursing, pharmacy, science, social and behavioral science, and social work. The University commits itself to providing challenging instruction for all its students, from both Utah and other states and nations, and encourages interdisciplinary work and the integration of instruction and research opportunities. It expects and rewards superior teaching and academic excellence among its faculty. It seeks the broad and liberal education of all its students and their familiarity with a changing world.

Research

In its role as Research University, the University of Utah fosters the discovery and humane use of knowledge and artistic creation in all areas of academic, professional, and clinical study. In both basic and applied research, the University measures achievement against national and international standards. Rigorous assessment and review are central to advancing its research programs and creative activities, as are participation and leadership in national and international academic disciplines. The University also cooperates in research and creative activities with other agencies and institutions of higher education, with the community, and with private enterprise.

Public Life

In its role as contributor to public life, the University of Utah fosters reflection on the values and goals of society. The University augments its own programs and enriches the larger community with its libraries, hospitals, museums, botanical gardens, broadcast stations, public lectures, continuing education programs, alumni programs, athletics, recreational opportunities, music, theater, film, dance, and other cultural events. The University facilitates the application of research findings to the health and well-being of Utah's citizens through programs and services available to the community. The University's faculty, staff, and students are encouraged to contribute time and expertise to community and professional service, to national and international affairs and governance, and to matters of civic dialogue.

MISSION STATEMENT OF THE UNIVERSITY OF UTAH HEALTH

The University of Utah Health Sciences Center serves the people of Utah and beyond by continually improving individual and community health and quality of life. This is

achieved through excellence in patient care, education, and research; each is vital to our mission and each makes the others stronger.

- We provide compassionate care without compromise.
- We educate scientists and health care professionals for the future.
- We engage in research to advance knowledge and well-being.

VISION OF EXCELLENCE STATEMENT OF THE COLLEGE OF HEALTH: STRATEGIC PRIORITIES

- Creation of New Knowledge
 - Raise the level of prominence of the CoH research program through development and implementation of a research strategic plan
 - Focus on interdisciplinary programs that might leverage other University of Utah Health and University initiatives, e.g.,
 - Diabetes/metabolism/obesity
 - Cancer and physical activity
 - Neurosciences including traumatic brain and spinal cord injury
 - Overall management of persons with chronic diseases
 - Explore potential of shared and cluster hires with CoH, School of Medicine, and Colleges of Pharmacy, Nursing, Engineering, Education, and Social Work
- Academic Program Development
 - Timely establishment of new programs to address changing landscape of health care
 - Explore potential of several new programs, e.g.,
 - BS and MS degrees in Interdisciplinary Health and Health Technology
 - MS degrees in Integrative Health, Clinical Health, Health Technology, and Disability Studies
 - MS degrees in Prosthetics/Orthotics
 - PhD in Nutrition
 - Consider creation of an online pre-health professions degree (marketed Especially to underserved and non-traditional students)
- High Impact Educational Practices
 - Development of a model undergraduate research program, building on Undergraduate Research Opportunities Program
 - Internationalization of the curriculum with enhanced opportunities for student and faculty international exchanges
 - Engagement of students in community-based research and service, building on Community Engaged Learning activities
 - Expand current student participation within U's Honors College and Learning Communities
 - Enhance inter-professional approaches to teaching, research, and clinical education
- Organizational Structure, Infrastructure, and Space
 - Review organizational structure of departments/divisions/programs to optimally position CoH

- Relocate administrative operations of CoH to Utah Health campus
- Create a CoH Office of Research
- Participate in the campus master planning process for University of Utah Health
- Explore co-location of more departments/divisions/programs of the CoH
- Diversity and Inclusive Excellence
 - Champion initiatives around diversity, multicultural awareness, and inclusive excellence with CoH and across the U
 - Increase the diversity of the faculty, staff, and student populations
 - Contribute to diversifying the health professions workforce through recruitment and support of diverse students
 - Central role to be played by CoH Diversity and Inclusion Committee

Vision of the Department of Occupational and Recreational Therapy

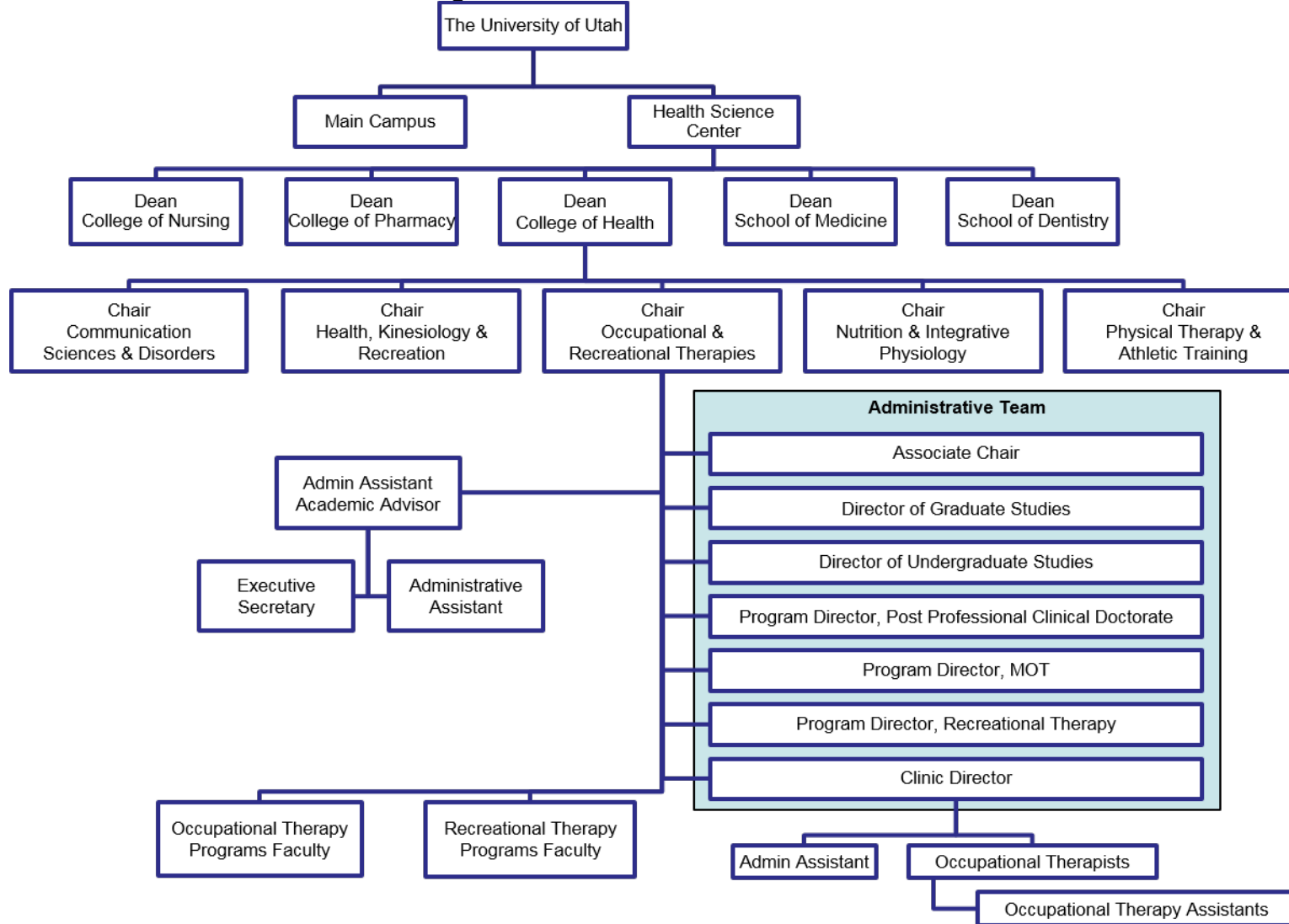
Recognized as leaders in health research, clinical services and education of occupational therapists and recreational therapists who meet the needs of a diverse and dynamic society.

Mission of the Department of Occupational and Recreational Therapies

To discover and transmit knowledge through research, education and service relevant to occupational therapy and recreational therapy. Our research emphasizes the promotion of health and participation in valued life activities using an interdisciplinary and collaborative approach. We are committed to providing a safe and inclusive space for a diverse group of students to participate in a high quality, transformative educational experience. We prepare innovative OT and RT practitioners and scholars who provide evidence-based service. Our scholarly, educational, service and clinical activities meet the unique needs of our communities.

College of Health
Department of Occupational and Recreational Therapies

Organization Chart



Philosophy

The philosophy that guides the University of Utah Master of Occupational Therapy Program curriculum has two major areas: (1) occupation and the occupational being, and (2) the professional curriculum and teaching-learning approach.

Occupation and the Occupational Being

The philosophy of the Department focuses on the idea that to be true to the complexity of human beings and a broad definition of health one must look at humans as occupational beings who grow and develop over the lifespan through transaction with the contexts of environment and time. Occupation has been identified as a core and threshold concept by occupational science and occupational therapy education scholars (Hooper et al, 2015; Price, Krishnagiri, Hooper, Taff, & Bilics, in press); threshold concepts are those central concepts in a profession that once mastered, enable a student to comprehend, articulate, and execute the profession's philosophy and distinct services. AOTA's Vision 2025 also ties occupation to health: "Occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living" (AOTA, 2016). Because of occupational therapy's specific focus on enabling occupational performance in everyday life, the profession is committed to a therapeutic process that uses "occupation" to facilitate higher levels of independence, health, and well-being (AOTA, 2008). The faculty have a deep and complex understanding of human occupation and the myriad factors internal and external to individuals, populations, and communities that positively or negatively influence occupational opportunities, participation, and health, that must be explicitly taught in the curriculum and learned by students.

To conceptualize the occupational human interacting with the world, the U of U faculty embrace important concepts from the transactional perspective (Dickie, Cutchin, & Humphry, 2006). Taking a transactional perspective provides opportunities for occupational therapists and scientists to understand the greater complexity of people and their health than the more biomedical reductionist model. Considering people, populations, or communities as situated in and interdependent with their contexts enables a more sophisticated understanding of all factors influencing health and health behavior, opportunity, possibility, and choice. These contexts include global, national, and local health, economic, and political systems, and the cultural, social, and physical aspects of local family and community. However, these complex and diverse influences can support or limit access, opportunities, possibilities, and choices. This theoretical perspective is taught to students to help them understand the importance of examining all of the complex factors that influence the occupational engagement and participation in persons, communities, or populations in order to create effective intervention.

Occupational therapists practice within these broad health care and political systems, and often must advocate for the needs of individuals, populations, and communities. Occupational justice is a perspective taught to students as a way to think critically about structural barriers to access to health care, health-promoting occupations and lifestyles, social determinants of health, and inclusive participation in social and civic life.

Townsend and Wilcock (2004) stated: "An occupationally just society would be one in which each person and community could meet their own and others' survival, and physical, mental, and social development needs through occupation that recognized and encouraged individual and communal strengths" (Wilcock & Townsend, p. 542). To embrace this concept as an important element in a curricular philosophy requires a commitment on the part of faculty to incorporate not only the idea of justice into teaching-learning strategies, but to instill a value of justice into students' habits of mind in order to be advocates for those they will serve. We believe that students as future practitioners must not only work with clients in their practice settings, but also be advocates for policies and practices that enable health equity, full inclusion, and opportunities to reach potential, for all in society. Faculty have to prepare students to address the long-term effects of disability and ongoing health conditions, beyond acute health needs. For example, persons with disabilities, veterans, and immigrants face discrimination in housing, employment, transportation; marginalization and exclusion from social and civil life; barriers to reaching occupational potential; and disparity in health care. These factors are important for occupational therapy students to be aware of and contribute to mitigating.

The International Classification of Function (WHO, 2001) is a framework designed to provide, across health providers, researchers, policy-makers, and the public, a uniform terminology and a way to ensure a comprehensive understanding of the myriad influences on participation, human health, health systems, and health care outcomes across the globe. This framework is taught to students as a way to organize an understanding of an individual's, community's, or population's strengths and weaknesses in relation to occupational engagement, and the supports and barriers of social and built environments and contexts and their influences on participation. Understanding this framework helps students to interpret health research as consumers of evidence-based research. We integrate concepts from the ICF and the Occupational Therapy Practice Framework (AOTA, 2012), which defines occupational therapy's scope of practice, so that students understand how occupational therapy in the United States fits with the more globally used ICF.

Professional Curriculum and Teaching-Learning Approach

Programs that educate entry-level occupational therapists with a strong professional identity, a knowledge of occupational science and occupational therapy theory, and the ability to provide effective intervention to address occupational barriers and enable occupation, must have a strong teaching-learning philosophy. The curriculum design is based on the idea that learning is active and is valued as a lifelong process. As suggested by AOTA (1997), the learner will be involved in an integrated process that is collaborative and combines academic knowledge with experiential learning and mentoring from faculty and clinicians. Thus, the MOT program provides many experiential learning opportunities within the curriculum including flipped classes in which students actively apply concepts as opposed to being lectured to about the concepts, case-based learning, and immersion in the department's Life Skills Clinic where they learn through guided hands-on interaction with clients, and traditional fieldwork 4 of 5 semesters of the program.

Our curriculum demonstrates a commitment to teaching students the core and threshold concepts of the profession, as well as preparing them to anticipate and respond to future societal needs and to be autonomous professionals who can apply those important concepts in emerging areas of practice (AOTA, 2009).

The program's philosophy and curricular content includes occupation, ethical professional behaviors and attitudes, professional reasoning, the importance of being a consumer of evidence-based research, having a strong professional identity, being a change agent for the future of occupational therapy and most importantly, the opportunity to begin the process of becoming a life-long learner. Occupational therapy theory and professional skills are taught to a level of competence using scaffolding. Faculty design learning activities that help students apply concepts in low and progressing to high complexity situations and as these application skills are mastered, students finish by developing occupational therapy programs either in traditional and non-traditional health care contexts that do not have occupational therapy service or are looking to expand occupational therapy services. The product of our curriculum is a creative problem solver who is able to independently synthesize the complexities of impeded occupation and create opportunities for change or remediation to enable occupation within his or her scope of practice.

Core to our philosophy of teaching and learning is an emphasis on pedagogical knowledge (Price et al., in press). The faculty have a deep understanding of the complex and multidimensional concept of occupation and work to apply effective instructional strategies that help students understand occupation as a threshold concept and lens for understanding themselves and others as occupational beings, and as the objective of occupational therapy. This approach is used to help students to become autonomous professionals who can articulate and implement the values, philosophy, and core services of the profession irrespective of the setting in which they practice. Teaching core and threshold concepts explicitly in ways that students can integrate and apply them to complex and diverse practice situations takes intentional reflection and planning on the part of faculty. The faculty at the University of Utah are committed to this intentional reflection and planning at both the program and instructional levels.

AOTA (June, 2016). Vision 2025. Retrieved from

<https://www.aota.org/AboutAOTA/vision-2025.aspx>

AOTA. (2009). Occupational therapy model curriculum.

Cutchin, M. P. & Dickie, V., (2013). *Transactional perspectives on occupation*. NY: Springer.

Hooper, B., Mitcham, M. D., Taff, S. D., Price, P., Krishnagiri, S., & Bilics, A. (2015). The Issue Is—Energizing occupation as the center of teaching and learning. *American Journal of Occupational Therapy*, 69(Suppl. 2), 6912360010.

<http://dx.doi.org/10.5014/ajot.2015.018242>

Price, Krishnagiri, Hooper, Taff, & Bilics. (in press). A way of seeing: A study of how occupation is portrayed to students when taught as a concept beyond its use in therapy. *American Journal of Occupational Therapy*.

World Health Organization. (2001). ICF; *International classification of functioning, disability and health*. Geneva.

Curriculum Design

The Masters of Occupational Therapy program at the University of Utah has the following student learning outcomes: 1) Graduates will demonstrate a mastery of the theoretical basis of occupational therapy and be able to apply it to varied populations; 2) Graduates will be able to clinically reason and apply evidence-based concepts to the treatment of clients in the clinic and the community; 3) Graduates will understand and demonstrate professional skills and behaviors related to the provision of occupational therapy treatment including professional ethics at a generalist entry level; and 4) Graduates will be able to demonstrate an ability to self educate through literature review and analysis of published literature.

The Occupational Therapy curriculum design is deliberately based upon a strong prerequisite baccalaureate preparation in a chosen field of interest. This broad education is coupled with specific prerequisite admission requirements that provide information upon which the educational components of the occupational therapy program build. By having specific prerequisites, the class as a whole will be ready to advance together within the occupational therapy curriculum, and because of the many areas of interest brought by the students to the program, a diversity of experience on which to draw throughout the program will also be evident.

A program that educates entry-level occupational therapists who have a strong professional identity, a knowledge of occupational science and occupational therapy theory, and the ability to provide effective evidence-based intervention to address occupational barriers must also have a strong teaching-learning philosophy. The curriculum design is founded on the idea that learning is active and is valued as a lifelong process. As suggested by AOTA (1997), the learner will be involved in an integrated process that is collaborative and combines academic knowledge with experiential learning and mentoring from faculty and clinicians. Thus, each student in the MOT program is viewed as an active learner who is responsible for taking advantage of the opportunities provided through classroom and professional experiences. Teaching philosophies and methods are as experiential as possible.

Based at a major university with multiple resources, the faculty in the MOT program provide many experiential learning opportunities. These include flipped classes in which students actively apply concepts in the classroom, case-based teaching methods, simulated patient experiences with opportunities to demonstrate competency in key clinical skills, immersion in the department's Life Skills Clinic where they learn through guided hands-on interactions with clients, and traditional fieldwork. Faculty design these learning activities to help students apply concepts and clinical reasoning starting with low demand situations and progressing to highly complex situations as students master foundational skills. The interactions between faculty and students in a variety of practice settings foster the mastery of key concepts and skills, such as a strong understanding of occupation and keen observation and clinical reasoning, which facilitate the development of occupational therapists who can meet the challenges of the future and provide professional leadership. The faculty collaborate on topics and assignments across courses to facilitate integrated experiences centered on occupation. The

students learn to address and incorporate the complexity of occupation while providing effective ways of intervening when barriers to occupational engagement are present for a group, individual, or population. Evaluation strategies are varied, ranging from multiple choice and short answer questions at the higher levels of knowledge use in Bloom's taxonomy to demonstration of clinical reasoning skills based on theory and empirical evidence in client service provision and documentation.

Professional skills, responsibilities and attitudes are infused through each semester of the curriculum. Each class addresses specific populations or topics related to practice, and students have opportunities to practice and perfect associated skills through patient interactions at the Life Skills Clinic and through Level I fieldwork experiences. Each Level I fieldwork component, offered through the Professional Seminar courses, builds upon the previous semester's Level I experience and are related to the specific goals and objectives of the courses offered in that semester, effectively infusing the didactic and fieldwork learning.

Consistent with the program philosophy and the student learning objectives identified at the University level, several distinct threads weave throughout the curriculum. These threads are 1) an understanding of and ability to use occupation in practice; 2) professional reasoning; 3) the importance of being a consumer of evidence-based research; 4) the need for a strong professional identity; 5) the importance of being a change agent for the future of occupational therapy; and 6) the opportunity to begin the process of becoming a life-long learner; and 7) ethical and professional behaviors.

In the first semester, students start their study of occupation and its importance to health and quality of life. They begin to learn how to understand themselves and others as occupational beings. They are also challenged to start to develop a strong professional identity by learning the history of occupational therapy, the influence of local and national occupational therapy organizations and the role therapists play in being an advocate for the profession and the people they serve. Learning to be a consumer of electronic resources and assessing online information begins the process of being a lifelong learner. The theme of using occupation as a base in professional reasoning regarding all evaluation and intervention decisions continues to be stressed in all subsequent coursework.

The second semester of the curriculum begins to immerse students in occupational therapy related research. The process consists of two research courses. The first aimed at being a consumer of research and the second focuses on conducting research. These courses focus on finding and using evidence to support evaluation and intervention practices taught in later occupational therapy courses. Subsequent coursework reinforces the skill of searching for evidence to support practice in a variety of learning activities. The goal of infusing research throughout the program is to ensure research is part of a our graduates' everyday way of thinking.

It is important that therapists are prepared to work in a variety of practice settings including meeting the needs of underserved populations. To this end, the program bases the Level I and II Fieldwork within both health care settings and community-based agencies. During the Fall Semester of the third year, Level I Fieldwork students develop

an occupation-based program for a rural or underserved population. Students are required to complete a community-based Level II and a health care-based Level II affiliation. It is also a goal of this program to provide learning and opportunities throughout the curriculum related to communication and collaboration with occupational therapy assistants and other professionals. To address this goal, the students participate in two interprofessional education experiences that involve team-based learning with up to nine other health science disciplines.

One elective course is required for graduation. Student may take courses within the department or from programs outside the occupational therapy program. Each course requires faculty approval to ensure it relates to occupational therapy practice or the development of evidence for occupational therapy practice. Special workshops, experiential learning classes, clinical problem based study or independent study classes may count as this elective.

The curriculum itself is divided into four levels; these are hierarchical in nature and are described below (See also Curriculum Table):

Level One

The first curriculum level consists of the prerequisites. The individual prerequisites can be grouped into two broad areas of preparation with some overlap. **Area One** concerns the person and the surrounding environment. The prerequisites in this first group are human anatomy; human physiology; human development or developmental psychology through the lifespan; abnormal psychology; cultural anthropology; kinesiology/biomechanics/physics; and sociology or health education or special education or gerontology. In addition, potential students are required to observe an OTR in at least two different practice settings in order to have a better understanding of occupational therapy practice. Taking the Introduction to Occupational Therapy course can also satisfy a portion of these observation hours **Area Two** concerns precursors to building professional skills. The precursors to professional skills are statistics; a studio arts course; and medical terminology.

Level Two

Level Two encompasses the first year of the program and can be described as the core knowledge year. In order to understand the physical structure of the human being, courses cover core knowledge of the neurological system, body structures and function. With the belief that the psychosocial aspects of occupation are present throughout life stages and experiences, the design of the curriculum purposely covers this core knowledge early in the process and continues throughout subsequent courses. Additional professional core knowledge includes theories and models of occupational therapy practice; occupational science; cultural competency; research skills; the foundations and history of occupational therapy; group process; wellness; personal and professional self-awareness and communication; therapeutic-use-of-self and task analysis of occupation and performance. The first Level I Fieldwork experience, with underserved populations, offers the students opportunities to use this core knowledge and imagine the possibilities of occupational therapy in emerging areas of practice.

Level Three

Building on courses that have been completed by this point, Level Three or the second year then provides an in-depth, complex study of the human as an “occupational being” within the realm of time, environment, and culture. This process includes a developmental model that covers normal development and associated occupations, how that fits into different societal models and cultural avenues, and what forces may prevent one from carrying out occupation. As students learn to identify occupational barriers through evaluation and design interventions aimed at decreasing barriers to occupational performance, students learn to apply clinical reasoning techniques to ensure their practice is based on the most effective means of facilitating a client’s occupational performance throughout the lifespan. Competency exams during the second year ensure students are skilled in therapeutic techniques and requirements for safe and efficient practice.

Each semester in this level has three integrated courses so that students learn the theory and clinical reasoning skills to guide evaluation and treatment. The first semester covers birth through young adult, and the second semester, following the same format, covers young adulthood through old age. The courses look at the complexities of life and relevant factors; an example is discussing family dynamics during each phase of life. The intent of this integration is to impress upon students the complexity of an occupational being, rather than taking a reductionist view. In addition to specific pediatric and adult assessment tools and techniques, and intervention strategies related to practice in various settings and with a variety of populations, students also learn about health literacy, client education, and roles of an interdisciplinary team through a simulated case platform with facilitated interdisciplinary discussions. Student involvement in the assessment and treatment of clients at the Life Skills Clinic and a Level I fieldwork during the semester further infuses classroom content with clinical experiences. The second year ends with the students completing their first Level II experience. The Level II fieldwork experience provides students with the opportunity to develop entry-level competence in their clinical reasoning skills, application of theory in practice, assessment methods, and therapeutic approaches.

Level Four

Having a chance to practice as occupational therapists and to begin implementing their acquired professional skills, the students return to the classroom for one final semester of coursework in between the two fieldwork semesters. After the practice experience from the first Level II students are in an optimal place to explore professional issues, advanced topics, program development, and leadership and management skills. In a technology course, the students combine their practice experience with hands-on learning activities to evaluate for and select appropriate high tech solutions to address occupational participation. The Level I experience in this semester includes a service-related project in an underserved or rural population through the Population Based Programming class. Students learn interdisciplinary communication and intervention teamwork through another simulated case platform with interdisciplinary group work.

OCCUPATIONAL THERAPY PROGRAM CURRICULUM

Prereq's	Anatomy Physiology Kinesiology/Physics Human Growth & Dev/Lifespan Abnormal Psychology	Statistics Anthropology Soc/Health Ed/Gero/Sp Ed Medical Terminology Studio Arts	Computer Literate GRE TOEFL Minimum 50 hours contact/2 sites			
ADMISSIONS INTO THE PROGRAM						
Year	Fall Semester		Spring Semester		Summer Term	
1 st Year	5030 The Body as a	6	5090 Neuroanatomy*	5	6040 Creative Occ & Analysis	3
	Component of		6020 Group Work & Occ Perf	2	6060 Found'tns Theories of OT	3
	Occupation		6030 Occ Perf & Psych Issues	4	6340 Occup Aging & Wellness	2
	5050 Conditions that Impact	5	6000 Research in OT	3	6820 Professional Seminar II	3
	Occupation		6800 Professional Seminar I	2		11
	6010 Hx & Found of OT	4		16		
		15				
2 nd Year	6120 Found'tns of Pediatric	4	6220 Appl and Prof Reasoning	3	6400 Clinical Internship—I	12
	Prac		6240 Occ & Prac-Skills II	4		
	6140 Occ & Prac-Skills I	3	6260 Occ & Prac-Eval II	3		
	6160 Occ & Prac-Eval I	3	6530 Cognition	3		
	6830 Professional Seminar III	2	6840 Professional Seminar IV	2		
	6920 Applied Research	2		15		
	6925 Research Experience	1				
		15				
3 rd Year	6320 Tech as Part of Occup.	2	6440 Clinical Internship—2	12		
	6700 Leadership & Mgmt Prac	3				
	6960 Advanced Topics	2				
	6850 Pop'ltn Based Prog	3				
	Elective	3				
		13				

Breakdown of credit hours:

15 Basic graduate academic course work—foundational classes * = class cross listed with PT

24 Level II (full time—40 hours a week, Clinical work)

71 Master's level academic coursework (3 of the 71 hours are electives in a specialization area).

110 Total credit hours

DEPARTMENT OF OCCUPATIONAL AND RECREATIONAL THERAPIES

POLICIES AND PROCEDURES

Scholastic Standards

Students accepted to the Department are expected to demonstrate the same academic zeal they had prior to their admission. The ability to function as an occupational therapist will depend upon the extent of knowledge regarding occupational therapy gained; this includes all the information related to occupational therapy and how well it is applied to problem solving with those who seek the services from you as a therapist. The faculty, therefore, encourage you to maintain the highest level of achievement. You are investing in your future as a professional person and in the success of the profession. Students will be encouraged to demonstrate high scholastic standards as well as professional behavior standards. Our goal as a faculty is to assist you toward your goals as a professional.

Accommodation

Reasonable accommodations will be made for any student with any type of disability. If you are a student with a documented disability, it is your responsibility to notify the appropriate people so that those accommodations can be made. The Center for Disability Services is located in 162 Olpin Student Union (581-5020). The center provides information and assistance related to accommodations, equipment, support services, awareness and rehabilitation services. If you need assistance with this procedure, the administrative assistant or faculty members are willing to assist you.

It is the responsibility of the student to discuss any condition or disability that impacts his/her ability to fully take advantage of the learning opportunity being offered. Because of confidentiality policies, faculty will not share the information about a student's accommodation needs. The student is responsible for notifying each instructor of any accommodations.

Inclusion Statement

The Department of Occupational and Recreational Therapies faculty and staff strive to provide an inclusive environment that fosters respect. This is supported by the following principles outlined by the Office for Inclusive Excellence. <http://respectu.utah.edu/>.

- We believe that inclusion and diversity are fundamental to the success of the university, and its students, staff, faculty, and administrators. A collective commitment to diversity and inclusion enriches learning and prepares students to become actively engaged in our local and global society as responsible citizens.
- We strive to nurture a culture of inclusion that respects the humanity of all peoples. We do not support acts of intolerance against another's race, ethnicity, age, sexual orientation, gender, gender identity and expression, ability, socioeconomic status, veteran status, size, national origin, language, religion or any other real or perceived differences based on an individual's identity.
- We aim to promote a climate of respect and shared responsibility that cultivates and sustains transformative practices by forging spaces of possibility where people feel safe, valued, welcomed, and respected. These ideals are intrinsic to collaborative partnerships and our University's mission "to serve the people of Utah and the world."

Names & Personal Pronouns

Class rosters are provided to the instructor with the student's legal name as well as "Preferred first name" (if previously entered by the student in the Student Profile section of the CIS account). While CIS refers to this as merely a *preference*, faculty and staff in the Department will honor students by referring to them with the name and pronoun that feels best for them in class, on papers, exams, etc. Please advise the faculty and staff of any name or pronoun changes (and update CIS) so they can help create a learning environment in which students, names, and pronouns will be respected.

Addressing Sexual Misconduct

Title IX makes it clear that violence and harassment based on sex and gender (which includes sexual orientation and gender identity/expression) is a Civil Rights offense subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, color, religion, age, status as a person with a disability, veteran's status or genetic information. If you or someone you know has been harassed or assaulted, you are encouraged to report it to the Title IX Coordinator in the Office of Equal Opportunity and Affirmative Action, 135 Park Building, 801-581-8365, or the Office of the Dean of Students, 270 Union Building, 801-581-7066. For support and confidential consultation, contact the Center for Student Wellness, 426 SSB, 801-581-7776. To report to the police, contact the Department of Public Safety, 801-585-2677(COPS).

Standards

The Department strives to provide a rich learning environment. This requires the cooperation of faculty, staff and students for this to occur.

Students are expected to fulfill all of the assignments made by the instructor of the course as outlined in the course syllabus. Instructors are under no obligation to give make-up assignments unless specifically stated by said instructor. Students may expect that any assignment turned in will be graded and returned to them by the instructor in a timely manner. Most assignments will be turned around in a week's time. Exceptions to this may include terms papers of considerable length or research projects. If there are circumstances that preclude the faculty member from returning graded assignments in a timely manner, the faculty member is expected to notify students of this and provide an expected time that the assignment will be returned.

Matters concerning any class grade or assignment shall be discussed first with the instructor of that course. Questions regarding grades on tests and major assignments should be reviewed with a course instructor using a scheduled appointment. Please wait 24 hours before making the appointment. If you believe a test item or a section of an assignment is incorrectly graded, you are asked to find the information in your resources and submit a written explanation or review it with the instructor. Tests and assignments which are submitted for re-grading will be reviewed in their entirety and graded accordingly. The faculty reserves the right to lower a grade if on second review the paper or test has other errors.

Matters of more general academic concerns may be discussed with the student's assigned faculty advisor. If satisfactory resolution has not been obtained from these resources, it is appropriate to speak with the Chair of the Department.

Permission must be obtained from a course instructor or guest lecturer if a student wishes to record lecture or laboratory session(s). This applies to both audio and video taping.

Faculty should be addressed by the title of either Professor or, if appropriate, Doctor at all times unless told otherwise. If a faculty member has given permission to call them by their first name, it is appropriate to do so within the classroom setting. When outside of the classroom or in other professional situations, it is still most appropriate to address them using the proper title.

Cell phones are to be turned off during regularly scheduled class times including lectures, labs, seminars and brown bags. This includes using the text message feature. Laptops may be used during class to take notes. It is the student's responsibility to use laptops appropriately. It is not appropriate to work on other assignments or participate in activities unrelated to the current class on laptops during class time. If this becomes a problem, faculty have the right to request the use of the laptop be discontinued.

Outside employment or extracurricular activities should not interfere with the progress of the student. If this occurs, the Department Administration may advise the student to make a choice between continuing in the Department or pursuing employment or extracurricular activities. The Department does not encourage students to work any more than 20 hours a week. Often students find it difficult to work even 20 hours per week and keep up with the program.

Students are responsible for all aspects of application for state licenses and application for the certification exam administered by NBCOT, etc.

Academic Standing and Academic Probation Policies

All actions related to changes in academic standing including probation will be documented in writing and student will be notified as well as the student's advisor.

Since one course in the curriculum is built upon another, a student must demonstrate minimal entry-level skills for that course before proceeding to the next. Students must receive a grade of C or above to be considered having passed a class. Students must pass every course according to the Department criteria before proceeding to the next semester. Failure to pass a class (grade of C- or lower) will result in academic probationary status in the program. The student may then be required to sit out of the program until they can retake the class. If a student fails a second class, they will be dismissed from the program unless there are strong compelling reasons to retain said student in the program.

All required classes (including electives) in the program must be taken for a grade with the exception of Level II Fieldwork placements which are graded Credit/No Credit. If a student does not get credit for a Level II placement, the student must repeat the entire 12 weeks. A student that fails their first Level II placement may, with the permission of Chair and Academic Fieldwork Coordinator, continue on with coursework and repeat the first Level II prior to beginning the second Level II Fieldwork placement.

If a student's semester cumulative grade point average is a 2.999, said student will be placed on academic probation. The student will be notified in writing if this occurs. A student on probationary status will meet with the Program Director or Department Chair for academic counseling or another appropriate remediation will be arranged. The student will be held to a learning contract to assist the student in strengthening their academic and/or professional behavior skills. This learning contract may include other course work or independent study classes and may be executed by the Chair or another member of the faculty.

Students may not have a semester with a GPA of 2.999, earn a C- or below in a class in the required occupational therapy courses (including their stated electives), OR fail a Level II Fieldwork placement more than once and remain in the program. If any of the above situations occur so that a student would be considered on academic probation a second time during the course of study in the program, the student will be dismissed unless there are extremely compelling reasons to retain said student. If there are extremely compelling reasons to retain a student, the faculty of the Department will meet to consider any special circumstances. In most cases the minimum 3.0 GPA is calculated for each semester and is not met by a cumulative GPA calculated across the semesters.

If a student earns two course grades at or below B- during the program, the Department faculty will review the student's performance in the program including professional behavior skills. The student will be notified of this process and issued a warning that a third grade at or below B- in any course work may be grounds for dismissal from the program unless there are compelling reasons to allow the student to continue. At the time of notification, a learning contract may be required that will be administered by the student's advisor or Program Director to assist said student in finding new strategies to attain the content information inherent in each course and the necessary grades to raise said GPA and successfully complete the program. This learning contract may contain remedial coursework or independent study with a faculty member or clinical partner to help the student build sub-adequate knowledge and skills. Failure on the part of the student to comply with the learning contract may also constitute grounds for dismissal from the program.

Occasionally a student may be admitted to the program under probationary or special status. This status may be considered as the equivalent of one semester on probation thus requiring a minimum 3.0 GPA in required courses in the program for every remaining semester. The student will be notified in writing of all actions taken.

Professional behavior skills are as critical to the development of a strong occupational therapist as are academic achievements. The Department of Occupational and Recreational Therapies addresses and evaluates both areas. It is expected that students perform at or above minimal standards in both areas.

Students are expected to conduct themselves in accordance with the University Code of Students Rights and Responsibilities (<http://regulations.utah.edu/academics/6-400.php>) and the Code of Ethics of the American Occupational Therapy Association (see Appendix B). Students should realize that they are representing themselves as well as the University of Utah, the

Department and the profession. Any violation of student standards or professional codes of ethics will be subject to disciplinary review per the University Student Code (see General Catalog).

Case Mapping

An essential part of student learning and development of clinical reasoning skills are the Case Mapping assignments in OC TH 6220. The case mappings are meant to integrate the information from all of the classes in the 2nd year spring semester. Students must achieve an overall average of 85 or above on these assignments. Those performing below this standard are subject to faculty review regarding whether the student continues on to the first Level II fieldwork. Faculty will consider performance on other class assignments from all the classes the 2nd year spring semester, the Student Performance Assessment performance, and the nature of the concerns with the Case Mappings. Actions may include a change in fieldwork placement to one with greater student supports and fewer productivity demands or a remediation plan with activities occurring fall semester of the 3rd year. The remediation effectively delays the start of fieldwork II placements until spring of the 3rd year. The student will be notified of the decision by the OC TH 6260 instructor and the AFWC. If a remediation plan is required, the written plan will be presented to the student.

Student Performance Assessment

As a part of the curriculum, students will participate in Student Performance Assessment (SPA) exercises. There are three SPA exercises within the curriculum. They are designed to provide students with an opportunity to demonstrate the synthesis of important components of occupational therapy treatment that should have been mastered by the time the SPA is scheduled. Each SPA is sequential with more complexity added as the student progresses through the program. Students who do not pass all components of the SPA will have the opportunity to redo one time select components of or the entire SPA, depending on the location and nature of the errors on the first administration. Students must pass the SPA competencies each semester a SPA is scheduled to be able to continue. If a student is unable to demonstrate competence, a plan for remediation may be put into place with a learning contract. This is at the discretion of the instructor(s) involved and the Department leadership. Students must pass the SPA competencies during the spring semester of the program to be able to pass OC TH 6220 and to advance to the first Level II Fieldwork experience. At this point if competencies are not met, there will be a remediation plan with a learning contract that will need to be completed with a passing grade before a placement can be arranged. Fieldwork placements will be chosen that will best facilitate and support a student and may not be the original site assigned. This will be at the discretion of the Academic Fieldwork Coordinator.

Advising for Students

Advising that is related to student performance in a particular class is provided by the instructor of that class.

For general academic consultation and professional behavior or academic issues that are larger than a single class, each student will be assigned a faculty advisor. Students must meet formally with the academic advisor in the middle of the first semester in the program to review professional behavior skills and progress within the curriculum. At this time, students are expected to complete a self-assessment of how

they are going in the program. Each student and their advisor discuss the student's self-assessment, any comments from program faculty related to the student, and the student's grades so far in the program. Students may also bring up any issues or questions in this meeting. Formal meetings with the advisor in subsequent semesters are dependent on program faculty reports to the advisor of concerns about professional behavior, other concerning behavior, or academic progress. Students may request to meet with academic advisors at any time. Students requiring more specific counseling or counseling of a personal nature may be referred to the University's Counseling Services. The faculty advisor may also assist students in selecting their elective course. Advising for the elective course may also be completed by the Director of Graduate Studies. The faculty advisor is there as a support to students and their progress in the program. Students should make every effort to meet with their advisors so that they can build a relationship that will be an asset to them as they complete their education in the Department.

The Director of the MOT program advises students who do not meet academic standards.

Formal fieldwork advising is conducted at many time periods throughout the program with the Academic Fieldwork Coordinator. Please refer to page 127 of this manual for a description of fieldwork advising.

Rights of Appeal

Any student wishing to appeal a grade or the decision of faculty or Department regarding their performance or right to continue in the program may do so by adhering to the University of Utah Appeals Process as outlined in the Student Code (<http://regulations.utah.edu/academics/6-400.php>).

Class Schedules

Because some of the courses and units will be taught by clinical faculty with busy practices at University of Utah Health or non-university entities, scheduling requires a great deal of flexibility on the part of the student and core faculty. While we try to keep class schedules as consistent as possible, the student may be asked to make last minute changes in plans and schedules. The faculty regrets any inconvenience this may cause the student; however, the primary concern of the Department is an excellent educational experience. Student understanding will be appreciated by everyone.

Attendance

Students are expected to attend all classes unless the instructor grants exceptions. Vacations or travel unrelated to the University are not acceptable excuses for missing a class. Students are expected to take the responsibility to notify their instructors when circumstances arise causing them to miss classroom or clinical work. It is also the responsibility of the student to obtain the pertinent notes, handouts, readings and homework assignments. This will be a part of your professional behavior skills grade.

Students who wish to attend official U of U, UOTA or AOTA sponsored functions that conflict with course work must make prior arrangements to be absent with each faculty member or clinical instructor a minimum of 30-days in advance.

Exam Policy

Students are required to take all examinations given by the instructor. The scheduling of exams is non-negotiable. Instructors are under no obligation to give make-up exams unless stated by said instructor. Make up exams may be of different content or style from the scheduled exam. Students must be on time for exams. If the student is up to 20 minutes late, that time is lost and cannot be added. After 20 minutes, the student is considered a "No Show" and the student will not be allowed to take the exam that day. The student must meet with the professor at the earliest available appointment to discuss if the exam can be rescheduled.

To maintain the integrity of the exam the professor has the right to deny a reschedule or to offer the exam in an alternate format. If the student has an EMERGENCY and is unable to make the scheduled exam time or arrive within the 20 minutes allowed, he/she must notify the professor as soon as possible to discuss exam options.

It is the policy of the College of Health and the Department of Occupational and Recreational Therapies that finals will be given according to the schedule that is posted at the beginning of the semester. It is the policy of the University of Utah that last tests or final exams only be given during finals week. Faculty of the Department of Occupational and Recreational Therapies adhere to University policies. Make-up final exams will not be given, nor will final exams be given ahead of time. Only under extreme circumstances will allowances be made. This will be at the discretion of the course instructor and must be approved by the Department Chair.

Timely Graduation

Students are admitted to the program as a part of a cohort group. Typical graduation occurs following 8 semesters of full time study. Students must take and pass (see Academic Standing Policies) all program courses in the order shown in the curriculum grid on page 16, except for the elective which may be taken in any semester. It is expected that a student will graduate from the program typically in 3 years (8 semesters) but may take up to 5 years maximum to complete didactic and fieldwork components of the program. Exceptions may be granted for leave of absences or unsatisfactory academic standing as outlined in the Leave of Absence and Academic Standing policies. Each extension of the program beyond the 8 semesters will be reviewed on an individual basis and a contract for completion of the program will be established. Because Level II Fieldwork is an integral part of the curriculum, completion of all fieldwork experience must be completed no later than 24 months following completion of academic preparation (See Fieldwork Manual, General Level II Fieldwork Objectives).

Graduation Processing

The Graduate Records Office maintains a permanent record of all activities relating to progress toward a graduate degree for each student who has an approved supervisory committee. Records are kept in accordance with policies and regulations established by the Graduate Council and the dean of The Graduate School.

The Master's Supervisory Committee

A supervisory committee consists of three members, 2 of which must be regular faculty in occupational therapy. The final committee member will be the Department's

administrative assistant. Committee assignments are made in the fall of a student's 2nd year in the program.

Program of Study

A candidate's program of study must consist of courses taken as part of the occupational therapy curriculum. The Department's administrative assistant will be responsible for entering this information. The program of study requires approval from the student's supervisory committee.

Application for Graduation

Students must apply for graduation. Application instructions can be found at <http://registrar.utah.edu/handbook/graduategraduation.php>

TERM

DEADLINE TO APPLY

Fall Graduation (December)

July 1

Spring Graduation (May)

November 1

Summer Graduation (August)

April 1*

It is student's responsibility to verify that all forms and information are filed in the Graduate Records Office in a timely manner. Graduate records can be viewed by the student in the CIS Graduation Panel under Graduate Student Summary link.

Pinning Ceremony

The pinning ceremony is a celebration to recognize the completion of the program. Graduates are welcomed to the profession by the OT program faculty and staff. It is dinner and a short program, where the graduate may invite a few close guests. The program usually consists of a guest speaker(s), an entertaining slide show reminiscing the last 3 years, and a formal recognition and presentation of professional pins to the graduates. Guest speaker can be a faculty, student or other individual important to the class. Due to the scheduling of university commencement and convocation ceremonies, the pinning ceremony is usually held the Wednesday evening before convocation. If the schedule allows, it may be possible to hold it on Friday evening after convocation.

It is the responsibility of the SOTA officers and/or a designated committee to make the plans for the pinning ceremony. It is also the responsibility for the class to pay for the ceremony. Funding can be obtained through ASUU, fundraising, donations or other legal means. The Department will pay for the faculty and staff. All arrangements must be coordinated with the SOTA faculty advisor, academic advisor and/or the administrative assistant.

Electives Policy

Students are required to complete a minimum of 1 elective course (see Emphasis of Study) as part of the OT curriculum. The elective is a way for students to explore and gain skill in an area of interest related to occupational therapy or the development of evidence for occupational therapy practice. While the elective can technically be taken during any semester of the program, students typically will take the elective during fall semester of the third year of the occupational therapy program.

Electives should:

- be linked to relevant future practice or the development of evidence for occupational therapy practice.
- not conflict with scheduled OC TH classes.
- be at the 6000 level or above.
- be at least 2 semester credit hours each.

A student may use a course taken prior to entering the MOT program if the course is 6000 level or above and was not part of the student's major coursework for another degree. This will need to be approved by the Director of Graduate Studies and the student will need to supply a course description and syllabus for review.

Before registering for non-OC TH electives a *Department of Occupational and Recreational Therapies Electives Course Plan Request for Approval* needs to be submitted to the Director of Graduate Studies for review. The form may be found on the OT webpage under current MOT students. The final version of the student's elective form must on file in the Department at the beginning of the fall semester 3rd year so that the program of study can be entered. Failure to do so may impact graduation. The approved elective plan must match what is listed on your degree report.

Special Workshops (OC TH 6980), Clinical Problems in Occupational Therapy (OC TH 6970), Special Topics-Service Learning (OC TH 6930) or Independent Study (OC TH 6950) may also be used as electives if they follow the above stated criteria. The Independent Study (OC TH 6950) is what is used if the student wishes to complete a research elective with one of the OT faculty.

Revised May 2017

Professional Development

Along with the requisite knowledge base of occupational therapy, a professional program also has the responsibility to expose the students to professional skills. Professional skills are critical for successful maintenance of employment as an OT. A part of student evaluation in this program will concern professional skills that represent the field of occupational therapy. A part of defining acceptable skills in a profession is embodied in the Occupational Therapy Code of Ethics. (Please see Appendix B or the AOTA website [www.aota.org] for several documents from AOTA's website regarding the Code of Ethics).

Students will receive professional development assessment forms and meet with their advisors after the first anatomy and neuroanatomy exams of the first year.

First Year Class – Fall Semester: The students will hand in their self-assessment form before they meet with their advisor so the advisor has an opportunity to review the form prior to the meeting. Faculty will also provide feedback regarding how students are doing in their classes related to grades and in professional skills. Advisors will ask first year students to make an appointment to meet with their advisors after the first exam scores have been calculated in their coursework. The request for this meeting is phrased as an expectation. This is an opportunity to meet the student, provide support and express availability of future support.

First Year Class –Spring Semesters: Students will again complete their self-assessment form and faculty will provide feedback on how students are doing in their classes as in the first semester. Students for which there is a concern, will be asked to meet with their advisors.

After the First Year

If faculty have a concern about a student, a meeting can be required, and an action plan completed. Mandatory meetings can be required if the student is disrupting class and/or interfering with the learning of others and if an intervention from the faculty member teaching the class has been unsuccessful. Disciplinary action could be considered in such a case.

If students are asked to meet with their advisor and they choose not to, that is their choice. Faculty should document that the meeting was requested and that they never did make an appointment to meet with you.

Professional Behaviors Guide

Because ethical professional behaviors and attitudes are essential components of the University of Utah, Department of Occupational and Recreational Therapies foundational scaffolding, all MOT students are expected to meet or exceed standards in all areas of professional behavior in the classroom and during fieldwork. The development of these behaviors and attitudes will be important to each student as he or she prepares and then becomes an entry-level professional.

Area of Assessment	Definition
Commitment to Learning/Excellence	The ability to self-assess, self-correct and self-direct as one is engaged in learning. The ability to identify needs and sources of learning; and to continually seek new knowledge and understanding. The specifics of this area that will be assessed are: Analyses, synthesizes, interprets information; takes initiative to direct own learning /competence; comes prepared for each learning session; exercises good judgment and problem solving
Personal Responsibility	The ability to take responsibility for one's actions and the resultant consequences. Includes dependability, being able to admit personal error. Honesty and integrity in all areas of learning. The ability to follow through with agreed upon tasks. The specifics of this area that will be assessed are: Is dependable and reliable; Acknowledges personal error and makes adjustments accordingly; Displays personal honor and integrity; Follow through on tasks

Area of Assessment	Definition
Social Responsibility	<p>The ability to be responsible for actions and work well with others including colleagues, faculty, clients, families, other health care professionals, and community members or professionals. The ability to deal effectively with cultural and ethnic, and social diversity.</p> <p>The specifics of this area that will be assessed are: Cooperates with others/instructs effectively; Considers the needs of others; Contributes "fair share" to group efforts; Meets interpersonal commitments and demonstrates interpersonal competence.</p>
Supervisory Relationships	<p>The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interactions. The ability to reflect and respect the position of one's supervisor.</p> <p>The specifics of this area that will be assessed are: Alters behavior in response to feedback; Takes responsibility for personal behaviors; Seeks guidance when needed.</p>
Communication Competence	<p>The ability to communicate effectively (i.e. speaking, body language, reading, writing, listening) for varied audiences and purposes.</p> <p>The specifics of this area that will be assessed are: Demonstrates positive interpersonal skills such as flexibility, empathy, confidence; Communicates clearly and effectively/assertively; Expresses disagreement in a tactful manner; Demonstrates respect for the rights of others to hold different values and beliefs; Contributes to class discussions;</p>
Time/Stress Management	<p>The ability to identify sources of stress and to develop effective coping behaviors. The ability to organize one's commitments and prioritize them in an effective manner.</p> <p>The specifics of this area that will be assessed are: Informs instructor of lateness or absence prior to class; Acts proactively, planning ahead, proposing solutions; Demonstrates flexibility in response to changing demands; Prioritizes tasks and commitments; Assignments turned in on time;</p>
Safety	<p>The ability to identify safe practices and implement them related to situations. The ability to respond appropriately and efficiently to unsafe situations whether behavior or environmental. The ability to know and understand one's personal abilities to deal with any situation that has become unsafe. The specifics of this area that will be assessed are: Maintains lab/work area, equipment, and supplies to be safe and efficient; Anticipates unsafe situations and modifies behavior accordingly; Recognizes and acts on need for assistance; Operates within the scope of personal skills;</p>

Area of Assessment	Definition
Policies and Procedures	The ability to understand and follow policies and procedures that have been outlined related to the situation or place. The specifics of this area that will be assessed are: Adheres to professional codes and standards; Adheres to Department of Occupational and Recreational Therapies policies/procedures; Maintains confidentiality and adheres to HIPPA regulations;

Adapted from UTMB School of Allied Health Sciences Department of Occupational Therapy Self-Assessment of professional Behaviors (3/17/03)

Adapted from May, W.W., Morgan, B.J., Lemke, J.C., Karst, G.M., & Stone (1995)

Model for ability-based assessment in physical therapy education. Journal of Physical Therapy Education 9(1), 3-6.

Adapted from Kasar, J & Clark, E.N., (2000). Developing Professional Behaviors. Slack. NJ.

Adapting Professional Behaviors from Entry to Entry-Level

Professional Behavior	When Admitted	During the Program	At Entry-Level and Beyond
Commitment to Learning/ Excellence	Identifies problems; formulates appropriate questions; shows evidence of preparation prior to class; participates in small groups; attends class consistently; shows attentiveness; demonstrates a positive attitude toward learning	Provides additional material outside of class structure; analyzes and subdivides large questions into components; enthusiastic about new ideas; reconciles differences in opinions or information; shows confidence in present materials; sets personal and professional goals; seeks new learning opportunities; reads professional literature on a regular basis	Applies new information and reevaluates performance; reads articles critically; understands limits of an article's application to professional practice; researches and studies areas where knowledge base may be weak; accepts that there may be more than one answer to a problem; considers self an life long learner

Professional Behavior	When Admitted	During the Program	At Entry-Level and Beyond
Personal Responsibility	Is dependable and reliable; ethical in all dealings with others	Is responsible for being dependable and reliable; follows through with assigned tasks. moves forward when mistakes are made accepts responsibility for others in groups activities; is honest and ethical in dealings with others	Is responsible for being dependable and reliable; follows through with assigned tasks. moves forward when mistakes are made accepts responsibility for others in groups activities; is honest and ethical in dealings with others
Social Responsibility	Maintains responsible demeanor in interactions; respects differences in others; recognizes impact of nonverbal communication; appropriately discusses a grade on an exam, practical or assignment; attentive in classes, labs and small groups	Recognizes the impact of nonverbal communication and modifies behavior accordingly; discusses problems with the appropriate faculty member; uses appropriate skills when one faculty member refers the student to another faculty member; assumes responsibility for own actions; establishes trust; motivates others	Maintains professional demeanor in interactions with supervisors, colleagues and clients; respects differences in others; recognizes impact of nonverbal communication; appropriately discusses a problem or concern with the appropriate people involved.
Supervisory Relationships	Understands the role of supervision within the University setting	Accepts constructive criticism appropriately; takes personal responsibility for behavior and any needed modification; seeks out guidance when unsure of the situation of if there is a problem; respects the content and takes responsibility to understand the supervisor's feedback or suggestions	Accepts constructive criticism appropriately; takes personal responsibility for behavior and any needed modification; seeks out guidance when unsure of the situation of if there is a problem; respects the content and takes responsibility to understand the supervisor's feedback or suggestions

Professional Behavior	When Admitted	During the Program	At Entry-Level and Beyond
Communication Competence	Understands basic English (verbal, written, grammar, spelling, expression); communicates appropriately in lab sessions and small groups; provides appropriate feedback to fellow classmates; uses internet resources; recognizes difference in communication styles.	Restates, reflects, and clarifies messages; modifies communication; communicates clearly and effectively; is assertive when situation warrants it; is tactful in offering feedback; respects others right to a different opinion, value or belief; consistently contributes to class discussion	Restates, reflects, and clarifies messages; modifies communication; communicates clearly and effectively; is assertive when situation warrants it; is tactful in offering feedback; respects others right to a different opinion, value or belief; consistently contributes to class discussion
Time/Stress Management	Makes use of text books and reading assignments; works with others for group project assignments; prepares for scheduled appointment times with others; completes assignments on time; Demonstrates effective affective responses during most situations e.g. tests practical exams, personal communication; recognizes own stressors or problems; recognizes stress or problems in others; seeks assistance as needed; maintains professional demeanor in most situation	Effectively sets a schedule; uses library, internet and school resources effectively. Identifies alternative resources and prioritization strategies when time conflicts arise; takes responsibility to inform others when unable to perform as expected and negotiates an appropriate alternative ; maintains balance between professional and personal life; establishes outlets to cope with stressors; handles unexpected changes appropriately;	Uses limited resources creatively; considers professional program goals and prioritizes effectively Recognizes when problems are unsolvable; assists others in recognizing stressors; demonstrates a preventative approach to stress management; offers solutions to the reduction of stress; establishes a support network.

Professional Behavior	When Admitted	During the Program	At Entry-Level and Beyond
Safety	Follows University, College and Department policies related to safety.	Adheres to procedures and protocols in various settings; seeks additional information if unclear about appropriate response; engages in safe behaviors related to self; can safely supervise and or engage with others, including clients	Puts the safety of the client first; reports others who are not demonstrating safe behaviors; is aware of facility safety policies and adheres to them; is aware of personal limitations that may impact ability to follow safety precautions and procedures
Policies and Procedures	Understands the policies and procedures of the University, College and Department. Makes self aware of confidentiality guidelines and HIPPA regulations	Adhere to the procedures that are in place regarding professional codes and standards as well as Departmental standards. Complete HIPPA training annually and adhere to the established protocols	Maintain a knowledge of changes professional codes and standards and adhere to them; seek information related to protocol and procedures of facilities where employed. Adhere to HIPPA standards

Academic Dishonesty

Please refer to <http://www.regulations.utah.edu/academics/6-400.html> for the entire text and for any references mentioned herein.

The following section is excerpted from the Policy 6-400: Code of Student Rights and Responsibilities, Section I: General Provisions and Definitions, B. Definitions

2. "Academic misconduct" includes, but is not limited to, cheating, misrepresenting one's work, inappropriately collaborating, plagiarism, and fabrication or falsification of information, as defined further below. It also includes facilitating academic misconduct by intentionally helping or attempting to help another to commit an act of academic misconduct.
 - a. "Cheating" involves the unauthorized possession or use of information, materials, notes, study aids, or other devices in any academic exercise, or the unauthorized communication with another person during such an exercise. Common examples of cheating include, but are not limited to, copying from another student's examination, submitting work for an in-class exam that has been prepared in advance, violating rules governing the administration of exams, having another person take an exam, altering one's work after the work has been returned and before resubmitting it, or violating any rules relating to academic conduct of a course or program.

- b. Misrepresenting one's work includes, but is not limited to, representing material prepared by another as one's own work, or submitting the same work in more than one course without prior permission of both faculty members.
- c. "Plagiarism" means the intentional unacknowledged use or incorporation of any other person's work in, or as a basis for, one's own work offered for academic consideration or credit or for public presentation. Plagiarism includes, but is not limited to, representing as one's own, without attribution, any other individual's words, phrasing, ideas, sequence of ideas, information or any other mode or content of expression.
- d. "Fabrication" or "falsification" includes reporting experiments or measurements or statistical analyses never performed; manipulating or altering data or other manifestations of research to achieve a desired result; falsifying or misrepresenting background information, credentials or other academically relevant information; or selective reporting, including the deliberate suppression of conflicting or unwanted data. It does not include honest error or honest differences in interpretations or judgments of data and/or results.

The following section is excerpted from the Policy 6-400: Code of Student Rights and Responsibilities, Section V: Student Academic Conduct

B. Academic Misconduct

A student who engages in academic misconduct as defined in Part I.B. may be subject to academic sanctions including but not limited to a grade reduction, failing grade, probation, suspension or dismissal from the program or the University, or revocation of the student's degree or certificate. Sanctions may also include community service, a written reprimand, and/or a written statement of misconduct that can be put into an appropriate record maintained for purposes of the profession or discipline for which the student is preparing.

1. Any person who observes or discovers academic misconduct by a student should file a written complaint with the faculty member responsible for the pertinent academic activity within thirty (30) business days of the date of discovery of the alleged violation.
2. A faculty member who discovers or receives a complaint of misconduct relating to an academic activity for which the faculty member is responsible shall take action under this code and impose an appropriate sanction for the misconduct.
3. Upon receipt of a complaint or discovery of academic misconduct, the faculty member shall make reasonable efforts to discuss the alleged academic misconduct with the accused student no later than twenty (20) business days after receipt of the complaint, and give the student an opportunity to respond. Within ten (10) business days thereafter, the faculty member shall give the student written notice of the academic sanction, if any, to be taken and the student's right to appeal the academic sanction to the Academic Appeals Committee for the college offering the course. Such sanctions may include requiring the student to rewrite a paper(s) or retake an exam(s), a grade reduction, a failing grade for the exercise, or a failing grade for the course(8). In no event shall the academic sanction imposed by the faculty member be more severe than a failing grade for the course.

4. If the faculty member imposes the sanction of a failing grade for the course, the faculty member shall, within ten (10) business days of imposing the sanction, notify in writing, the chair⁽⁹⁾ of the student's home department⁽¹⁰⁾ and the senior vice president for academic affairs or senior vice president for health sciences, as appropriate, of the academic misconduct and the circumstances which the faculty member believes support the imposition of a failing grade. If the sanction imposed by the faculty member is less than a failing grade for the course, the faculty member should report the misconduct to the dean or chair of the student's home department or college.⁽¹¹⁾ Each college shall develop a policy specifying the dean and/or the chair as the appropriate person to receive notice of sanctions less than a failing grade for the course.
5. A student who believes that the academic sanction given by the faculty member is arbitrary or capricious should discuss the academic sanction with the faculty member and attempt to resolve the disagreement. If the student and faculty member are unable to resolve the disagreement, the student may appeal the academic sanction to the Academic Appeals Committee for the college offering the course within fifteen (15) business days of receiving written notice of the academic sanction.
6. If the faculty member, chair or vice president believes that the student's academic misconduct warrants an academic sanction of probation, suspension or dismissal from a program, suspension or dismissal from the University, or revocation of a student's degree or certificate, he/she may, within thirty (30) business days of receiving notice of the misconduct, prepare a complaint with recommendations, refer the matter to the chair or dean's designee of the student's home department or college,⁽¹²⁾ and notify the student of the complaint and recommendation. The chair and/or dean's designee of the home department/college may undertake an investigation of the allegations and recommendations set forth in the complaint. Within ten (10) business days of receipt of the complaint, the chair and/or dean's designee shall forward the complaint and recommendation to the Academic Appeals Committee of the home college for proceedings in accordance with Section C, below, and so notify the student in writing. The chair and/or dean may accompany the complaint with his/her own recommendation supporting or opposing the sanction sought in the complaint. The person initiating the original complaint continues as the complainant in the case unless that person and the chair/dean's designee both agree that the latter shall become the complainant. If the student has appealed the academic sanction imposed by the faculty member, the time periods set forth in this paragraph may be extended until ten (10) business days after the resolution of the student's appeal.
7. If a department chair, the dean, the senior vice president for academic affairs and/or the senior vice president for health sciences, become aware of multiple acts of academic misconduct by a student, they or their designees may, within thirty (30) business days after receiving notice of the last act of misconduct,⁽¹³⁾ prepare a complaint with recommendations for probation, suspension or dismissal from a program, suspension or dismissal from the University, or revocation of a degree or certificate, and refer the matter to the Academic Appeals Committee of the student's home college⁽¹⁴⁾ for

proceedings in accordance with Section C, below, and so notify the student in writing.

Leave of Absence

A graduate student in good standing, making satisfactory progress toward a degree who must interrupt studies for compelling reasons may petition for a leave of absence by meeting with the Chair of the Department. A Request for Leave of Absence form must be completed and submitted to the University. The University of Utah Leave of Absence policy (<http://registrar.utah.edu/handbook/leave.php>) will be followed in the event a leave is requested. The Program Chair has the prerogative to set the terms and conditions of a leave of absence.

Confidentiality and Respect for Others' Property

This is a critically important principle within the program and when working in a professional setting. It is important to respect the privacy of others when sharing information (or when refraining to do so). Confidentiality regarding client information that is used in class should be maintained. A pseudonym or first name only should be used and identifying information should not be used. This includes informal and formal discussions by students, faculty and staff.

Confidentiality applies to, but is not limited to, information regarding classmates, faculty and clients that may be invited to be a part of the Department's educational process. This includes clients and staff observed or served as part of any class, in the Department's Life Skills Clinic, or on Level I and Level II Fieldwork.

Administrative areas and documents, as well as faculty office areas and any papers in those office areas, are to be regarded as personal and private. This also applies to faculty and student mailboxes. It is a breach of confidentiality and an act of dishonesty to look through or access any information in any of the above mentioned areas without specific permission from the owner/user of said spaces or items. Any breach will be handled as a serious offense.

Grades and performance measure scores are the property of the individual student. Because each student has different strengths and talents and should be striving to do their best rather than compare themselves with others, it is unwise to discuss grades. Under no circumstances should any student request this type of information from one of his/her classmates. Bullying or badgering of another classmate to get this information will not be tolerated in the program because of professional behavior standards. Any incidence of this may be grounds for dismissal from the program.

Dress Code

As a representative of the profession of occupational therapy, the Department and your colleagues, all students will be expected to dress in the appropriate clothing for lab work, class, professional setting or when the student is representing the University. In general, that should be interpreted to mean the following:

1. Anatomy lab clothing includes wearing clothing that can withstand cadaver remains and chemicals (e.g. old clothing, old shoes, a protective lab coat and disposable gloves). If a student has a condition (including pregnancy) that may be affected by the chemicals used in the lab, it is the responsibility of the student

to obtain the necessary equipment requisite for said condition (e.g. respirator, etc.) and to notify the instructor.

2. Other labs that include physical assessment may require specific clothing. You will be notified if this is the case.
3. Classroom attire is casual. However, discretion should be used regarding revealing clothing (i.e. bare midriff, tight fitting, low riding pants, low cut shirts, short shorts, etc.).
4. When you are visiting other sites or representing yourself as a student in the Occupational Therapy program (health fairs, proclamation signing, campus meetings, etc.) your attire should be professional. At the very minimum attire should be nice pants and top. (i.e. no running shoes, no jeans, no shorts, no really high heels or revealing clothing). If in doubt about what to wear, err on the side of being conservatively or over-dressed rather than under-dressed. It would also be advisable to ask what appropriate dress is. There may be a few exceptions where it would be more appropriate to dress down and wear more casual clothes—**these exceptions will be noted for you.**
5. When giving a presentation you are expected to wear professional attire. This includes classroom presentations and definitely includes any presentation or meeting outside of the classroom. When you are presenting or meeting outside of the classroom, a part of your professional attire should be your nametag. It is absolutely critical that you wear your nametag on your fieldwork assignments (unless otherwise noted).
6. Visible tattoos and body piercings may need to be covered or removed on site visits or during professional presentations.
7. It is the responsibility of the student if they are unclear about appropriate dress for a particular activity to ask the faculty member in charge.

Scholarships and Financial Aid

Financial assistance is offered through the Office of Financial Aid and Scholarship in the Student Services Building 105 SSB, (801) 581-6211 or <http://www.sa.utah.edu/finance>.

The following scholarships are available for Occupational Therapy students through the Department of Occupational and Recreational Therapies:

Joseph Ray and Lorna S. Broadbent Endowed Scholarship
Gordon and Betty Browning Endowed Scholarship
Ronald L. and Donna P. Call Endowed Scholarship
Chen and Zee Family Endowed Scholarship
Don B. Hutchinson Endowed Scholarship
G. Mitchell Morris Endowed Scholarship
Eugene D. and Ann O. Wright Family Scholarship

The criteria for awarding any of these scholarships is available on the Department website. Students will be notified when scholarships are available.

Students are encouraged to explore scholarship options that are tailored to their needs. There is also a state scholarship administered by the American Occupational Therapy Association. To find out more information go to www.aota.org. It is listed in the student section.

Information about how withdrawals from classes might affect financial aid, please refer to the following website: <https://financialaid.utah.edu/policies/withdrawals-and-refunds.php>. The semester-by-semester academic calendar providing dates related to withdrawals is found at <http://registrar.utah.edu/academic-calendars/index.php>. Directions on how to withdraw from classes or the University is found at <http://registrar.utah.edu/handbook/withdrawal.php>

Differential Tuition and Residency Requirements

The Board of Regents and the University of Utah Administration have designated the Occupational Therapy program as one of the programs with differential tuition for all students. Students will be required to pay an increased amount of tuition--in addition to regular tuition. These monies will be earmarked to come specifically to the Department of Occupational and Recreational Therapies to help support our programs and curriculum. There will also be fees for certain classes and labs. Tuition rates are posted on the web or are available from the Registrar's Office. The Administrative Assistant also maintains a sheet detailing costs.

The differential tuition is a set amount each year. It will be paid in two installments, one during fall semester along with tuition and the other in the spring semester along with tuition. Summer semester there will be no installment since the full amount has been paid during the preceding two semesters for the year.

Tuition rates and differential rates are governed by the Utah State Legislature and the Board of Regent and are subject to change from year to year. Therefore, this sheet is only an estimate of tuition costs throughout the entire program. Current tuition and student fees can be found at <http://fbs.admin.utah.edu/income/tuition/college-of-health/>. Out-of-state students are required to take 60 hours of coursework before they can be considered a resident of the state of Utah. For specific information about residency requirements please refer to U's website.

The University of Utah policy regarding tuition refunds for withdrawing from classes can be found at <http://fbs.admin.utah.edu/income/tuition/>. The semester-by-semester academic calendar providing dates related to withdrawals is found at <http://registrar.utah.edu/academic-calendars/index.php>. Directions on how to withdraw from classes or the University is found at <http://registrar.utah.edu/handbook/withdrawal.php>.

Accreditation

The Master's Entry-Level Occupational Therapy program of the Department of Occupational and Recreational Therapies is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA); 4720 Montgomery Lane, Suite 200; Bethesda, MD 20814-3449; 301-652-2682. This body is accredited by the United States Department of Education (USDE), The Council for Higher Education Accreditation (CHEA) and Association of Specialized and Professional Accreditors (ASPA). Students graduating from an accredited program are eligible to sit for the national certification examination for the occupational therapist administered by the National Board for Certification in Occupational Therapy (NBCOT) [www.nbcot.org]. Individuals may only practice occupational therapy after successfully passing the NBCOT examination. After successful completion of this exam, the individual will be an

Occupational Therapist, Registered (OTR). All states require licensure or other regulation in addition to certification.

HIPAA

We adhere to all HIPAA (Health Insurance Portability and Accountability Act) regulations and require students to complete education modules annually. This training must be completed by September 1 of each year they are in the program. To complete the modules access the University of Utah website (www.utah.edu) A-Z index and select "EDUCAT". Log in using your ID and select "my E-learning lessons" under the "E-learning" tab. Please refer to the following website for additional information: <http://uuhsc.utah.edu/privacy/>.

Background Checks

Student background checks are a required component of the Clinical Education Agreement with many of the various agencies and organizations that provide fieldwork to the University of Utah, Department of Occupational and Recreational Therapies.

The Department of Occupational and Recreational Therapies has designated Castlebranch.com as the current provider of this service for students effective Fall 2007.

The Administrative Assistant and/or Academic Fieldwork Coordinator will discuss this policy with students at orientation and provide contact information.

Students will be required to make contact with CertifiedBackground.com to initiate the background check and also pay for the service. Previously completed background checks will not be accepted.

Students will receive information from CertifiedBackground.com on how to access the results of the report at any time during the rest of their academic career and information on how to provide access to fieldwork sites if requested.

The Administrative Assistant, Academic Fieldwork Coordinator, and Department Chair will have access to the report if the need should arise.

Criminal background checks are initiated after admission to program and are not used as admission criteria, but are mandatory to remain enrolled in the program. Additionally, certain fieldwork sites may require a current criminal background check to be completed.

Criminal background checks must be completed prior to the deadline established by the Academic Fieldwork Coordinator each Fall Semester.

If student has a positive criminal background check returned:

- o the student will be required to meet with the Academic Fieldwork Coordinator or Department Chair to discuss implications. This may include actions such as restriction of fieldwork sites available.
- o the students may be advised to petition (at the student's expense) the National Board for the Certification in Occupational Therapy (NBCOT) for an early determination review. This will assist the student in determining whether the incident(s) disclosed in the background check will preclude NBCOT approval to sit for the certification exam.

Dr Ezekiel R and Edna Wattis Dumke
Health Professions Education Building
520 Wakara Way
Salt Lake City, UT 84108-1213

The Health Professions Education Building was renamed the Dr Ezekiel R. and Edna Wattis Dumke Health Professions Education Building during the 2005-2006 school year after receiving a generous donation from the children of this couple.

There are three floors and a mezzanine in this building, they include:

- The top floor which houses faculty offices, three classrooms, a vending area, student common area, Physical Therapy's Dry Lab (dedicated space), computer lab and restrooms. Student mailboxes are in the main office and are accessible during regular business hours—normally M-F 8 a.m. to 5 p.m. All floors are handicap-accessible by the use of the elevator on the West Side of the building.
- The Mezzanine off of the top floor is designated as a quiet study area.
- The middle floor is dedicated to lab spaces. These labs include: a cadaver lab for OT and PT, the OT technology lab, the OT observation lab and the skills lab, changing rooms and 2 restrooms, the Body Donor Program and anatomy labs and offices for the Medical School Staff and faculty offices. In addition there is an anatomy museum. This level will have 24 hours a day/7 days a week access for students to study, but is accessible only with the student's university ID card. This level is also handicapped accessible by way of the west elevator.
- The bottom floor has the Occupational Therapy training apartment as well as a shared classroom space. There is a Rehabilitation Clinic run by Physical Therapy. There are also labs, clinics, research space and faculty offices on this floor.

Building Security System

This building uses the C-Cure System which are also installed on other buildings around campus. Your university ID card will allow you access into the building. Because of the amount of equipment and for personal safety issues we ask that if you are entering a door that requires your ID card you do not allow anyone you don't know to enter with you or prop open these doors as that eliminates the security feature of these doors. Propping of doors will send an alarm to the Campus police who will then investigate. Please do not prop doors that have a security access on them.

Faculty Office Space and Main Area

The faculty office area should be respected space. Students will have access to this area during office hours. However, students are encouraged to make appointments with faculty. All incoming correspondence/assignments/etc. for faculty should be placed in the in-box at the reception desk.

The work area in the main office is for faculty and staff only. There are staplers, and a hole-punch at the front desk for your use. There is a copier in the common area for student use. These items are placed for your use. If they disappear, the Department will not replace them. Please do not remove them from their designated area.

Security and Personal Safety

Call boxes are located at each of the main entrances (south and west) to the building to summon campus security in an emergency. Outside doors and other security doors are not to be propped open at any time.

Students breaching security regulations in the building or compromising other students' safety are subject to dismissal from the program.

It is strongly recommended that students do not enter the building or stay in the building to study alone after hours or after dark. Personal safety is an important consideration within and surrounding this building. Although the University of Utah Police Department does not run a "formal" escort service, if you need an escort to your car call the main police number and they will escort you there. If you park in a lot away from the building and are planning on staying late to study, it is suggested that you move your car while it is still daylight to the HPEB parking lot. You will need a campus parking pass to park in this lot before 8:00 pm. After 8:00 pm, the lot is open to anyone.

Although this place will begin to feel like home, please keep vigilant about your personal items such as purses, backpacks, computers and lockers. This building is a public building and open during business hours. Research park is a mixture of University and community use. Do not leave items unattended.

Safety and Wellness

Your safety is our top priority. In an emergency, dial 911 or seek a nearby emergency phone (throughout campus). Report any crimes or suspicious people to 801-585-COPS; this number will get you to a dispatch officer at the University of Utah Department of Public Safety (DPS; dps.utah.edu). If at any time, you would like to be escorted by a security officer to or from areas on campus, DPS will help — just give a call.

The University of Utah seeks to provide a safe and healthy experience for students, employees, and others who make use of campus facilities. In support of this goal, the University has established confidential resources and support services to assist students who may have been affected by harassment, abusive relationships, or sexual misconduct. A detailed listing of University Resources for campus safety can be found at <https://registrar.utah.edu/handbook/campussafety.php>

Your well-being is key to your personal safety. If you are in crisis, call 801-587-3000; help is close.

The university has additional excellent resources to promote emotional and physical wellness, including the Counseling Center (<https://counselingcenter.utah.edu>), the Wellness Center (<https://wellness.utah.edu>), and the Women's Resource Center (<https://womenscenter.utah.edu>). Counselors and advocates in these centers can help guide you to other resources to address a range of issues, including substance abuse and addiction.

University Safety Statement

The University of Utah values the safety of all campus community members. To report suspicious activity or to request a courtesy escort, call campus police at 801-585-COPS (801-585-2677). You will receive important emergency alerts and safety messages regarding campus safety via text message. For more information regarding safety and to view available training resources, including helpful videos, visit safeu.utah.edu.

Lost and Found

Items that have been found in or around the building should be turned over to the executive secretary. Items not retrieved by the end of the spring semester will be discarded.

Parking and Shuttle Services

Parking around the Health Professions Building is for "A" and "U" passes, patient parking, handicapped and meters. Parking spaces in the School of Dentistry parking garage, other than those assigned to the Health Professions Building as "A" parking, require special permits. Since "U" parking is limited around the building, students are requested to park at the Guardsman Way lot or other designated lot of their choice and take the shuttle bus to Research Park. There are also a number of UTA busses that are available.

Travel

Students are not allowed to transport clients in their personal vehicles. It is also recommended that student not travel with a client, although this may be done if it is deemed that it is safe and prudent to do so. It is recommended that a student consult with an appropriate faculty member before traveling in a car with a client.

Encryption

Encryption is required for all laptops, USB thumb drives and USB mobile external storage devices that are used for UUHSC business purposes or student course work, regardless of whether or not they are University owned or personally owned. Whether or not the laptop is your personal laptop, that of a family member or friend, or owned by the University, if you use the laptop to access UMail, Canvas, or for any University business, it needs to be encrypted. Use of the student computers available in the building require the use of encrypted USB drives. See Appendix E for more information.

Equipment Use Policy

It is the Department's policy to allow students to use Department equipment and materials during MOT classes and clinic experiences. Furthermore, it is the policy to allow students to borrow Department equipment or materials to enhance student learning with unnecessarily burdening them financially through requiring purchase of such equipment or supplies.

1. Students must use Department equipment and materials in classes and in clinic experiences in a manner that protects the condition of the equipment and materials and the health and safety of students, faculty/staff, clients, and volunteers.
 - 1.1 Students must follow University of Utah Health infection control procedures when using Department equipment and materials.

- 1.2 Students who damage Department equipment or materials through willful abuse or negligence will be required to reimburse the Department so that the equipment or materials can be replaced.
- 1.3 Students will not be asked to reimburse the Department for equipment/materials deterioration or breakage that would be expected due to wear and tear from normal, careful use.
- 1.4 In the case of a need for evacuation, students should turn off any equipment and place it and any materials in a location that will not block egress to the room or building and exit the location. Students should follow posted evacuation procedures.
- 1.5 Students who are using equipment and materials in class or in clinic experiences in a manner that threatens the health and safety of themselves, clients, faculty/staff, other students, or volunteers will be removed from the situation and provided with additional education related to safe use of equipment and supplies. If students continue to exhibit unsafe use of equipment and materials, they will be pulled from the experience and may incur consequences ranging from reduced grade on the assignment or in the class to dismissal from the program, depending on the severity of the safety issue.
2. Students must follow the procedure for borrowing Department equipment and materials. To do so, students must
 - 2.1 check out the equipment/materials through the staff assigned or the faculty member responsible for the course or assignment
 - 2.2 fill out a check-out form
 - 2.3 make sure the check-out return space is signed upon return of equipment/materials
2. Student responsibility for the borrowed equipment or materials
 - 2.1 A student is responsible for the location and quality borrowed items until the student returns it and checks it in.
 - 2.2 The student is responsible for using borrowed equipment and materials in a manner conducive to the safety of the student and others that might be interacting with the equipment or materials.
 - 2.3 If the borrowed equipment or materials is not checked in or if it is returned missing parts, dilapidated, or broken (other than expected normal wear and tear), the student will be required to reimburse the Department so that it can be replaced or refurbished the item.

Social Media

Guidelines for Use of Social Media

Many students use various forms of social media, including but not limited to wikis, blogs, listserves, websites, and social networking sites. Facebook, SnapChat, and Twitter are specific and frequently-used examples of these media. When using social media, students are expected to act with courtesy and respect toward others. Social media should not be considered private

Regardless of where or when they make use of these media, students are responsible for the content they post or promote; Students may be subject to action by the University for posting or promoting content that substantially disrupts or materially interferes with University activities or that might lead University authorities to reasonably foresee substantial disruption or material interference with University

activities. This action may be taken based on behavioral misconduct, academic performance, academic misconduct, or professional misconduct, and may range from a reprimand or failing grade to dismissal from a program or the University.

Prior to taking any action against a student based on this policy, departments are asked to consult with the Office of General Counsel (801.585.7002).

In addition, students should be aware that unwise or inappropriate use of social media or email can negatively impact educational and career opportunities. To avoid these negative impacts, students should consider the following:

- Post content that reflects positively on you and the University. Be aware not only of the content that you post, but of any content that you host (e.g., comments posted by others on your site). Content you host can have the same effect as content you post.
- Though you may only intend a small group to see what you post, a much larger group may actually see your post. Be aware that your statements may be offensive to others, including classmates or faculty members who may read what you post.
- Employers and others may use social media to evaluate applicants. Choosing to post distasteful, immature, or offensive content may eliminate job or other opportunities.
- Once you have posted something via social media, it is out of your control. Others may see it, repost it, save it, forward it to others, etc. Retracting content after you have posted it is practically impossible.
- If you post content concerning the University, make it clear that you do not represent the University and that the content you are posting does not represent the views of the University.
- Make sure the content you post is in harmony with the ethical or other codes of your program and field. In certain circumstances, your program may have made these codes binding on you, and violations may result in action against you.
- If you are in a program that involves confidential information, do not disclose this information. The University may take action against you for disclosures of confidential information.
- Realize that you may be subject to action by the University for posting or promoting content that substantially disrupts or materially interferes with University activities or that might lead University authorities to reasonably foresee substantial disruption or material interference with University activities. This action may be taken based on behavioral misconduct, academic performance, academic misconduct, or professional misconduct, and may range from a reprimand or failing grade to dismissal from a program or the University.
- Do not post pictures or information about any clients or research participants that you encounter. You should obtain permission to post pictures of other students and faculty/staff before posting.

University Email Policy

Each student is issued a University Network ID (UNID) and email (UMail) account for use throughout the time the student is registered for classes at The University of Utah. It is the policy of the University of Utah that a University assigned student email account shall be the University's official means of communication with all University of Utah students. Therefore, all emails to students will be sent only through University

email. Faculty will not answer emails from private email accounts using that private email account. The University reserves the right to send official communications to students by email with the full expectation that students will receive email and read these emails in a timely fashion. Therefore, students are expected to check their UMail account on a frequent and consistent basis in order to stay current with university-related communications. Students must insure that there is sufficient space in their accounts to allow for email to be delivered. Students have the responsibility to recognize that certain communications may be time-critical. Not meeting a deadline because students did not retrieve the email from their University of Utah is not an acceptable reason for being excused from that deadline. Students will not be held responsible for an interruption in their ability to access a message if system malfunctions or other system-related problems prevent timely delivery of, or access to, that message (e.g., power outages or email system viruses).

Note that there is also an email system in CANVAS, the University of Utah's online teaching platform. Most of the courses in the program are structured through CANVAS. Therefore, emails regarding specific courses may be sent to that course's instructor through CANVAS. However, other methods of contacting instructors through CANVAS may not reach their intended instructor (such as comments in Speed Grader related to feedback on specific assignments) as they do not forward into the University of Utah email system. Please check with individual instructors regarding which communication tools to use for each class.

FORWARDING OF EMAIL:

Students and employees in HSC (Health Science Center) are not allowed to auto-forward email to personal addresses. This is a violation of policy. Only the UMail system or our encrypted email server are authorized for sending and receiving work email. Auto-forwarding an email containing PHI to a personal account would be sent unencrypted—a violation. If email is manually forwarded off our UMail system, the user has the opportunity to encrypt it by putting PHI in the subject line.

Libraries

Campus libraries include:

- a) Marriott Library (general campus library)
- b) Eccles Health Sciences Library
- c) Consortium Privileges to several of the university and college libraries in the State, as well as those located at the UU Health Sciences Center, Intermountain Primary Children's Hospital and the Veterans Administration Medical Center.

Each library provides textbooks, journals, and references to check out to registered students. Audio/visual and computer facilities are located in each facility for use by students.

PROFESSIONAL ORGANIZATIONS

There are a number of professional organizations affiliated with the profession of occupational therapy education and practice. Students are encouraged to make themselves aware of the organizations and avail themselves to the services that are provided. The following is a brief description of the organizations. (Each has a website that can provide more information).

American Occupational Therapy Association (AOTA)

The American Occupational Therapy Association is a national professional society established in 1917 to represent the interests and concerns of occupational therapy practitioners, and to improve the quality of occupational therapy services. www.aota.org

Assembly of Student Delegates (ASD)

ASD provides a mechanism for the expression of student concerns and offers a means whereby students can have effective input in to the affairs of the American Occupational Therapy Association (AOTA). www.aota.org

American Occupational Therapy Foundation (AOTF)

Through the use of fiscal and human resources, AOTF expands and refines the body of knowledge of occupational therapy and promotes understanding of the value of occupational therapy in the interest of the public good. www.aotf.org

Utah Occupational Therapy Association (UOTA)

The mission of the Utah Occupational Therapy Association (UOTA) is to serve the interests of its members, to support the professional community, to create visibility, and to increase utilization of OT services to serve our varied client population with the best practice and professionalism.

Our organization is available to assist practitioners and those interested in occupational therapy issues. We hold meetings routinely to help meet the needs of our members. UOTA is a state affiliate of the American Occupational Therapy Association (AOTA). Website is

<http://www.utahotassociation.org>

World Federation of Occupational Therapy (WFOT)

WFOT acts as the official international organization for the promotion of occupational therapy. It maintains the ethics of the profession and advances the practice and standards of occupational therapy internationally. It also promotes internationally recognized standards for the education of occupational therapists. It is an organization made up of over 50 member countries. Each country has a delegate and an alternate delegate that attend council meetings and congresses (conferences). Council meetings are held every two years and Congresses every four years. There is no central "headquarters" for WFOT. As such, each member country acts as the contact and source of information for WFOT. Individuals in the United States are encouraged to contact the International Program representative, at the American Occupational Therapy Association's National Office with any questions or requests for information. Individuals may also be referred to the appropriate WFOT Delegate or International State Liaison if necessary. The WFOT publishes the WFOT Bulletin, an international professional journal, twice per year. www.wfot.org.au

National Board for Certification in Occupational Therapy (NBCOT)

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 of occupational therapy (NBCOT). After successful completion of this exam, the individual will be an occupational therapist, registered (OTR). In addition, all states require licensure or other regulatory process to practice. However, state

licenses and other regulatory processes are usually based on the results of the NBCOT certification examination.

Although this isn't a professional organization that has membership, this organization is responsible for the certification examination for occupational therapists and occupational therapy assistants and the recertification process. The examination is offered on demand. There are several resources on their website and you are encouraged to visit that site. Any questions regarding the certification exam should be referred to: NBCOT; 12 S. Summit Avenue, Suite 100; Gaithersburg, MD 20877-4150; Phone: 301-990-7979; Fax: 301-869-8492. www.nbcot.org

Felony Statement

A felony conviction may affect a graduate's ability to sit for the NBCOT certification examination or attain state licensure. If you have questions, please contact NBCOT or speak with the Department Chair.

CLASS ORGANIZATIONS

IT IS CRITICAL THAT THE STUDENT ASSOCIATIONS KEEP OPEN COMMUNICATION LINES AND LET FACULTY, STAFF, AND OTHER STUDENTS KNOW OF EVENTS AND PROJECTS. Any event or project in which the student associations will be involved must be approved by the Department Chair.

SOTA - Student Occupational Therapy Association

Constitution of the Student Occupational Therapy Association

Adopted on: November 17, 2005

Article I Name

The Student Occupational Therapy Association

Article II Purpose

Student Occupational Therapy Association (SOTA) is a student-run organization within the Department of Occupational and Recreational Therapies to promote camaraderie between the classes, provide funding for student activities, and to act as a voice for occupational therapy in the community.

Article III Membership

All students who are enrolled in the occupational therapy graduate program are automatically considered full members of the association, with all the rights and privileges of full membership. Students are accepted as members without regard to gender, race, color, ability, creed, or sexual orientation. Full membership includes the right to run for office, as well as participate in all activities, including fund raising, organizing brown bag lunches, arranging class parties, and coordinating the graduation pinning ceremony and class gift.

Article IV Meetings

Officer meetings are held bi-monthly or monthly at a time that works for the officers of the three occupational therapy graduate classes, and the faculty liaison. Meetings of the membership are called on an impromptu basis, based on the need to plan and coordinate the activities of the membership. Special meetings of the Committee are called by the President through e-mail correspondence.

Article V Executive Board/ Committee

Officers are elected for each of the three classes, and include president, vice president, treasurer/secretary, historian, public relations, Assembly of Student Delegates representative, SAC members and Department representative.

- President
 - Second year president
 - Calls meetings to order
 - Chairs the SOTA Committee Meetings
 - Reviews minutes from previous committee meetings
 - Summarizes the discussion
 - Ensures minutes are recorded accurately
 - Trains newly elected SOTA officers during the first few weeks of their first fall semester
 - Updates SOTA handbook yearly

- Responsible for summer welcome picnic, opening social and pinning ceremony
 - Each year's president
 - Coordinates SOTA activities
 - Communicates with occupational therapy student body
- Vice President
 - Supports the work of the president
 - Represents the president when the president is not available
 - Assists with fundraising including:
 - Identifying potential fundraisers while including ideas from others
 - Is a liaison between the President and other SOTA members as needed
- Treasurer
 - The treasurer for each student year is responsible for developing a budget for their class
 - Tracking income from fundraisers, individual contributions, and donations
 - Advise committee on matters concerning the budget
 - Supply committee members with a budget summary bi-annually
 - Seeks funding from Student Assembly in conjunction with the SAC representative
 - Coordinates and submits requests for reimbursement
- Secretary
 - Takes and prepares minutes for each SOTA committee meeting
 - Minutes are distributed to 2nd year president, SOTA officers and Department Chair within one week
 - Upload minutes to student organization website
 - Track SOTA officer goals
- Historian
 - Responsible for video for pinning ceremony
 - Compiles portfolio or resource binder of SOTA activities, including contacts, suggestions, and a written summary of each event. This should be complete and ready to hand off to the new officers at the beginning of each school year.
- Public Relations
 - Organizes public relations events
 - Publicizes fundraising events and activities
 - Takes pictures at events
 - Responsible for OT bulletin board in the Dumke Health Professions Education Building.
 - The 2nd year rep organizes clothing sales. Any funds raised from the sale of clothing will go to the 2nd year class.
- Assembly of Student Delegates representative
 - A 2nd year student will serve as ASD representative for the academic year. A 1st year OT student will serve as the junior representative.

- Serve as the UOTA student representative in the role of liaison between the national, state, and student occupational therapy student associations
- Relay important information that is vital to the students and their goal of promoting occupational therapy
- Organizes brown bags
- Will instruct the first year student on the duties and responsibilities of the ASD representative at the local, state and national level
- Have the opportunity to represent the student body at the national conference.
- Student Advisory Committee (SAC)
 - Identifies potential service projects
 - Seeks funding from Student Senate for opening social, for the ASD representative to attend the annual AOTA conference, for the pinning ceremony, etc.
 - Assists the Treasurer/Secretary in obtaining funding from the Student Assembly.
 - Participate in the Department's RPT process
 - Student/faculty liaison
 - Collaborates with other departments in the College of Health
 - One first year student member of SAC will be elected to represent occupational therapy in the Health Sciences Multicultural Student Association (HSMSA). This delegate will join the second year SAC-HSMSA in representing the OT department.
 - This group plans one event per month during the fall and spring semesters.
 - Each member of HSMSA is expected to plan a minimum of one to two events during the school year and assist/attend other events if available.
 - The additional SAC members may assist the HSMSA delegate, but the delegate is responsible for being the primary representative by attending meetings and representing OT, and passing along pertinent information about HSMSA and events to the OT students and staff.

Officer vacancies are filled utilizing the same procedure as elections (see below). Although roles are outlined for each officer, each class may reassign duties as necessary.

Article VI Elections

All officers, other than the Department representative are voted upon by the SOTA members in October of their first year in the program by democratic vote. Candidates will declare their intention 1 week prior to the elections and submit a paragraph listing their qualifications and visions for the intended position. The candidates and their platforms will be presented to the class at least 3 days prior to the vote. Prior to the vote taking place all candidates will be given an opportunity to address the students. 2nd year officers are responsible for organizing and announcing the results of the election. In the event of a tie, the candidates will be given the chance to make an additional statement and a runoff election will be held. At the beginning of the fall semester of the second year in the program,

membership is given a chance to reconsider and re-affirm officers. Therefore, officers serve for three years, unless members have voted otherwise.

If a student is unable to fulfill his or her duties, the Department representative will initiate an election to fill the vacancy.

Article VII Funds

As a student organization, SOTA is self-sustaining organization. Each student class has their own account and it is the responsibility of the class officers to raise funds and allocate expenses. The Department of Occupational and Recreational Therapies Presidents should coordinate all fundraising activities carried out by SOTA. It should be noted that it is the intention of SOTA to ensure that each SOTA account remains in credit. In addition, Presidents, or their designees, should plan and carry out fundraising activities in anticipation of forthcoming expenses.

Article VII Committees

There are no formal committees in this organization; ad hoc committees may be formed as needed.

Article IX Affiliations

This organization is affiliated with the American Occupational Therapy Association (AOTA) and the AOTA Assembly of Student Delegates.

Article X Advisor

Department (staff or faculty) liaison is appointed by the Department to represent the Department and facilitate communication

- o Attends all committee meetings
- o Ensure Department stays informed of all SOTA activities
- o Advise officers on their duties
- o Advise committee on planned activities
- o Responsible for updating the SOTA handbook; prepare a copy for annual review by the president and committee
- o Notify the AOTA ASD coordinator of student contact information.

Article XI Ratification

All members will have the opportunity to review the document. At an appointed time the membership will have the opportunity to vote to approve the document. Majority vote ratifies the constitution.

Article XII Amendments

Amendments will be presented in writing to the membership. All members will have the opportunity to review the amendment. At an appointed time the membership will have the opportunity to vote to approve the amendment. Majority vote ratifies the amendment.

Article XIII Bylaws

At the writing of this document there are no bylaws. All student activities must have prior approval from the Department or the organization's advisor.

Additional notes regarding SOTA:

Reimbursement Procedure

At least TWO WEEKS prior to a planned event, the Treasurer must complete and submit a request for reimbursement (see appendix I). The form must contain a budget overview and outline of proposed activity. In addition, the Treasurer must ensure that there are sufficient funds in the budget to cover the request. The form should be submitted to the following for signature: The Treasurer, The Department Representative, the Department Chair, and the Department Administrative Assistant. IT IS ONLY AFTER ALL FOUR signatures are obtained, that the reimbursement request will be considered to be sanctioned.

Within one week of the event taking place, the Treasurer must submit an ACTUAL BUDGET overview. This should contain a detailed overview of items purchased along with the itemized receipts. This budget overview should be submitted to the Department Administrative Assistant. SOTA members will not be reimbursed for items that have been charged tax.

Fundraising

The purpose of fundraising is to ensure that there is money in the student account for parties throughout the school year, support of the ASD representative to attend conference, graduation celebration and class gift. Students are also encouraged to petition ASUU for funds for specific events.

Parties

The SOTA committee may choose to hold several parties throughout the academic year. Funding for these parties should be obtained solely from the SOTA accounts and only through the procedures outlined under "funding and budgets". 2nd year officers, or their designees, are responsible for planning and coordinating parties during the fall and spring semesters. The 1st year officers, or their designees, are responsible for planning and coordinating the fall welcome bar-b-q (note that this event will be funded by the Department). Presidents should ensure that flyers are distributed in a timely manner to both students and faculty.

AOTA Conference

Funding to send the first and second year ASD student representatives to the AOTA conference will be obtained through fundraisers and through SAC via ASUU. The ASUU funding process should start early in the fall semester so that the ASD representative will be guaranteed funds from ASUU. Funding for the ASD representative should be allocated: 50% ASUU, up to \$400; the remaining amount of the trip will be split 50% Department, up to \$400, and 50% SOTA Class or remaining cost of trip. For example,

Total trip cost	\$1,000	\$1,300
ASUU	\$400 (max \$400)	\$400 (max \$400)
OTRT	\$300 (50%)	\$400 (max \$400)
SOTA	\$300 (50%)	\$500 (remaining trip cost)

All travel receipts must be submitted to obtain reimbursement. Reimbursable expenses are conference registration, airfare, hotel, and ground transportation between hotel and airport. Meals and incidentals are not reimbursable. The ASD

student representatives will be required to present information learned at the conference to the students early in the fall semester after the conference.

Graduation

SOTA will allocate funds to the third year President to cover costs of the pinning ceremony and graduate class gift. The specific amount will be determined on a yearly basis. Any monies that are left in the third year class account at the end of the academic year will be rolled over into a scholarship account. The pinning ceremony should include at least the following: One student speaker, one faculty speaker, a formal program for the pinning ceremony. The SOTA president will perform duties of an M.C. at the pinning ceremony.

Each class will take a class photo that will be framed and presented to the faculty at the pinning ceremony.

APPENDIX I

S O T A Request for Reimbursement

This form is to be submitted 2 weeks prior to an event to request permission to hold the event and to request SOTA funds be used for the event. The treasurer is responsible for preparing this form and collecting receipts for reimbursement

Event Information:

Name of Event: _____

Date of Event: _____

Purpose of Event: _____

People Invited: _____

Estimated Cost: _____

Amount Requested for Reimbursement: _____

Itemized receipts need to be submitted for reimbursement. Tax will not be reimbursed.

Approval _____
Student Representative Faculty Advisor

Director Date

Comments _____

Financial Information:

Is this a budgeted event? ☐ Yes ☐ No If yes, list budgeted amount: _____
Attach item budget sheet to this form.

Are there funds available for this event? ☐ Yes ☐ No

Approval _____
Administrative Assistant Chair Date

Reimbursement Information:

Reimbursements made ☐ Yes ☐ No Date _____ By _____

SAC – Student Advisory Committee

Role and Purpose

Retention, Promotion, and Tenure (RPT)

The SAC plays an important role in assisting in the evaluation of faculty for retention, promotion, and tenure. At each review period, the SAC reviews the teaching/mentoring performance of faculty under review and provides feedback and a recommendation to the Department's RPT Advisory Committee and the Department Chair. This review happens in the Fall of each year for tenure-track faculty and in later Fall or early Spring for career-line faculty.

SOTA Liaison

A SAC representative should attend SOTA meetings to enhance coordination of projects and activities.

ASUU Liaison

A SAC member will be designated as the ASUU liaison. This individual will be responsible for submitting bills to ASUU to obtain funding for conference travel, social events and t-shirts.

Promotion And Organization Of Departmental Activities

Develop activities in which students can participate.

Assist with organizing and facilitating programs which foster departmental interaction.

A few examples:

- Sponsor lectures
- Become involved in regional or national organizations relevant to your department
- Contact similar departments at other universities and arrange some sort of interaction with them.
- Help facilitate orientation programs for your department
- Nominate faculty for awards

Promotion Of Communication

Act as a liaison between the various groups that make up the community of their department. Members communicate to students about departmental activities and are responsible for making department faculty aware of important issues raised by students. SAC can appoint students to appropriate departmental committees. The SAC President can attend appropriate portions of Department of Occupational and Recreational Therapies Faculty Meetings.

Coordinate With And Promote Other Student Organizations

There are numerous SAC's within the College of Health. The Department of Occupational and Recreational Therapies has 2 SAC's: a graduate SAC and an undergraduate SAC.

Work with SAC's in other departments at the U of U (Special Ed., Medicine, Health, and Gerontology).

Communication Of Activities Specific To The Department's Discipline

Communicate opportunities that will enhance fellow student educational experiences. SAC's can help advertise departmental or discipline specific activities or sponsor their own.

Community Outreach

Use practical applications of their academic knowledge and provide a service to the community. The Bennion Center on campus can assist SAC's in identifying community outreach opportunities.

Organization of a SAC

SAC Chair

SAC Chair – elect (Who is then the Chair the following year)

Recommend each SAC have a minimum of three members-at-large

Each Department may have up to two SAC's. Officers should be in place by the end of the third week of fall semester.

Funding for a SAC

Departments provide funding for processing evaluations, RPT, office supplies, photocopies etc.

ASUU may provide funding for advertising of elections, an open house (\$75 per semester), and other activities upon request and approval. One SAC can get up to \$5000 in a school year.

Travel to educational events – students can get up to 50% reimbursed.

Conference fees might also be reimbursed at 35-50%.

Guest Lecture Fee can be funded 100%.

Advertising can be funded.

SAC representatives are responsible for applying for funds available from ASUU.

CAMPUS INFORMATION

Get Student ID Card. The ID card can be obtained at the U-Card office in the Olpin Union Building. Please bring a legal picture ID. You need an ID card for access to the middle floor at the Health Professions Education Building, after hours to the Health Professions Education Building, discounts and/or access to: library privileges, field house & HPER, fine art events, campus museums, athletic events, campus recreation, Red Butte Gardens, UTA bus service plus other discounts.

Explore the University Campus. The University campus is rather large and it is easy to become confused. You can either look at a campus map or by calling High School Recruitment to get a tour (801) 581-8761.

Buy Books. The textbooks can be found at the bookstores website <http://www.campusstore.utah.edu/utah/SelectTermDept.aspx>. You should plan on spending \$100-\$500 on books per semester. There is a book buy-back at the end of the semester. However, as the textbooks you will be purchasing for OC TH courses are directly related to your career as an OT and OTs commonly change practice areas over their careers, it is strongly recommended that you do not sell back these textbooks.

Become a "U of U Digital Citizen".

1. Get your UCard (after completing New Student Orientation).
2. Log onto the Campus Information System (CIS) for the first time with your University of Utah ID number (uNID) and default password.
3. Answer the CIS security questions and create your secure password.
4. Enter a preferred email address in the CIS email field.
5. Familiarize yourself with student services in the CIS (registration, grades, graduation).
6. Learn about your free uNID@utah.edu email address and personalize it.
7. Find out your on-campus network access options.
8. Check out your remote access options if you need campus network/Internet access from home.
9. Log onto the Office of Software Licensing website from your home computer and download free McAfee anti-virus software for your home system.
10. Look at the list of IT Resources available to you to see which are useful to you.
11. Logon to the My.Utah.edu student portal and customize it for yourself.
12. Review the Security page and be sure you are being a responsible "Digital Citizen".

For more details visit: <http://www.it.utah.edu/services/guides/students/checklist.html>

Turn in Proof of Immunization. The Office of Student Health Services requires that proof of Measles, Mumps and Rubella (MMR) vaccinations be turned into them in order to prevent a registration hold. The requirement is to provide proof of two vaccinations in your life (if you were born after 1956). Turn them in to The Student Health Services 555 Foothill Dr. Salt Lake City, UT 84112. (801) 581-6431

Put Money on Copy Account. Your ID card has a magnetic strip that can be used like a debit card. Simply go to the cashier's office in the Marriott library and put money on your card. It's that easy.

Buy a Parking Pass. If you are going to be parking on campus you will need a parking pass. Your pass will indicate access to handicap parking spaces. There are several kinds of passes. A "U" pass is for the majority of student parking lots. The "E" pass is for the farther parking lots. An "M" pass is for parking motorcycles on campus. A "D" pass is for students who need access to parking spaces for individuals with disabilities. For more info you can go to <https://commuterservices.utah.edu/index.php>.

A wise student once discovered, "There's more to college than books and studying involvement is the key to learning." Involvement is time and energy invested both inside and outside of the classroom. Becoming involved will increase your circle of friends, allow you to apply what you are learning to actual experiences and broaden your perspectives. It's fun, it's fulfilling, and it's important to the person you are becoming.

Life outside of the classroom will contribute significantly to your collegiate experience. A complete education combines time in the classroom with experiences outside. While the majority of U students work, those who get the most out of college plan time for involvement. There are many ways to get involved, whatever amount of time you have. Check out this planner, find out what is happening on campus, listen for announcements in classes, read the Chronicle and talk to friends and others. Students, faculty and staff are available to answer questions, give advice and welcome you into their organizations.

Student Affairs offers [student clubs and organizations](#), [recreational activities](#), [intramural sports clubs and teams](#), countless lectures, [concerts](#), speakers, [leadership skills](#), including unlimited [service activities](#). We're here to assist your development in ways you might never have thought possible.
<http://studentaffairs.utah.edu/>

STUDENT RESOURCES

Name	Services	Contact
ADMINISTRATIVE		
Admissions Office	Questions in regards to application or admittance into the University of Utah, transfer credit, etc.	Domestic: 801-581-7283 http://admissions.utah.edu/ International: 801-581-8761 http://admissions.utah.edu/international/
Office of the Registrar	Grading, enrolling, Change of Graduate Classification, Leave of Absence, etc.	801-581-5808 http://registrar.utah.edu/
International Student & Scholar Services Office	Last semester, Leave of Absence, vita status, etc.	801-581-8876 http://internationalcenter.utah.edu/
Office of Scholarships & Financial Aid	Find resources to help with paying for college.	801-581-6211 http://financialaid.utah.edu/
Income Accounting	Tuition bill information.	801-581-7344 http://fbs.admin.utah.edu/income/
Graduation Division	Applying for graduation, statement of degree completions, etc.	801-581-5808 http://registrar.utah.edu/graduation/index.php
Transcript & Verification Division Office	Transcripts, degree letters after the degrees have been posted, etc.	801-581-5808 http://registrar.utah.edu/transcripts/index.php
The Graduate School	Dr. Araceli Frias, Assistant Dean for Diversity, afrias@gradschool.utah.edu , 801-581-6233 Diane Cotsonas, International Teaching Assistant Program, diane.cotsonas@utah.edu , 801-585-6659	801-581-7642 http://gradschool.utah.edu/
Thesis Office	Kelly Harward, Thesis Editor, kelly.harward@gradschool.utah.edu , 801-581-7643 Trista Emmer, Assistant Thesis Editor, trista.emmer@utah.edu , 801-581-8893 Michelle Turner, Assistant Thesis Editor, michelle.turner@gradschool.utah.edu , 801-581-5076 http://gradschool.utah.edu/thesis/	
STUDENT LIFE		
University Counseling Center	Provides developmental, preventive and therapeutic services and programs that promote the intellectual,	801-581-6826 Hours: Monday-Friday 8am - 5pm http://counselingcenter.utah.edu/

	emotional, cultural, and social development of University of Utah students.	
Feed U Pantry	Provides non-perishable, nourishing food for our students, their families, faculty and staff.	Located in the basement of the University of Utah Student Union. http://feedu.utah.edu/
University CrisisLine	Designed to provide community members with a full range of options to help solve the crisis in the best setting possible.	801-587-3000 http://healthcare.utah.edu/uni/clinical-services/crisis-diversion/
University WarmLine	This line is for Salt Lake County residents who are not in crisis, but seeking support, engagement, or encouragement.	801-587-1055
Student Health Center	Providing quality healthcare to students, spouses, and their dependents.	801-581-6431 http://studenthealth.utah.edu/
University Student Apartments	The University of Utah family housing program is one of the largest of its kind in the country and accommodates students from all over the world. Residents enjoy children's programs, cultural activities and individual participation in community affairs.	801-581-8667 https://apartments.utah.edu/
Student Housing & Residential	Creating an inclusive and safe living environment.	801-587-2002 https://housing.utah.edu/
Student Jobs & Career Services	Charged with educating students and alumni in the discovery and realization of meaningful careers.	801-581-6186 http://careers.utah.edu/ http://employment.utah.edu/
Money Management Center	Providing education, guidance, and counseling in all matters of personal finance.	801-585-7379 http://www.asuupmmc.utah.edu/
ACADEMIC SUPPORT		
Student Success & Empowerment Initiative	A growing list of powerful tools and resources to support academic and personal success.	http://studentsuccess.utah.edu/advocates/resources-page-original/
Learning Success Center	Designed to give students the assistance they need to have a successful academic experience.	801-581-8746 http://learningcenter.utah.edu/
ASUU Tutoring Services	Provides individual tutoring (\$7 per hour) and group tutoring sessions (\$4 per hour) for currently enrolled University of Utah students.	801-581-5153 http://tutoringcenter.utah.edu/

Graduate Writing Center	Provides writing consultations for graduate students.	http://writingcenter.utah.edu/Gradstudent-services.php
DIVERSITY AND INCLUSION		
Student Groups	<p>Associated Students of the University of Utah (ASUU)</p> <p>http://diversity.utah.edu/student-groups/</p> <ul style="list-style-type: none"> • Afghan Student Union (ASU) • American Indian Science and Engineering Society (AISES) • American Indian Women and Allies Association (AIWAA) • American Medical Women's Association (AMWA) • Asian American Student Association (AASA) • Association of Future Female Physician's • Association of Latino Professionals in Finance and Accounting Chapter at the U of U • Black Student Union (BSU) • Crimson Transfer Honor Society • Future Women Dentists • Health Science Multicultural Student Association (HSMSA) • Inter-Tribal Student Association (ITSA) • Latinas Telling Testimonios (LTT) • Latino Medical Student Association • Minority Law Caucus • Movimiento Estudiantil Chicanx De Aztlan (M.E.CH.A) • Muxerista Mothers • OSTEM • Pacific Islander Student Association (PISA) • Physician Assistant Students Supporting Equity & Diversity • Other Students of Color • Queer U • Society for Native American Graduate Students • Society for the Advancement of Hispanics/ Chicanos and Native Americans in Science (SACNAS) • Students for Queer Art Resistance and Education (SQUARE) • Vietnamese American Student Association (VASA) • Xicana/O Graduate Council 	

Office for Equity & Diversity	Comprised of leaders, experts, and educators who drive the University's efforts to create a safe and welcoming campus climate.	801-581-7569 http://diversity.utah.edu/
	<ul style="list-style-type: none"> Scholarships: http://diversity.utah.edu/scholarships/ Center for Ethnic Student Affairs (CESA): http://diversity.utah.edu/centers/cesa/ American Indian Resource Center (AIRC): http://diversity.utah.edu/centers/airc/ First Year Diversity Scholars: http://diversity.utah.edu/first-year-diversity-scholars/ Transfer Diversity Scholars: http://diversity.utah.edu/transfer/ Dreamers and DACA Scholars: http://diversity.utah.edu/dreamers-daca-scholars/ Diversity Graduate School Application Advisory: http://diversity.utah.edu/student-resources/ 	
Office for Inclusive Excellence	To engage, support, and advance a living, learning, and working environment that fosters respect, diversity, equity, inclusivity, and academic excellence for students in our increasingly global campus community.	801-585-5994 http://respectu.utah.edu/ Bias reporting: http://respectu.utah.edu/report-form.php
Office of Equal Opportunity and Affirmative Action	Committed to provide a fair and equitable environment for individuals to pursue their academic and professional endeavors and to equally access University programs. http://oeo.utah.edu/ Disability Access and Accommodation form: http://oeo.utah.edu/services/disability-access-accommodation/	801-581-8365 Sexual Misconduct: http://oeo.utah.edu/services/sexual-misconduct/ Discrimination complaint form: http://oeo.utah.edu/resources/forms/
Women's Resource Center	Offers scholarships and financial assistance, counseling for individuals and couples (for U of U students, staff and faculty), support groups for women on and off campus as well as opportunities to volunteer and get involved.	801-581-8030 Hours: Monday - Friday 8:00am - 5:00pm Closed Tuesday 9:00am - 11:00am http://womenscenter.utah.edu/about/faq.php
LGBTQ Resource Center	Provides a safe environment to promote, educate and develop programs centering on sexual orientation, gender identity and gender expression.	801-587-7973 http://lgbt.utah.edu/

Center for Disability and Access	Dedicated to students with disabilities by providing the opportunity for success and equal access at the University of Utah.	801-581-5020 http://disability.utah.edu/
Veterans Support Center	Committed to providing Veterans with the most useful and current information available to assist them with the transition to campus life.	801-587-7722 http://veteranscenter.utah.edu/
Center for Child Care and Family Resources	The University of Utah Center for Child Care and Family Resources offers services to assist University students, faculty and staff in their search for quality child care services.	801-585-5897 http://childcare.utah.edu/ Nursing rooms: Located in Marriott Library
TRIO Upward Bound, Talent Search & Student Support Service	The TRIO Programs, through a supportive environment, empower underrepresented students to access postsecondary education and to achieve academic success leading to a postsecondary degree.	801-581-7188 http://trio.utah.edu/
English for Academic Success	Designed to help non-native English speakers improve their ability to communicate in English. This is done through working on reading, writing, speaking, and listening skills both in classroom settings and through one-on-one interaction with native English speakers.	801-581-8047 http://linguistics.utah.edu/eas-program/

APPENDIX A:
ACCREDITATION INFORMATION

(from the AOTA Webpage)

Introduction To Accreditation

Accreditation is a system for recognizing educational institutions and professional programs affiliated with those institutions for a level of performance, integrity, and quality which entitles them to the confidence of the educational community and the public they serve.

In the United States, this recognition is extended primarily through nongovernmental, voluntary institutional or professional associations. These groups establish criteria for accreditation, arrange site visits, evaluate those institutions and professional programs which desire accredited status, and publicly designate those which meet their criteria.

In most other countries, the establishment and maintenance of educational standards is the responsibility of a central government bureau. In the United States, however, public authority in education is constitutionally reserved to the states. This system of voluntary nongovernmental evaluation, called accreditation, has evolved to promote both regional and national approaches to the determination of educational quality.

Although accreditation is basically a private, voluntary process, accrediting decisions are used as a consideration in many formal actions -- by governmental funding agencies, scholarship commissions, foundations, employers, counselors, and potential students. Accrediting agencies, therefore, come to be viewed as quasi-public entities with certain responsibilities to the many groups which interact with the educational community.

In America, accreditation at the postsecondary level performs a number of important functions, including the encouragement of efforts toward maximum educational effectiveness. The accrediting process requires institutions and programs to examine their goals, activities, and achievements; to consider the expert criticism and suggestions of a visiting team; and to determine internal procedures for action on recommendations from the accrediting agency.

Since accreditation status is reviewed on a periodic basis, recognized institutions and professional programs are encouraged to maintain continuous self-study and improvement mechanisms. (Directory of Recognized Accrediting Agencies and Supporters of Accreditation, Commission on Recognition of Postsecondary Accreditation [CORPA], 1995).

Accreditation of educational programs for the occupational therapist and the occupational therapy assistant is granted by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA). The ACOTE is recognized as the accrediting agency for occupational therapy education by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA).

Accreditation by an agency recognized by the USDE is one of the conditions qualifying an educational institution or program (free standing) to participate in federal funding programs. Placement on the list of recognized accrediting agencies

also serves consumer interests by acknowledging an accrediting body's ability to identify institutions or programs of quality.

Federal legislation requires the U.S. Secretary of Education to publish a list of the accrediting agencies the Secretary recognizes as reliable authorities concerning the quality of education offered by educational institutions or programs.

The criteria and procedures developed by the Department for its evaluations and the list of agencies granted national recognition are published in the Federal Register. Pamphlets published and distributed periodically by the Accrediting Agency Evaluation Branch (AAEB) also ensure public access to this information.

Last Updated: 5/21/07

Purposes of Accreditation

Accreditation has two fundamental purposes: to assure the quality of the institution or program and to assist in the improvement of the institution or program...

In fulfilling its two purposes, quality assurance, and institutional and program improvement, accreditation provides service of value to several constituencies:

To the **PUBLIC**, the values of accreditation include:

- a. an assurance of external evaluation of the institution or program, and a finding that there is conformity to general expectations in higher education or the professional field;
- b. an identification of institutions and programs which have voluntarily undertaken explicit activities directed at improving the quality of the institution and its professional programs, and are carrying them out successfully;
- c. an improvement in the professional services available to the public, as accredited programs modify their requirements to reflect changes in knowledge and practice generally accepted in the field;
- d. a decreased need for intervention by public agencies in the operations of educational institutions, since their institutions through accreditation are providing privately for the maintenance and enhancement of educational quality.

To **STUDENTS**, accreditation provides:

- a. an assurance that the educational activities of an accredited institution or program have been found to be satisfactory, and therefore meet the needs of students;
- b. assistance in the transfer of credits between institutions, or in the admission of students to advanced degrees through the general acceptance of credits among accredited institutions when the performance of the student has been satisfactory and the credits to be transferred are appropriate to the receiving institution;
- c. a prerequisite in many cases for entering a profession.

INSTITUTIONS OF HIGHER EDUCATION benefit from accreditation through:

- a. the stimulus provided for self-evaluation and self-directed institutional and program improvement;
- b. the strengthening of institutional and program self-evaluation by the review and counsel provided through the accrediting agency;

- c. the application of criteria of accrediting agencies, generally accepted throughout higher education, which help guard against external encroachments harmful to institutional or program quality by providing benchmarks independent of forces that might impinge on individual institutions;
- d. the enhancing of the reputation of an accredited institution or program because of public regard for accreditation;
- e. the use of accreditation as one means by which an institution can gain eligibility for the participation of itself and its students in certain programs of governmental aid to postsecondary education; accreditation is also usually relied upon by private foundations as a highly desirable indicator of institutional and program quality.

Accreditation serves the **PROFESSIONS** by:

- a. providing a means for the participation of practitioners in setting the requirements for preparation to enter the professions;
- b. contributing to the unity of the professions by bringing together practitioners, teachers and students in an activity directed at improving professional preparation and professional practice. (Adopted by the COPA Board April 15, 1982) (Affirmed by the Commission on Recognition of Postsecondary Accreditation January 16, 1994)

The specific purposes of the AOTA accreditation process are:

- 1. to encourage continuous self-analysis and improvement of the occupational therapy educational program by representatives of the institution's administrative staff, teaching faculty, students, governing body, and other appropriate constituencies, with the ultimate aim of assuring students of quality education in this profession and assuring patients of appropriate occupational therapy care.
- 2. to determine whether the occupational therapy educational program meets the appropriate approved educational standards.
- 3. to encourage faculty to anticipate and accommodate new trends and developments in the practice of occupational therapy that should be incorporated into the educational process.
- 4. to assure the educational community, the general public, and other agencies or organizations that the program has both clearly defined and appropriate objectives, maintains conditions under which these objectives can reasonably be expected to be achieved, appears to be accomplishing them substantially, and can be expected to continue to do so.

Last Updated: 5/21/07

History of AOTA Accreditation

The National Society for the Promotion of Occupational Therapy was founded in 1917 and incorporated under the laws of the District of Columbia.

The object of the Association as set forth in its Constitution "shall be to study and advance curative occupations for invalids and convalescents; to gather news of progress in occupational therapy and to use such knowledge to the common good; to encourage original research, to promote cooperation among occupational therapy societies, and with other agencies of rehabilitation."

About 3 years after its incorporation, the Association was urged by several leading physicians and authorities on hospital administration to establish a national register or directory of occupational therapists "for the protection of hospitals and institutions from unqualified persons posing as occupational therapists."

After careful consideration and on the advice of other national organizations in the field of medicine, the Association decided that the first step toward the establishment of a national register or directory was the establishment of minimum standards of training for occupational therapists.

In 1921, the name of the Association was changed to the American Occupational Therapy Association (AOTA). In 1923, accreditation of educational programs became a stated function of the American Occupational Therapy Association, and basic educational standards were developed.

AOTA approached the Council on Medical Education of the American Medical Association in 1933 to request cooperation in the development and improvement of educational programs for occupational therapists.

The "ESSENTIALS OF AN ACCEPTABLE SCHOOL OF OCCUPATIONAL THERAPY" were adopted by the AMA House of Delegates in 1935. This action represented the first cooperative accreditation activity by the AMA.

In 1958, AOTA assumed responsibility for approval of educational programs for the occupational therapy assistant. The standards on which accreditation was based were modeled after the Essentials established for baccalaureate programs.

In 1964, the AOTA/AMA collaborative relationship in accreditation was officially recognized by the National Commission on Accrediting (NCA). The NCA was a private agency serving as a coordinating agency for accrediting activities in higher education. Although it had no legal authority, it had great influence on educational accreditation through the listing of accrediting agencies it recommended to its members. The NCA continued its activities in merger with the Federation of Regional Accrediting Commissions of Higher Education since January 1975. The new organization was the Council on Postsecondary Accreditation (COPA).

In 1990, AOTA petitioned the Committee on Allied Health Education and Accreditation (CAHEA) to include the accreditation of the occupational therapy assistant programs in the CAHEA system. Following approval of the change by the AMA Council on Medical Education, CAHEA petitioned both COPA and the U.S. Department of Education (USDE) for recognition as the accrediting body for occupational therapy assistant education.

In 1991, occupational therapy assistant programs with approval status from the AOTA Accreditation Committee became accredited by CAHEA/AMA in collaboration with the AOTA Accreditation Committee.

On January 1, 1994, the AOTA Accreditation Committee changed its name to the AOTA Accreditation Council for Occupational Therapy Education (ACOTE) and became operational as an accrediting agency independent of CAHEA/AMA.

During 1994, the ACOTE became listed by the USDE as a nationally recognized accrediting agency for professional programs in the field of occupational therapy. The ACOTE was also granted initial recognition by the Commission on Recognition of Postsecondary Accreditation (CORPA). CORPA was the nongovernmental

recognition agency for accrediting bodies that was formed when the Council on Postsecondary Accreditation (COPA) dissolved in 1994.

On March 1, 1994, 197 previously accredited/approved and developing occupational therapy and occupational therapy assistant educational programs were transferred into the ACOTE accreditation system.

In a ballot election concluded October 31, 1994, the AOTA membership approved the proposed AOTA Bylaws Amendment that reflected the creation of AOTA's new accrediting body and establishment of ACOTE as a standing committee of the AOTA Executive Board. At that time, responsibility for review and revision of the educational standards (Essentials) was transferred from the AOTA Commission on Education (COE) Educational Standards Review Committee (ESRC) to ACOTE. The authority for final approval of the educational standards, which previously required acceptance by both the AOTA Representative Assembly and CAHEA/AMA, was also transferred to ACOTE. This action allowed ACOTE to meet the recognition criteria of both USDE and CORPA.

The Council on Higher Education Accreditation (CHEA) is presently the nongovernmental agency for accrediting bodies that replaced CORPA. In February 1997, CHEA voted to accept CORPA's recognition status of ACOTE.

In August 1997, ACOTE voted to open its accreditation process to occupational therapy programs located outside the United States. In December 1998, ACOTE accredited its first non-U.S. program: Queen Margaret University College in Edinburgh, Scotland.

At its April 1998 meeting, ACOTE adopted the following position statement regarding the draft accreditation standards: *Given the demands, complexity, and diversity of contemporary occupational therapy practice, ACOTE's position is that the forthcoming educational standards are most likely to be achieved in post-baccalaureate degree programs.*

In December 1998, ACOTE adopted the *Standards for an Accredited Educational Program for the Occupational Therapist* and *Standards for an Accredited Educational Program for the Occupational Therapy Assistant*. These Standards, which went into effect on July 1, 2000, replaced the 1991 Essentials–Updated.

At AOTA's April 1999 Annual Conference & Expo, the Representative Assembly passed Resolution J, "Movement to Required Postbaccalaureate Level of Education." This resolution called for the eventual installation of a postbaccalaureate requirement for entry-level occupational therapy education. After an exhaustive evaluation of the short- and long-term impact of the decision to move to postbaccalaureate-degree entry, ACOTE voted at its August 1999 meeting that professional entry-level occupational therapy programs must be offered at the postbaccalaureate level by January 1, 2007 to receive or maintain ACOTE accreditation status.

In August of 2004, ACOTE voted to transition from accreditation of occupational therapy educational programs to accreditation of occupational therapy program degree levels, effective January 1, 2005. Any institution adding a new degree level or changing the current occupational therapy degree level was required to apply for

and receive formal accreditation status for that degree level prior to the admission of students into the program.

In August 2006, ACOTE formally adopted new *Accreditation Standards for Master's-Degree-Level Educational Programs for the Occupational Therapist* and new *Accreditation Standards for Educational Programs for the Occupational Therapy Assistant*. In December 2006, ACOTE formally adopted *Accreditation Standards for a Doctoral-Degree-Level Educational Program for the Occupational Therapist*. An effective date of January 1, 2008, was established for all sets of 2006 ACOTE Standards.

Posted: 10/29/2007

Standards for an OT Program
**ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL
PROGRAM FOR THE OCCUPATIONAL THERAPIST**

Adopted August 2006, Effective January 1, 2008

The Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA) accredits educational programs for the occupational therapist. The Standards comply with the United States Department of Education (USDE) criteria for recognition of accrediting agencies.

These Standards are the requirements used in accrediting educational programs that prepare individuals to enter the occupational therapy profession. The extent to which a program complies with these Standards determines its accreditation status.

PREAMBLE

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.

A graduate from an ACOTE-accredited master's-degree-level occupational therapy program must

- 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 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 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.

Section A contains general standards, while Section B delineates standards specific to curriculum. The specific standards in Section B are stated as outcome-based criteria.

The complete list of accreditation standards can be found at:

<http://www.aota.org/Educate/Accredit/StandardsReview/guide/Masters.aspx>

APPENDIX B:
ETHICS INFORMATION

(from the AOTA WebPages)

Occupational Therapy Code of Ethics and Ethics Standards (2010)

PREAMBLE

The American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics and Ethics Standards (2010)* ("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.

Fundamental to the mission of the occupational therapy profession is the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. "Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well being, and quality of life" (AOTA, 2004). Occupational therapy personnel have an ethical responsibility primarily to recipients of service and secondarily to society.

The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* 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). 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 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.

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* (AOTA, 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 (2010)* 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 (2010)* 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 to expected standards of conduct.
4. Assist occupational therapy personnel in recognition and resolution of ethical dilemmas.

The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* define the set of principles that apply to occupational therapy personnel at all levels:

DEFINITIONS

- **Recipient of service:** Individuals or groups receiving occupational therapy.
- **Student:** A person who is enrolled in an accredited occupational therapy education program.
- **Research participant:** A prospective participant or one who has agreed to participate in an approved research project.
- **Employee:** A person who is hired by a business (facility or organization) to provide occupational therapy services.
- **Colleague:** A person who provides services in the same or different business (facility or organization) to which a professional relationship exists or may exist.
- **Public:** The community of people at large.

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, 2009). Forms of beneficence typically include altruism, love, and humanity. 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, 2009).

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. Provide appropriate evaluation and a plan of intervention for all recipients of occupational therapy services specific to their needs.
- C. Reevaluate and reassess recipients of service in a timely manner to determine if goals are being achieved and whether intervention plans should be revised.
- D. Avoid the inappropriate use of outdated or obsolete tests/assessments or data obtained from such tests in making intervention decisions or recommendations.
- E. Provide occupational therapy services that are within each practitioner's level of competence and scope of practice (e.g., qualifications, experience, the law).
- F. Use, to the extent possible, evaluation, planning, intervention techniques, and therapeutic equipment that are evidence-based and within the recognized scope of occupational therapy practice.
- G. Take responsible steps (e.g., continuing education, research, supervision, training) and use careful judgment to ensure their own competence and weigh potential for client harm when generally recognized standards do not exist in emerging technology or areas of practice.
- H. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the needs and goals of the recipient have been met or when services no longer produce a measurable change or outcome.
- I. Refer to other health care specialists solely on the basis of the needs of the client.
- J. Provide occupational therapy education, continuing education, instruction, and training that are within the instructor's subject area of expertise and level of competence.
- K. Provide students and employees with information about the Code and Ethics Standards, opportunities to discuss ethical conflicts, and procedures for reporting unresolved ethical conflicts.
- L. Ensure that occupational therapy research is conducted in accordance with currently accepted ethical guidelines and standards for the protection of research participants and the dissemination of results.
- M. Report to appropriate authorities any acts in practice, education, and research that appear unethical or illegal.

- N. Take responsibility for promoting and practicing occupational therapy on the basis of current knowledge and research and for further developing the profession's body of knowledge.

NONMALEFICENCE

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

Nonmaleficence imparts an obligation to refrain from harming others (Beauchamp & Childress, 2009). The principle of nonmaleficence is grounded in the practitioner's responsibility to refrain from causing harm, inflicting injury, or wronging others. While beneficence requires action to incur benefit, nonmaleficence requires non-action to avoid harm (Beauchamp & Childress, 2009). 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*. If the standard of due care outweighs the benefit of treatment, then refraining from treatment provision would be ethically indicated (Beauchamp & Childress, 2009).

Occupational therapy personnel shall

- A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.
- B. Make every effort to ensure continuity of services or options for transition to appropriate services to avoid abandoning the service recipient if the current provider is unavailable due to medical or other absence or loss of employment.
- C. Avoid relationships that exploit the recipient of services, students, research participants, or employees physically, emotionally, psychologically, financially, socially, or in any other manner that conflicts or interferes with professional judgment and objectivity.
- D. Avoid engaging in any sexual relationship or activity, whether consensual or nonconsensual, with any recipient of service, including family or significant other, student, research participant, or employee, while a relationship exists as an occupational therapy practitioner, educator, researcher, supervisor, or employer.
- E. 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.
- F. Avoid any undue influences, such as alcohol or drugs, that may compromise the provision of occupational therapy services, education, or research.
- G. Avoid situations in which a practitioner, educator, researcher, or employer is unable to maintain clear professional boundaries or objectivity to ensure the safety and well-being of recipients of service, students, research participants, and employees.
- H. Maintain awareness of and adherence to the Code and Ethics Standards when participating in volunteer roles.
- I. Avoid compromising client rights or well-being based on arbitrary administrative directives by exercising professional judgment and critical analysis.
- J. Avoid exploiting any relationship established as an occupational therapist or occupational therapy assistant to further one's own physical, emotional,

financial, political, or business interests at the expense of the best interests of recipients of services, students, research participants, employees, or colleagues.

- K. Avoid participating in bartering for services because of the potential for exploitation and conflict of interest unless there are clearly no contraindications or bartering is a culturally appropriate custom.
- L. Determine the proportion of risk to benefit for participants in research prior to implementing a study.

AUTONOMY AND CONFIDENTIALITY

Principle 3. Occupational therapy personnel shall respect the right of the individual to self-determination.

The principle of autonomy and confidentiality 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 *autonomy* is referred to as the *self-determination* principle. However, respect for 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 personal values and beliefs" (Beauchamp & Childress, 2009, p. 103). Autonomy has become a prominent principle in health care ethics; the right to make a determination regarding care decisions that directly impact the life of the service recipient should reside with that individual. The principle of autonomy and confidentiality also applies to students in an educational program, to participants in research studies, and to the public who seek information about occupational therapy services.

Occupational therapy personnel shall

- A. Establish a collaborative relationship with recipients of service including families, significant others, and caregivers in setting goals and priorities throughout the intervention process. This includes full disclosure of the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention(s); and/or any reasonable alternatives to the proposed intervention.
- B. Obtain consent before administering any occupational therapy service, including evaluation, and ensure that recipients of service (or their legal representatives) are kept informed of the progress in meeting goals specified in the plan of intervention/care. If the service recipient cannot give consent, the practitioner must be sure that consent has been obtained from the person who is legally responsible for that recipient.
- C. Respect the recipient of service's right to refuse occupational therapy services temporarily or permanently without negative consequences.
- D. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program/educational institution.
- E. Obtain informed consent from participants involved in research activities, and ensure that they understand the benefits, risks, and potential outcomes as a result of their participation as research subjects.
- F. Respect research participant's right to withdraw from a research study without consequences.

- G. Ensure that confidentiality and the right to privacy are respected and maintained regarding all information obtained about recipients of service, students, research participants, colleagues, or employees. The only exceptions are when a practitioner or staff member believes that an individual is in serious foreseeable or imminent harm. Laws and regulations may require disclosure to appropriate authorities without consent.
- H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and non-verbal communications, including compliance with HIPAA regulations.
- I. Take appropriate steps to facilitate meaningful communication and comprehension in cases in which the recipient of service, student, or research participant has limited ability to communicate (e.g., aphasia or differences in language, literacy, culture).
- J. Make every effort to facilitate open and collaborative dialogue with clients and/or responsible parties to facilitate comprehension of services and their potential risks/benefits.

SOCIAL JUSTICE

Principle 4. Occupational therapy personnel shall provide services in a fair and equitable manner.

Social justice, also called *distributive justice*, refers to the fair, equitable, and appropriate distribution of resources. The principle of social justice refers broadly to the distribution of all rights and responsibilities in society (Beauchamp & Childress, 2009). In general, the principle of social justice supports the concept of achieving justice in every aspect of society rather than merely the administration of law. The general idea is that individuals and groups should receive fair treatment and an impartial share of the benefits of society. Occupational therapy personnel have a vested interest in addressing unjust inequities that limit opportunities for participation in society (Braveman & Bass-Haugen, 2009). While opinions differ regarding the most ethical approach to addressing distribution of health care resources and reduction of health disparities, the issue of social justice continues to focus on limiting the impact of social inequality on health outcomes.

Occupational therapy personnel shall

- A. Uphold the profession's altruistic responsibilities to help ensure the common good.
- B. Take responsibility for educating the public and society about the value of occupational therapy services in promoting health and wellness and reducing the impact of disease and disability.
- C. Make every effort to promote activities that benefit the health status of the community.
- D. Advocate for just and fair treatment for all patients, clients, employees, and colleagues, and encourage employers and colleagues to abide by the highest standards of social justice and the ethical standards set forth by the occupational therapy profession.
- E. Make efforts to advocate for recipients of occupational therapy services to obtain needed services through available means.
- F. Provide services that reflect an understanding of how occupational therapy service delivery can be affected by factors such as economic status, age,

ethnicity, race, geography, disability, marital status, sexual orientation, gender, gender identity, religion, culture, and political affiliation.

- G. Consider offering *pro bono* ("for the good") or reduced-fee occupational therapy services for selected individuals when consistent with guidelines of the employer, third-party payer, and/or government agency.

PROCEDURAL JUSTICE

Principle 5. Occupational therapy personnel shall comply with institutional rules, local, state, federal, and international laws and AOTA documents applicable to the profession of occupational therapy.

Procedural justice is concerned with making and implementing decisions according to fair processes that ensure "fair treatment" (Maiese, 2004). Rules must be impartially followed and consistently applied to generate an unbiased decision. The principle of procedural justice is based on the concept that procedures and processes are organized in a fair manner and that policies, regulations, and laws are followed. While *the law* and *ethics* are not synonymous terms, occupational therapy personnel have an ethical responsibility to uphold current reimbursement regulations and state/territorial laws governing the profession. In addition, occupational therapy personnel are ethically bound to be aware of organizational policies and practice guidelines set forth by regulatory agencies established to protect recipients of service, research participants, and the public.

Occupational therapy personnel shall

- A. Be familiar with and apply the Code and Ethics Standards to the work setting, and share them with employers, other employees, colleagues, students, and researchers.
- B. Be familiar with and seek to understand and abide by institutional rules, and when those rules conflict with ethical practice, take steps to resolve the conflict.
- C. Be familiar with revisions in those laws and AOTA policies that apply to the profession of occupational therapy and inform employers, employees, colleagues, students, and researchers of those changes.
- D. Be familiar with established policies and procedures for handling concerns about the Code and Ethics Standards, including familiarity with national, state, local, district, and territorial procedures for handling ethics complaints as well as policies and procedures created by AOTA and certification, licensing, and regulatory agencies.
- E. Hold appropriate national, state, or other requisite credentials for the occupational therapy services they provide.
- F. Take responsibility for maintaining high standards and continuing competence in practice, education, and research by participating in professional development and educational activities to improve and update knowledge and skills.
- G. Ensure that all duties assumed by or assigned to other occupational therapy personnel match credentials, qualifications, experience, and scope of practice.
- H. Provide appropriate supervision to individuals for whom they have supervisory responsibility in accordance with AOTA official documents and local, state,

and federal or national laws, rules, regulations, policies, procedures, standards, and guidelines.

- I. Obtain all necessary approvals prior to initiating research activities.
- J. Report all gifts and remuneration from individuals, agencies, or companies in accordance with employer policies as well as state and federal guidelines.
- K. Use funds for intended purposes, and avoid misappropriation of funds.
- L. Take reasonable steps to ensure that employers are aware of occupational therapy's ethical obligations as set forth in this Code and Ethics Standards and of the implications of those obligations for occupational therapy practice, education, and research.
- M. Actively work with employers to prevent discrimination and unfair labor practices, and advocate for employees with disabilities to ensure the provision of reasonable accommodations.
- N. Actively participate with employers in the formulation of policies and procedures to ensure legal, regulatory, and ethical compliance.
- O. Collect fees legally. Fees shall be fair, reasonable, and commensurate with services delivered. Fee schedules must be available and equitable regardless of actual payer reimbursements/contracts.
- P. Maintain the ethical principles and standards of the profession when participating in a business arrangement as owner, stockholder, partner, or employee, and refrain from working for or doing business with organizations that engage in illegal or unethical business practices (e.g., fraudulent billing, providing occupational therapy services beyond the scope of occupational therapy practice).

VERACITY

Principle 6. 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* in health care refers to comprehensive, accurate, and objective transmission of information and includes fostering the client's understanding of such information (Beauchamp & Childress, 2009). Veracity is based on respect owed to others. In communicating with others, occupational therapy personnel implicitly promise to speak truthfully and not deceive the listener. By entering into a relationship in care or research, the recipient of service or research participant enters into a contract that includes a right to truthful information (Beauchamp & Childress, 2009). 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 also requires thoughtful analysis of how full disclosure of information may impact outcomes.

Occupational therapy personnel shall

- A. Represent the credentials, qualifications, education, experience, training, roles, duties, competence, views, contributions, and findings accurately in all forms of communication about recipients of service, students, employees, research participants, and colleagues.

- 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 activities.
- D. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.
- E. Accept responsibility for any action that reduces the public's trust in occupational therapy.
- F. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, students, research participants, or the public.
- G. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.
- H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.
- I. Give credit and recognition when using the work of others in written, oral, or electronic media.
- J. Not plagiarize the work of others.

FIDELITY

Principle 7. Occupational therapy personnel shall treat 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 being faithful, which includes obligations of loyalty and the keeping of promises and commitments (Veatch & Flack, 1997). In the health professions, fidelity refers to maintaining good-faith relationships between various service providers and recipients. While respecting fidelity requires occupational therapy personnel to meet the client's reasonable expectations (Purtillo, 2005), Principle 7 specifically addresses fidelity as it relates to maintaining collegial and organizational relationships. 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.

Occupational therapy personnel shall

- A. Respect the traditions, practices, competencies, and responsibilities of their own and other professions, as well as those of the institutions and agencies that constitute the working environment.
- B. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated by national, state, or local laws or permission to disclose is given by the individual.
- C. Take adequate measures to discourage, prevent, expose, and correct any breaches of the Code and Ethics Standards and report any breaches of the former to the appropriate authorities.

- D. Attempt to resolve perceived institutional violations of the Code and Ethics Standards by utilizing internal resources first.
- E. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.
- F. Avoid using one's position (employee or volunteer) or knowledge gained from that position in such a manner that gives rise to real or perceived conflict of interest among the person, the employer, other Association members, and/or other organizations.
- G. Use conflict resolution and/or alternative dispute resolution resources to resolve organizational and interpersonal conflicts.
- H. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.

References

- American Occupational Therapy Association. (1993). Core values and attitudes of occupational therapy practice. *American Journal of Occupational Therapy*, 47, 1085–1086.
- American Occupational Therapy Association. (2005). Occupational therapy code of ethics (2005). *American Journal of Occupational Therapy*, 59, 639–642.
- American Occupational Therapy Association. (2006). Guidelines to the occupational therapy code of ethics. *American Journal of Occupational Therapy*, 60, 652–658.
- American Occupational Therapy Association. (2004). Policy 5.3.1: Definition of occupational therapy practice for State Regulation. *American Journal of Occupational Therapy*, 58, 694–695.
- Beauchamp, T. L., & Childress, J. F. (2009). *Principles of biomedical ethics* (6th 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.
- Maiese, M. (2004). *Procedural justice*. Retrieved July 29, 2009, from http://www.beyondintractability.org/essay/procedural_justice/
- Purtillo, R. (2005). *Ethical dimensions in the health professions* (4th ed.). Philadelphia: Elsevier/Saunders.
- Veatch, R. M., & Flack, H. E. (1997). *Case studies in allied health ethics*. Upper Saddle River, NJ: Prentice-Hall.

Authors

Ethics Commission (EC):

Kathlyn Reed, PhD, OTR, FAOTA, MLIS, Chairperson
Barbara Hemphill, DMin, OTR, FAOTA, FMOTA, Chair-Elect

Ann Moodey Ashe, MHS, OTR/L
Lea C. Brandt, OTD, MA, OTR/L
Joanne Estes, MS, OTR/L
Loretta Jean Foster, MS, COTA/L
Donna F. Homenko, RDH, PhD
Craig R. Jackson, JD, MSW
Deborah Yarett Slater, MS, OT/L, FAOTA, Staff Liaison
Adopted by the Representative Assembly 2010CApr17.

Note. This document replaces the following rescinded Ethics documents
2010CApril18: the *Occupational Therapy Code of Ethics (2005)* (*American Journal of Occupational Therapy*, 59, 639–642); the *Guidelines to the Occupational Therapy Code of Ethics* (*American Journal of Occupational Therapy*, 60, 652–658); and the *Core Values and Attitudes of Occupational Therapy Practice* (*American Journal of Occupational Therapy*, 47, 1085–1086).
Copyright © 2010 by the American Occupational Therapy Association, Inc. To be published in 2010 in the *American Journal of Occupational Therapy*, 64 (November/December Supplement).

Scope of SEC Disciplinary Action Program

The Commission on Standards and Ethics (SEC), one of three commissions within the American Occupational Therapy Association (AOTA), serves to promote and maintain quality standards of professional conduct. The goals of the SEC are to identify ethical trends, inform and educate members about current ethical issues, to uphold the practice and education standards, and to review all allegations of unethical conduct.

The SEC is responsible for the Occupational Therapy Code of Ethics and the Enforcement Procedures for Occupational Therapy Code of Ethics. The Occupational Therapy Code of Ethics is a public statement of the values and principles that guide the behavior of members of the profession. The SEC has jurisdiction over individuals who are members of the Association including OTR's, OTA's, associates and students. The roles of practitioner, educator, manager, researcher, and consultant are assumed. To ensure adherence by AOTA members, procedures have been developed for the investigation and adjudication of alleged violations. The Enforcement Procedures define the scope of disciplinary action for the Code. These procedures are intended to enable the Association to act fairly in the performance of its responsibilities as a professional organization while safeguarding the rights of members against whom complaints have been made.

Many cases that are brought to the SEC are the same as or similar to those cases brought to the National Board for Certification in Occupational Therapy (NBCOT formerly AOTCB) and state regulatory boards. These cases include fraudulent documentation, sexual misconduct, non-adherence to contracts and professional incompetence in providing direct service. However, some ethical issues are more likely to concern only the SEC. Example of such issues are plagiarism, supervision of students or staff, misrepresentation of research findings, or incompetence in teaching.

SEC's disciplinary actions are independent of disciplinary actions by NBCOT or state regulatory agencies. However, SEC routinely notifies NBCOT when it receives a complaint against a member and when SEC makes a final decision concerning a complaint. When a complaint is under active consideration by the Disciplinary Action Committee of the NBCOT, SEC may choose to defer action until the NBCOT acts on the case. This is done to protect the rights of the individuals involved in the complaint.

This document was approved by the Commission on Standards and Ethics (SEC) August 27, 1994, and revised June, 1996.

**Enforcement Procedures for the
Occupational Therapy Code of Ethics**
(edited 2010)

1. INTRODUCTION

The American Occupational Therapy Association (AOTA) and its members are committed to furthering each individual's ability to function fully within his or her total environment. To this end, the occupational therapist and occupational therapy assistant render services to clients in all phases of health and illness, to institutions, to organizations, to other professionals and colleagues, to students, and to the public.

The AOTA's Occupational Therapy Code of Ethics, its Guidelines, and its Core Values (hereinafter jointly referred to as "Ethics Standards") are public statements of values and principles to use as a guide in promoting and maintaining high standards of behavior in occupational therapy.

The Ethics Standards apply to occupational therapy personnel at all levels. They apply to professional roles such as those of practitioner, educator, fieldwork educator or coordinator, clinical supervisor, manager, administrator, consultant, faculty, program director, researcher/scholar, private practice owner, entrepreneur, student, and other professional roles, including elective and appointed volunteer roles within the AOTA. More broadly, these Ethics Standards apply not only to conduct within occupational therapy roles but also to conduct that may affect the performance of occupational therapy or the reputation of the profession. The principal purposes of the Ethics Standards are to help protect the public and to reinforce its confidence in the occupational therapy profession rather than to resolve private business, legal, or other disputes for which there are other more appropriate forums. To ensure compliance with the Ethics Standards, these Enforcement Procedures are established and maintained by the Ethics Commission and (hereinafter referred to as the "EC"). Acceptance of membership in the AOTA commits members to adherence to the Ethics Standards and cooperation with its Enforcement Procedures. The EC urges particular attention to the following issues.

- 1.1. **Professional Responsibility, Other Processes**—All occupational therapy personnel have an obligation to maintain the standards of ethics of their profession and to promote and support these standards among their colleagues. Each member must be alert to practices that undermine these standards and is obligated to take action that is appropriate in the circumstances. At the same time, members must carefully weigh their judgments as to potentially unethical practice to ensure that they are based on objective evaluation and not on personal bias or prejudice, inadequate information, or simply differences of professional viewpoint. It is recognized that individual occupational therapy personnel may not have the authority or ability to address or correct all situations of concern. Whenever feasible and appropriate, members should first pursue other corrective steps within the relevant institution or setting before resorting to the AOTA ethics complaint process.
- 1.2. **Jurisdiction**—The Code of Ethics (hereinafter referred to as the "Code") applies to persons who are or were members of the AOTA at the time of the conduct

in question. Later nonrenewal or relinquishment of membership does not affect AOTA jurisdiction. The Code that is applicable to any complaint shall be the Code in force at the time the alleged act or omission occurred, unless the date of the alleged act or omission cannot be precisely determined. In that case, the conduct shall be judged by the Code in force on the date of the complaint.

- 1.3. **Disciplinary Actions/Sanctions (Pursuing a Complaint)**—If the EC determines that unethical conduct has occurred, it may impose sanctions, including reprimand, censure, probation, suspension, or permanent revocation of membership in the AOTA. In all cases, except those involving only reprimand, the AOTA will report the conclusions and sanctions in its official publications and will also communicate to any appropriate persons or entities. The potential sanctions are defined as follows:
 - 1.3.1. Reprimand—A formal expression of disapproval of conduct communicated privately by letter from the Chairperson of the EC that is nondisclosable and noncommunicative to other bodies (e.g., state regulatory boards [SRBs]; National Board for Certification in Occupational Therapy, hereinafter known as “NBCOT®”).
 - 1.3.2. Censure—A formal expression of disapproval that is public.
 - 1.3.3. Probation of membership subject to terms—Failure to meet terms will subject a member to any of the disciplinary actions or sanctions.
 - 1.3.4. Suspension—Removal of membership for a specified period of time.
 - 1.3.5. Revocation—Permanent denial of membership.
 - 1.3.5.1. If an individual is on either the Roster of Fellows (ROF) or the Roster of Honor (ROH), the chairperson of the EC (via the EC staff liaison) shall notify the Chairperson of the Recognitions Committee (and Executive Director) of their membership revocation. That individual shall have their name removed from either the ROF or the ROH and no longer has the right to use the designated credential of FAOTA or ROH.
- 1.4. **Educative Letters**—If the EC determines that the alleged conduct, even if proven, does not appear to be unethical but may not be completely in keeping with the aspirational nature of the Code or within the prevailing standards of practice or good professionalism, the EC may send a letter to educate the Respondent only regarding standards of practice and/or good professionalism. In addition, a different educative letter, if appropriate, may be sent to the Complainant.
- 1.5. **Advisory Opinions**—The EC may issue general advisory opinions on ethical issues to inform and educate the membership. These opinions shall be publicized to the membership.
- 1.6. **Rules of Evidence**—The EC proceedings shall be conducted in accordance with fundamental fairness. However, formal rules of evidence that are employed in legal proceedings do not apply to these Enforcement Procedures. The Disciplinary Council (see Section 5) and the Appeal Panel (see Section 6) can consider any evidence that they deem appropriate and pertinent.
- 1.7. **Confidentiality and Disclosure**—The EC develops and adheres to strict rules of confidentiality in every aspect of its work. Maintaining confidentiality throughout the investigation and enforcement process of a formal ethics complaint is essential in order to ensure fairness to all parties involved. These

rules of confidentiality pertain not only to the EC but also apply to others involved in the complaint process. Beginning with the EC staff liaison and support staff, strict rules of confidentiality are followed. These same rules of confidentiality apply to complainants, respondents and their attorneys, and witnesses involved with the EC's investigatory process. Due diligence must be exercised by everyone involved in the investigation to avoid compromising the confidential nature of the process. Any AOTA member who breaches these rules of confidentiality may become subject to an ethics complaint/investigatory process himself or herself. Non-AOTA members may lodge an ethics complaint against an AOTA member, and these individuals are still expected to adhere to AOTA's confidentiality rules. The AOTA reserves the right to take appropriate action against non-AOTA members who violate confidentiality rules, including notification of their appropriate licensure boards, etc.

1.7.1. Disclosure—When the EC investigates a complaint, it may request information from a variety of sources. The process of obtaining additional information is carefully executed in order to maintain confidentiality. The EC may request information from a variety of sources, including state licensing agencies, academic councils, courts, employers, and other persons and entities. It is within the EC's purview to determine what disclosures are appropriate for particular parties in order to effectively implement its investigatory obligations. Public sanctions by the EC, Disciplinary Council, or Appeal Panel will be publicized as provided in these Procedures. Normally, the EC does not disclose information or documentation reviewed in the course of an investigation unless the EC determines that disclosure is necessary to obtain additional, relevant evidence or to administer the ethics process or is legally required.

Individuals who file a complaint (i.e., complainant) and those who are the subject of one (i.e., respondent) must not disclose to anyone their role in an ethics complaint. Disclosing this information in and of itself may jeopardize the ethics process and violate the rules of fundamental fairness by which all parties are protected. Disclosure of information related to any case under investigation by the EC is prohibited and, if done, will lead to repercussions as outlined in these Procedures (see Section 2.2.3.).

2. COMPLAINTS

2.1. Interested Party Complaints

2.1.1. Complaints stating an alleged violation of the Code may originate from any individual, group, or entity within or outside the Association. All complaints must be in writing, signed by the complainant(s), and submitted to the Chairperson of the EC at the address of the AOTA's headquarters. Complainants must complete the Formal Statement of Complaint Form at the end of this document. All complaints shall identify the person against whom the complaint is directed (the respondent), the ethical principles that the complainant believes have been violated, and the key facts of the alleged violations. If lawfully available, supporting documentation should be attached.

- 2.1.2. Within 90 days of receipt of a complaint, the EC shall make a preliminary assessment of the complaint and decide whether it presents sufficient questions as to a potential ethics violation that an investigation is warranted. Commencing an investigation does not imply a conclusion that an ethical violation has in fact occurred or any judgment as to the ultimate sanction, if any, which may be appropriate. In the event the EC determines that the complaint does not rise to the level of an ethical violation, the EC may direct the parties to utilize Roberts Rules and/or other conflict resolution resources via an educative letter. This applies to all complaints including those involving elected/volunteer leadership of the Association related to their official roles.

2.2. **Complaints Initiated by the EC**

- 2.2.1. The EC itself may initiate a complaint (a “sua sponte” complaint) when it receives information from a governmental body, certification or similar body, public media, or other source indicating that a person subject to its jurisdiction may have committed acts that violate the Code. AOTA will ordinarily act promptly after learning of the basis of a sua sponte complaint, but there is no specified time limit.

If the EC passes a motion to initiate a sua sponte complaint, the members of the EC will complete the Formal Statement of Complaint Form (at the end of this document) and will describe the nature of the factual allegations that led to the complaint and the manner in which the EC learned of the matter. The Complaint Form will be signed by the Chairperson of the EC on behalf of the EC. The form will be given to the EC staff liaison.

- 2.2.2. De Jure Complaints—De jure sua sponte complaints will proceed as follows:

- a. The EC staff liaison will present to the EC any findings from external sources (as described above) pertaining to members of AOTA that come to his or her attention and that may warrant sua sponte complaints.
- b. Since de jure complaints are based upon the findings of fact or conclusions of another official body, the EC will decide whether or not to act based on such findings or conclusions and will not ordinarily initiate another investigation, absent clear and convincing evidence that such findings and conclusions were erroneous or not supported by substantial evidence.

Based upon the information presented by the EC staff liaison, the EC will determine whether the findings of the public body also are sufficient to demonstrate an egregious violation of the Code and therefore warrant an ethics charge.

- c. If the EC decides that a formal charge is warranted, the Chairperson of the EC will notify the respondent in writing of the formal charge and the proposed education and/or disciplinary action. In response to the de jure sua sponte charge by the EC, the respondent may either
 1. Accept the decision of the EC (as to both the ethics violation and the sanction) based solely upon the findings of fact and conclusions of the EC or the public body, or

2. Accept the charge that the respondent committed unethical conduct but within 30 days submit to the EC a statement setting forth the reasons why any sanction should not be imposed or reasons why the sanction should be mitigated or reduced, or
 3. Within 30 days, present information showing the findings of fact of the official body relied upon by the EC to initiate the charge is clearly erroneous and request reconsideration by the EC. The EC may have the option of opening an investigation or modifying the sanction in the event they find clear and convincing evidence that the findings and the conclusions of the other body are erroneous.
- d. In cases of de jure complaints, a Disciplinary Council hearing can later be requested (pursuant to Section 5 below) only if the respondent has first exercised Option 2 or 3.
- 2.2.3. The EC shall have the jurisdiction to investigate, charge, or sanction any matter or person for violations based on information learned in the course of investigating a complaint under Section 2.2.2.
- 2.3. **Continuation of Complaint Process**—If a member relinquishes membership, fails to renew membership, or fails to cooperate with the ethics investigation, the EC shall nevertheless continue to process the complaint, noting in its report the circumstances of the respondent's action. Such actions shall not deprive the EC of jurisdiction.
- 3. EC REVIEW AND INVESTIGATIONS**
- 3.1. **Initial Action**—The purpose of the preliminary review is to decide whether or not the information submitted with the complaint warrants opening the case. If in its preliminary review of the complaint the EC determines that an investigation is not warranted, the complainant will be so notified.
- 3.2. **Dismissal of Complaints**—The EC may at any time dismiss a complaint for any of the following reasons:
- 3.2.1. **Lack of Jurisdiction**—The EC determines that it has no jurisdiction over the respondent (e.g., a complaint against a person who is or was not a member at the time of the alleged incident or who has never been a member).
 - 3.2.2. **Absolute Time Limit/Not Timely Filed**—The EC determines that the violation of the Code is alleged to have occurred more than 7 years prior to the filing of the complaint.
 - 3.2.3. **Subject to Jurisdiction of Another Authority**—The EC determines that the complaint is based on matters that are within the authority of and are more properly dealt with by another governmental or nongovernmental body, such as an SRB, NBCOT, an AOTA component other than the EC, an employer, or a court (e.g., accusing a superior of sexual harassment at work, accusing someone of anticompetitive practices subject to the antitrust laws).
 - 3.2.4. **No Ethics Violation**—The EC finds that the complaint, even if proven, does not state a basis for action under the Code (e.g., simply accusing someone of being unpleasant or rude on an occasion).
 - 3.2.5. **Insufficient Evidence**—The EC determines that there clearly would not be sufficient factual evidence to support a finding of an ethics violation.

- 3.2.6. Corrected Violation—The EC determines that any violation it might find already has been or is being corrected, and that this is an adequate result in the given case.
- 3.2.7. Other good cause.
- 3.3. **Investigator (Avoidance of Conflict of Interest)**—The investigator chosen shall not have a conflict of interest (i.e., shall never have had a substantial professional, personal, financial, business, or volunteer relationship with either the complainant or the respondent). In the event that the EC staff liaison has such a conflict, the EC Chairperson shall appoint an alternate investigator who has no conflict of interest.
- 3.4. **Investigation**—If an investigation is deemed warranted, the EC Chairperson shall do the following within 15 days: Appoint the EC staff liaison at the AOTA headquarters to investigate the complaint and notify the respondent (by certified, return-receipt mail) that a complaint has been received and an investigation is being conducted. A copy of the complaint and supporting documentation shall be enclosed with this notification. The complainant will also receive notification by certified, return-receipt mail that the complaint is being investigated.
 - 3.4.1. Ordinarily, the investigator will send questions formulated by the EC to be answered by the complainant and/or the respondent.
 - 3.4.2. The complainant shall be given 30 days from receipt of the questions to respond in writing to the investigator.
 - 3.4.3. The respondent shall be given 30 days from receipt of the questions to respond in writing to the investigator.
 - 3.4.4. The EC ordinarily will notify the complainant of any substantive new evidence adverse to the complainant's initial complaint that is discovered in the course of the ethics investigation and allow the complainant to respond to such adverse evidence. In such cases, the complainant will be given a copy of such evidence and will have 14 days in which to submit a written response. If the new evidence clearly shows that there has been no ethics violation, the EC may terminate the proceeding. In addition, if the investigation includes questions for both the respondent and the complainant, the evidence submitted by each party in response to the investigatory questions shall be available to the other party upon their request. The EC may request reasonable payment for copying expenses depending on the volume of material to be sent.
 - 3.4.5. The investigator, in consultation with the EC, may obtain evidence directly from third parties.
- 3.5. **Investigation Timeline**—The investigation will be completed within 90 days after receipt of notification by the respondent or his/her designee that an investigation is being conducted, unless the EC determines that special circumstances warrant additional time for the investigation. All timelines noted here can be extended for good cause at the discretion of the EC, including the EC's schedule and additional requests of the respondent. The respondent and the complainant shall be notified in writing if a delay occurs or if the investigational process requires more time.
- 3.6. **Report**—The investigator's report shall include the complaint and any documentation on which the EC relied in initiating the investigation and shall state findings without recommendations.

- 3.7. **Cooperation by Member**—Every AOTA member has a duty to cooperate reasonably with enforcement processes under the Code. Failure of the respondent to participate and/or cooperate with the investigative process of the EC shall not prevent continuation of the ethics process, and this behavior itself may constitute a violation of the Code.
- 3.8. **Referral of Complaint**—The EC may at any time refer a matter to NBCOT, SRB, or other recognized authorities for appropriate action. Despite such referral to an appropriate authority, the EC shall retain jurisdiction. EC action may be stayed for a reasonable period pending notification of a decision by that authority, at the discretion of the EC (and such delays will extend the time periods under these Procedures). A stay in conducting an investigation shall not constitute a waiver by the EC of jurisdiction over the matters. The EC shall provide written notice by mail (requiring signature and proof of date of receipt) to the respondent and the complainant of any such stay of action.

4. EC REVIEW AND DECISION

- 4.1. **Charges**—The EC shall review the investigator's report and shall render a decision on whether a charge by the EC is warranted within 90 days of receipt of the report. The EC may, in the conduct of its review, take whatever further investigatory actions it deems necessary. If the EC determines that an ethics complaint warrants a charge, the EC shall proceed with a disciplinary proceeding by promptly sending a notice of the charge(s) to the respondent and complainant by mail with signature and proof of date received. The notice of the charge(s) shall describe the alleged conduct that, if proven in accordance with these Procedures, would constitute a violation of the Code. The notice of charge(s) shall describe the conduct in sufficient detail to inform the respondent of the nature of the unethical behavior that is alleged. The EC may indicate in the notice its preliminary view (absent contrary facts or mitigating circumstances) as to what sanction would be warranted if the violation is proven in accordance with these Procedures.
- 4.2. **Respondent's Response**—Within 30 days of notification of the EC's decision to charge, and proposed sanction, if any, the respondent shall either
- 4.2.1. Advise the EC Chairperson in writing that he or she accepts the EC's charge of an ethics violation and the proposed sanction and waives any right to a Disciplinary Council hearing, or
 - 4.2.2. Advise the EC Chairperson in writing that he or she accepts the EC's charge of an ethics violation but believes the sanction is not justified and requests a hearing before the Council on that matter alone, or
 - 4.2.3. Advise the EC Chairperson in writing that he or she contests the EC's charge and the proposed sanction and requests a hearing before the Disciplinary Council.

Failure of the respondent to take one of these actions within the time specified will be deemed to constitute acceptance of the charge and proposed sanction. If the respondent requests a Disciplinary Council hearing, it will be scheduled. If the respondent does not request a Disciplinary Council hearing but accepts the decision, the EC will notify all relevant parties and implement the sanction.

5. THE DISCIPLINARY COUNCIL

- 5.1. **Purpose**—The purpose of the Disciplinary Council (hereinafter to be known as “the Council”) hearing is to provide the respondent an opportunity to present evidence and witnesses to answer and refute the charge and/or the proposed sanction and to permit the EC Chairperson or designee (the “EC Chair”) to present evidence and witnesses in support of his or her charge. The Council shall consider the matters alleged in the complaint; the matters raised in defense; and other relevant facts, ethical principles, and federal or state law, if applicable. The Council may question the parties concerning and determine ethical issues arising from the factual matters in the case even if those specific ethical issues were not raised by the complainant. The Council also may choose to apply Principles (from the AOTA Occupational Therapy Code of Ethics) and Guidelines not originally identified by the EC. The Council may affirm the decision of the EC or reverse or modify it if it finds that the decision was clearly erroneous or a material departure from its written procedure.
- 5.2. **Parties**—The parties to a Council Hearing are the respondent and the EC Chairperson.
- 5.3. **Criteria and Process for Selection of Council Chairperson**
 - 5.3.1. Criteria
 - 5.3.1.1. Must currently be a member of a Disciplinary Council or a former EC member who has been off the EC for at least 3 years.
 - 5.3.1.2. Must have experience in analyzing/reviewing cases.
 - 5.3.1.3. May be selected from the pool of candidates for the Council.
 - 5.3.1.4. The EC Chairperson shall not serve as the Council chairperson.
 - 5.3.2. Process
 - 5.3.2.1. The Assembly Speaker (in consultation with EC staff liaison) will select the Council chairperson.
 - 5.3.2.2. If the Assembly Speaker needs to be recused from this duty the Vice Speaker will select the chairperson.
- 5.4. **Criteria and Process for Selection of Council Members:**
 - 5.4.1. Criteria:
 - 5.4.1.1. Association Administrative SOP guidelines in Policy 2.6 shall be considered in the selection of qualified potential candidates for the Council and it shall be composed of qualified individuals and AOTA members drawn from a pool of candidates who meet the criteria outlined below.
 - 5.4.1.2. Members ideally will have some knowledge or experience in the areas of activity that are at issue in the case. They will also have experience in disciplinary hearings and/or general knowledge about ethics as demonstrated by education, presentations, and/or publications.
 - 5.4.1.3. No conflict of interest may exist with either the complainant or the respondent (refer to AOTA Policy 1.22–Conflict of Interest for guidance).
 - 5.4.1.4. No individual may serve on the Disciplinary Council who is currently a member of the EC or the Board of Directors.
 - 5.4.1.5. No individual may serve on the Disciplinary Council who has previously been the subject of an ethics complaint that resulted in a specific EC disciplinary action.
 - 5.4.1.6. The public member on the Disciplinary Council shall have knowledge of the profession and ethical issues.

- 5.4.1.7. The public member shall not be an occupational therapy practitioner.
- 5.4.2. Process:
 - 5.4.2.1. Potential candidates for the Disciplinary Council pool will be recruited through public postings in Association publications and via the list-serves, etc. AOTA leadership will be encouraged to recruit qualified candidates. Potential members of the Council shall be interviewed to ascertain:
 - (a) Willingness to serve on the Council and availability for a period of 3 years
 - (b) Qualifications per criteria outlined in section 5.3.1.
 - 5.4.2.2. The President and EC staff liaison will maintain a pool of no less than six (6) and no more than twelve (12) qualified individuals.
 - 5.4.2.3. The President and EC staff liaison will select from the pool the members of each Council within 30 days of notification by a respondent that a Council is being requested.
 - 5.4.2.4. Each council shall be composed of three (3) AOTA members in good standing and a public member.
 - 5.4.2.5. The EC staff liaison will remove anyone with a potential conflict of interest in a particular case from the potential Disciplinary Council pool.
- 5.5. **Notification of Parties** (EC Chairperson, Complainant, Respondent, Council Members)
 - 5.5.1. The Council Chairperson shall schedule a hearing date in coordination with the EC staff liaison.
 - 5.5.2. The Council (via the EC staff liaison) shall notify all parties at least forty-five (45) days prior to the hearing of the date, time, and place of hearing.
 - 5.5.3. Case material will be sent to all parties and the Council members by national delivery service or mail with signature required and proof of date received with return receipt.
- 5.6. **Hearing Witnesses, Materials, and Evidence**
 - 5.6.1. Within 30 days of notification of the hearing, the respondent shall submit to the Council a written response to the charges, including a detailed statement as to the reasons that he or she is appealing the decision and a list of potential witnesses (if any) with a statement indicating the subject matter they will be addressing.
 - 5.6.2. The complainant before the Council also will submit a list of potential witnesses (if any) to the Council with a statement indicating the subject matter they will be addressing. Only under limited circumstances may the Council consider additional material evidence from the Respondent or the Complainant not presented or available prior to the issuance of their proposed sanction. Such new or additional evidence may be considered by the Council if the Council is satisfied that the Respondent or the Complainant has demonstrated the new evidence was previously unavailable and provided it is submitted to all parties in writing no later than 15 days prior to the hearing.
 - 5.6.3. The Council Chairperson may permit testimony by conference call (at no expense to the participant), limit participation of witnesses in order to curtail repetitive testimony, or prescribe other reasonable

arrangements or limitations. The Respondent may elect to appear (at Respondent's own expense) and present testimony.

- 5.7. **Counsel**—The Respondent may be represented by legal counsel at his or her own expense. The AOTA legal counsel shall advise and represent the Association at the hearing. The AOTA legal counsel also may advise the Council regarding procedural matters to ensure fairness to all parties. All parties and legal counsel (at the request of the EC or the Council) shall have the opportunity to question witnesses.

5.8. **Hearing**

- 5.8.1. The Disciplinary Council hearing shall be recorded by a professional transcription service and shall be limited to two (2) hours.
- 5.8.2. The Council Chairperson will conduct the hearing and does not vote except in the case of a tie.
- 5.8.3. Each person present shall be identified for the record and the Chairperson will describe the procedures for the Council hearing. An oral affirmation of truthfulness will be requested from each participant who gives factual testimony in the Council hearing.
- 5.8.4. The Council Chairperson shall allow for questions.
- 5.8.5. The EC Chairperson shall present the ethics charge, a summary of the evidence resulting from the investigation and the EC recommendation(s) for disciplinary action against the respondent.
- 5.8.6. The respondent may present a defense to the charges(s) after the EC presents its case.
- 5.8.7. Each party and/or their legal representative shall have the opportunity to call witnesses to present testimony and to question any witnesses, including the EC Chairperson or their designee. The Council chairperson shall be entitled to provide reasonable limits on the extent of any witnesses' testimony or any questioning.
- 5.8.8. The Chairperson may recess the hearing at any time.
- 5.8.9. The Council Chairperson shall call for final statements from each party before concluding the hearing.
- 5.8.10. Decisions of the Council will be by majority vote.

5.9. **Disciplinary Council Decision**

- 5.9.1. An official copy of the transcript shall be sent to each Council member, the EC Chairperson, AOTA legal counsel, the EC staff liaison, and the respondent and his/her counsel as soon as it is available from the transcription company.
- 5.9.2. The Chairperson of the Disciplinary Council shall work with the EC staff liaison and the AOTA legal counsel in preparing the text of the final decision.
- 5.9.3. The Council shall issue a decision in writing to the AOTA Executive Director within thirty (30) days of receiving the written transcription of the hearing (unless special circumstances warrant additional time). The Council decision shall be based on the record and evidence presented and may affirm, modify, or reverse the decision of the EC, including increasing or decreasing the level of sanction or determining that no disciplinary action is warranted.

5.10. **Action, Notification, and Timeline Adjustments**

- 5.10.1. A copy of the Disciplinary Council's official decision and appeal process (Section 6) is sent to the respondent, the EC Chairperson, and other

appropriate parties within fifteen (15) work-ing days via mail (with signature and proof of date received) after notification of the AOTA Executive Director.

- 5.10.2. The time limits specified in the Enforcement Procedures for the Occupational Therapy Code of Ethics may be extended by mutual consent of the respondent, complainant, and Disciplinary Council Chairperson for good cause by the Chairperson.
- 5.10.3. Other features of the preceding Procedures may be adjusted in particular cases in light of extraordinary circumstances, consistent with fundamental fairness.
- 5.11. **Appeal**—Within 30 days after notification of the Council's decision, a respondent upon whom a sanction was imposed may appeal the decision as provided in Section 6. Within 30 days after notification of the Council's decision, the EC may also appeal the decision as provided in Section 6. If no appeal is filed within that time, the Executive Director shall notify appropriate bodies within the Association and make any other notifications deemed necessary.

6. APPEAL PROCESS

- 6.1. **Appeals**—Either the EC or the respondent may appeal. Appeals shall be written, signed by the appealing party, and sent by certified mail to the Executive Director c/o the Ethics Office of AOTA. The grounds for the appeal shall be fully explained in this document. When an appeal is requested, the other party will be notified.
- 6.2. **Grounds for Appeal**—Appeals shall generally address only the issues, procedures, or sanctions that are part of the record before the Disciplinary Council. However, in the interest of fairness, the Appeal Panel may consider newly available evidence relating to the original charge only under extraordinary circumstances.
- 6.3. **Composition and Leadership of Appeal Pane**—The Vice-President, Secretary, and Treasurer of the Association shall constitute the Appeal Panel. In the event of vacancies in these positions or the existence of a conflict of interest, the Vice President shall appoint replacements drawn from among the other Board members. If the entire Board of Directors has a conflict of interest (e.g., the Complainant or Respondent is or was recently a member of the Board of Directors), the Board Appeal process shall be followed. The President shall not serve on the Appeal Panel. No individual may serve on the Council who has previously been the subject of an ethics complaint that resulted in a specific EC disciplinary action. The chair of the Appeal Panel will be selected by its members from among themselves.
- 6.4. **Appeal Process**—The Executive Director shall forward any letter of appeal to the Appeal Panel within 15 days of receipt. Within 45 days after the Appeal Panel receives the appeal, the Panel shall determine whether a hearing is warranted according to the Board of Directors policy on appeals (unless it is an EC appeal). If the Panel decides that a hearing is warranted, timely notice for such hearing shall be given to the parties. Participants at the hearing shall be limited to the Respondent and legal counsel (if so desired), the EC Chairperson, Disciplinary Council Chairperson, AOTA legal counsel, or others approved in advance by the Appeal Panel as necessary to the proceedings.
- 6.5. **Decision**

- 6.5.1. The Appeal Panel shall have the power to (a) affirm the decision, or (b) modify the decision, or (c) reverse or remand to the EC, but only if there were procedural errors materially prejudicial to the outcome of the proceeding or if the Disciplinary Council decision was against the clear weight of the evidence.
- 6.5.2. Within 45 days after receipt of the appeal if no hearing was granted, or within 30 days after receipt of the transcript if a hearing was held, the Appeal Panel shall notify the AOTA Executive Director of its decision. The Executive Director shall promptly notify the respondent, the original complainant, appropriate bodies of the Association, and any other parties deemed appropriate. For Association purposes, the decision of the Appeal Panel shall be final.

7. NOTIFICATIONS

All notifications referred to in these Procedures shall be in writing and shall be delivered by national delivery service or mail with signature and proof of date of receipt required.

8. RECORDS AND REPORTS

At the completion of the Ethics process, the written records and reports that state the initial basis for the complaint, material evidence, and the disposition of the complaint shall be retained in the Ethics Office for a period of 5 years. Electronic files will be kept indefinitely.

9. PUBLICATION

Final decisions will be publicized only after any Appeal Panel process has been completed.

10. MODIFICATION

AOTA reserves the right to (a) modify the time periods, procedures, or application of these Procedures for good cause consistent with fundamental fairness in a given case and (b) modify its Code of Ethics and/or these Procedures, with such modifications to be applied only prospectively.

Adopted by the Representative Assembly 2006CO458 as Attachment A of the Standard Operating Procedures (SOPs) of the Commission on Standards and Ethics (SEC).

Reviewed by BPPC 1/04, 1/05, 9/06, 1/07

Adopted by RA 4/96, 5/04, 5/05, 11/06, 4/07

Revised by SEC 4/98, 4/00, 1/02, 1/04, 12/04, 9/06

Revised by EC 12/06, 2/07

Note: The Commission on Standards and Ethics (SEC) changed to Ethics Commission (EC) in September 2005 as per AOTA Bylaws.

Copyright © 2007, by the American Occupational Therapy Association. To be published in the American Journal of Occupational Therapy, 61 (November/December).

Occupational Therapy's Commitment to Nondiscrimination and Inclusion

The occupational therapy profession affirms the right of every individual to access and full participation within society. This paper states the profession's stance on nondiscrimination and inclusion.

Nondiscrimination exists when we accept and treat all people equally. In doing so, we avoid differentiating between people because of biases or prejudices. We value individuals and respect their culture, ethnicity, race, age, religion, gender, sexual orientation, and capacities. Nondiscrimination is a necessary prerequisite for inclusion. Inclusion requires that we ensure not only that everyone is treated fairly and equitably, but also that all individuals have the same opportunities to participate in the naturally occurring activities of society, such as attending social events, having access to public transportation, and participating in professional organizations. We also believe that when we do not discriminate against others and when we include all members of society in our daily lives, we reap the benefits of being with individuals who have different perspectives, opinions, and talents from our own.

We support nondiscrimination and inclusion throughout our profession. Our concerns are twofold—for the persons who receive occupational therapy services and for our professional colleagues. In professional practice, our evaluations and interventions are designed to facilitate our clients' engagement in occupations to support participation in the various contexts of their lives, including their social and cultural contexts. As occupational therapists and occupational therapy assistants, we assume a collaborative partnership with clients and their significant others to support the individual's right to self-direction.

We believe that inclusion is achieved through the combined efforts of clients, their families, and significant others; health, education, and social service professionals; legislators; community members; and others. We support all individuals and their significant others' rights to fully participate in making decisions that concern their daily occupations: activities of daily living, instrumental activities of daily living, work, education, play, leisure and social participation.

The American Occupational Therapy Association and its members recognize the legal mandates concerning nondiscriminatory practices. However, the concept of nondiscrimination is not limited to that which is dictated by law. This professional association, through its members, boards, commissions, committees, officers, and staff, supports the belief that all members of the occupational therapy professional community are entitled to maximum opportunities to develop and use their abilities. These individuals also have the right to achieve productive and satisfying professional and personal lives.

We are committed to nondiscrimination and inclusion as an affirmation of our belief that the interests of all members of the profession are best served when the inherent worth of every individual is recognized and valued. We maintain that society has an obligation to provide the reasonable accommodations necessary to allow individuals access to social, educational, recreational, and vocational opportunities. By

embracing the concepts of nondiscrimination and inclusion, we will all benefit from the opportunities afforded in a diverse society.

Authors

Ruth H. Hansen, PhD, FAOTA
Jim Hinojosa, PhD, OT, FAOTA
for The Commission on Practice
Mary Jane Youngstrom, MS, OTR—Chairperson
Adopted by the Representative Assembly 1999M4
Edited by the Commission on Practice 2004
Received by the Representative Assembly 2004C28

Note: This document replaces the 1995 Position Paper, *Occupational Therapy: A Profession in Support of Full Inclusion* and accompanying 1996 White Paper, *The Role of the Occupational Therapy Practitioner in the Implementation of Full Inclusion* and the 1999 Position Paper, *Occupational Therapy's Commitment to Nondiscrimination and Inclusion*.

To be published in 2004 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 58 (November/December).

2009

**The American Occupational Therapy Association
Advisory Opinion for the Ethics Commission**

Plagiarism

What Is Plagiarism?

The *Oxford Desk Dictionary and Thesaurus* defines *plagiarize* as taking and using “the thoughts, writings, inventions, etc. of another” as one’s own, or “passing off thoughts, etc., (of another) as one’s own” (Abate, 1997). Among its word alternatives to plagiarism, the thesaurus lists *piracy, theft, stealing, appropriation, and thievery*.

These definitions remind readers that plagiarism’s scope extends beyond the failure to reference a published quote. Plagiarism involves the taking of another’s ideas, thoughts, and concepts from any source. The sources can include printed or formally published works, electronic media, presentations or workshops, video or audio taped materials, and information obtained from the Internet.

Plagiarism can occur in several contexts. Individuals can take someone else’s complete work and represent an identical work as their own (University of Victoria Libraries, 2009). One can omit references to borrowed phrases or sentences incorporated into his or her work. Authors can paraphrase statements from other sources and fail to cite the source. And finally, writers can represent another’s ideas or concepts as their own without including a reference to the creator or source.

Plagiarism can take several forms. One can actively or intentionally use the words, ideas, or concepts of another without citing the author as the source (Duke University, Office of the Dean of Academic Affairs, Trinity College, 2009). Unintentional plagiarism occurs as well. Sometimes after dedicating long hours to research on a specific topic, one may find it difficult to discern his or her own ideas from the ideas of the many readings one has undertaken. Unintentional confusion of another’s ideas with one’s own still constitutes plagiarism. Increased use of online sources allows individuals to cut and paste content from a variety of Internet sources into a “new” document - a form of passive or unintentional “electronic plagiarism” (Sinha, Singh, & Kumar, 2009). One should understand that a paper comprised of “patchwork” or “pastiche” taken from various Internet sources fails to rise to the level of an original work (Blum, 2009). One also may commit unintentional plagiarism when one fails to cite another’s ideas or concepts – even if they are paraphrased - because of ignorance of how or when to use citations ((University of Victoria Libraries, 2009)).

How Does the Occupational Therapy Profession View Plagiarism?

As a profession, occupational therapy embraces a set of basic beliefs as put forth in the *Occupational Therapy Code of Ethics and Ethics Standards (2010)* [Code and Ethics Standards], (AOTA, 2010). As stated in the Preamble of the Code and Ethics Standards, the core value of Truth requires that, “in all situations, occupational therapists, occupational therapy assistants, and students must provide accurate information, both in oral and written form” (AOTA, 2010) Truthfulness or veracity also is demonstrated by being accountable, honest and authentic in both attitude and actions.

AOTA's Code and Ethics Standards *expands* on the concept of truth in Principles 6 and 7 (AOTA, 2010). Principle 6B states that "occupational therapy personnel shall refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading or unfair statements or claims" (AOTA, 2010). Principle 7 states that "occupational therapy personnel shall treat colleagues and other professionals with respect, fairness, discretion, and integrity (*fidelity*)" (AOTA, 2010) *italics added*). Principle 6I elaborates further on truth: "Occupational therapy personnel shall give credit and recognition when using the work of others in written, oral or electronic media" (AOTA, 2010). The Code and Ethics Standards also reminds us that we need to comply with laws and policies relevant to plagiarism such as federal copyright laws. Principle 5 explicitly states that, "occupational therapy personnel shall comply with institutional rules, local, state, federal and international laws and Association documents applicable to the profession of occupational therapy." (AOTA, 2010). Principle 6J further clarifies the prohibition against plagiarism by stating that "occupational therapy personnel shall not plagiarize the work of others." (AOTA, 2010).

Examples of Plagiarism in Occupational Therapy

- □ A local charity asks an occupational therapy practitioner to write an article for a local charity newsletter explaining how occupational therapy can help the charity's constituents. The occupational therapy practitioner reads all of the major occupational therapy literature on the subject and surfs the Internet. She paraphrases the materials as she goes, collecting several pages of notes. At the end of her search, she puts her notes together in a coherent manner and submits her article. If the occupational therapy practitioner omits references to the ideas she paraphrased from the work of others, she commits plagiarism. (*intentional plagiarism*)
- Before writing a paper, a graduate student reads another student's paper. Two days later, she sits down and writes her own paper. Upon review of the paper, many ideas sound strikingly similar to the other student's paper. Although the student never intended to copy her fellow student's ideas, her conduct falls under the umbrella of plagiarism. (*confusion of one's own ideas with another's ideas*)
- □□ An occupational therapy practitioner accepts a position to open a new, community-based occupational therapy program. As she develops her evaluation forms and policies and procedures, she reviews a collection of material she gathered from previous employers and others. She cuts and pastes pieces from the various sources and cuts and pastes content from her Google search results to form her "new" forms and policies and procedures. She includes no references in her documents. Because the practitioner took materials written by others and failed to give them credit, this constitutes plagiarism. (*cutting and pasting ideas of others*)
- □ An occupational therapy practitioner attends a workshop. Upon her return, her employer requests that she present the material to the other occupational therapy practitioners. The occupational therapy practitioner copies and distributes to her colleagues the handout given out at the workshop. She reproduces the slide handout onto overheads and presents the material to the staff. Although everyone knows this material comes from a workshop presented by a world-renowned occupational therapy practitioner, none of the materials or slides contain a reference. If the occupational therapy practitioner uses the

materials without referencing their source, she plagiarizes the materials. This also may violate copyright laws. (*unintentional plagiarism due to ignorance*)

How Can Occupational Therapy Practitioners and Students Avoid Plagiarism?

Occupational therapists, occupational therapy assistants, and occupational therapy students may take several steps to avoid committing plagiarism. One must always put direct quotes in quotation marks and include the appropriately cited source (Stolley, & Brizee, 2010). If authors borrow significant words from the work of another, they must quote those words and give credit to the author who coined them. When paraphrasing statements or borrowing concepts or ideas from another's work, one must include a reference to the source following the adopted information. One should consider introducing the quote or paraphrased language by crediting the author by name in an introductory statement, such as "According to Mary Reilly..." (Stolley, & Brizee, 2010).

As members of AOTA, we respect a standard of professionalism. Professionalism requires occupational therapists, occupational therapy assistants, and students of occupational therapy at all levels to treat the works of others as an extension of respect for the author. When in doubt, one should cite the source of words, thoughts, and ideas that may have originated from others. Writers must never represent someone else's words, thoughts, or ideas as their own. Plagiarism is not acceptable in any form.

References

- Abate, F. R. (1997). *Oxford desk dictionary and thesaurus*. New York: Berkley Books.
- American Occupational Therapy Association. (2010). Occupational therapy code of ethics and ethics standards (2010). *American Journal of Occupational Therapy*, 64, in press.
- Blum, S. D. (2009) My word!: plagiarism and college culture. Ithaca, NY: Cornell University as quoted in Rosen, C. (2009, April 16) It's not theft, it's pastiche. The Wall Street Journal p. A13. Retrieved July 30, 2010, from http://online.wsj.com/article/NA_WSJ_PUB:SB123984974506823779.html
- Duke University, Office of the Dean of Academic Affairs, Trinity College, (2009). *Plagiarism Tutorial at Duke University*. Durham, NC: Author. Retrieved July 30, 2010 from <https://plagiarism.duke.edu/intent/>
- Sinha, R., Singh, G., and Kumar, C., (2009) Plagiarism and unethical practices in literature. *Indian Journal of Ophthalmology*. Nov-Dec; 57(6): 481-485 Retrieved July 30, 2010, from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2812776/>
- Stolley, K., and Brizee, A., (2010, April 21). Safe practices. Owl, Purdue Online Writing Lab, Purdue University, Retrieved July 30, 2010 from <http://owl.english.purdue.edu/owl/resource/589/03/>

University of Victoria Libraries. (2009). *Plagiarism*. Victoria, BC: Author. Retrieved July 30, 2010, from <http://library.uvic.ca/site/lib/instruction/cite/plagiarism.html#top>

Other Helpful Resources

College Board. (2008, September 29) How to Avoid Plagiarism. Author. Retrieved July 30, 2010 from <http://www.collegeboard.com/student/plan/college-success/10314.html>

Office of the Faculty, Cornell University, (2006) Acknowledging the work of others. Ithica, NY: Author. Retrieved July 30, 2010 from <http://theuniversityfaculty.cornell.edu/pdfs/AIAckWorkRev90620.pdf>

Plagiarism.org. (n.d.) Educational tips on plagiarism prevention. Retrieved July 30, 2010 from http://www.plagiarism.org/plag_article_educational_tips_on_plagiarism_prevention.html

Rutgers, The State University of New Jersey. (n.d.)Paul Robeson Library: Video on Plagiarism. Retrieved July 30, 2010 <http://library.camden.rutgers.edu/EducationalModule/Plagiarism/>

The Pennsylvania State University (2010, March 24) Plagiarism Tutorials for Students. Retrieved July 30, 2010 from <http://tlt.its.psu.edu/plagiarism/tutorial>

U-W Madison Writing Center (2009) How to avoid plagiarism. Madison, WI: University of Wisconsin-Madison. Retrieved July 30, 2010 from http://writing.wisc.edu/Handbook/QPA_plagiarism.html

Author

Barbara L. Kornblau, JD, OT/L, FAOTA, AAPM, ABDA, CCM, CDMS
Chairperson, SEC (now Ethics Commission), 1998–2001

Updated July, 2010

APPENDIX C:
EMERGENCY AND SAFETY INFORMATION

In Case of Emergency

EMERGENCY EVENT	FIRST ACTION	THEN DO THIS
FIRE OR EXPLOSION	Call 5-2677 24 hrs/University Police	PULL ALARM, CLOSE DOORS, EVACUATE TO NEARBY AREA
CHEMICAL SPILL IS or MIGHT BE LIFE THREATENING	Call 5-2677 24 hrs/University Police	EVACUATE TO NEARBY AREA, REMOVE VICTIMS CLOTHING, DOUSE W/WATER -15 MINUTES
CHEMICAL SPILL NOT LIFE THREATENING	Call 5-2677 24 hrs/University Police	SECURE SPILL AREA, CLOSE DOORS, NOTIFY NEIGHBORING AREAS.
RADIOACTIVE SPILL	Call 1-6141 8a-5p/Radiological Health 5-2677 24 hrs/University Police	DETAIN THOSE CONTAMINATED, CONSULT RADIATION SAFETY MANUAL
CARDIAC ARREST	Call 5-2677 24 hrs/University Police	ENSURE ACCESS TO THE AREA, BEGIN CPR IF QUALIFIED
ODD ODOR Natural Gas Odor	Call 1-6590 7a-5p/EHS Call 5-2677 24 hrs/University Police Call 1-7221 Plant Ops	IDENTIFY SOURCE IF POSSIBLE
EARTHQUAKE If a gas leak or electrical hazard is detected	DO NOT CALL Call 5-2677 24 hrs/University Police	INSIDE- GET BENEATH STRUCTURE (desk, doorway) / OUTDOORS GET INTO OPEN AREA AFTER TREMOR.
SECURITY PROBLEM - PERSON OR ANIMAL	Call 5-2677 24 hrs/University Police	GET COMPLETE DESCRIPTION
UTILITY FAILURE	Call 1-7221 7a-5p/Plant Operations Dispatch 5-2677 24 hrs/University Police	GIVE EXACT LOCATION OF UTILITY FAILURE. TURN OFF EQUIPMENT, MAJOR APPLIANCES. DO NOT USE OPEN FLAMES FOR LIGHTING.
ON-CAMPUS INJURY OR MEDICAL ASSIST	Call 5-2677 24 hrs/University Police	COMPLETE THE APPROPRIATE REPORTING FORM*

*Employee = Worker's Compensation "Employers First Report of Injury"
Student/Visitor = University "Accident/Injury Report"

Bomb Threats & Suspicious Packages

If you receive a threatening call:

1. Ascertain as much information from the caller as possible. Use the checklist provided to assist you in recording information obtained from a telephone bomb threat.
2. Notify University Police at extension 5-2677 immediately.
3. Notify your supervisor.
4. Do NOT activate the building alarm system to evacuate.

How to recognize a suspicious parcel...

A letter or parcel that is unexpected or unknown with any of the following characteristics:

1. Foreign mail, air mail, and special delivery
2. Restrictive markings such as Confidential or Personal, etc.
3. Excessive postage
4. Handwritten or poorly typed address
5. Incorrect titles.
6. Titles but no names.
7. Misspellings of common words.
8. Oily stains or discolorations.
9. No return address.
10. Excessive weight.
11. Rigid envelope.
12. Lopsided or uneven envelop.
13. Protruding wires or tin foil.
14. Excessive securing materials such as masking tape or string.
15. Visual distractions.

What to do with suspicious parcels. . .

1. Contact University Police at 585-2677.
2. Move people in the immediate area away, but do NOT activate the fire alarm system.
3. Do NOT move or open the package.
4. Do NOT investigate too closely.
5. Do NOT cover or insulate the package.

If you are asked to evacuate. . .

1. Check your work area for unfamiliar items.
Do NOT touch suspicious items; report them to Police or other campus authorities on the scene.
2. Take personal belongings with you, such as keys, bags, etc.
3. Leave doors and windows open; Do NOT turn light switches on or off.
4. Do NOT make cell phone calls.
5. Use stairs only; Do NOT use elevators.
6. Move well away from the building.
7. Do NOT reenter until authorization to do so is issued by University Police.

Department/building personnel may be asked to assist University Police with a building search in order to identify unfamiliar items.

The department /building response team will likely be assigned this responsibility.

Earthquake Response

1. Take cover immediately, direct others around you:
 - Under a desk, table, or chair
 - Between seating rows in lecture halls
 - Against a corridor wall (cover head and neck)
 - Outdoors--in open area, away from buildings
2. Be alert for aftershocks, avoid potential falling hazards.

MINOR QUAKE (brief rolling motion)

- Restore calm. Examine your area for damage,
- Report damage/hazardous materials releases to
 - Plant Ops.,
 - your Dean/Vice President
- Review safety procedures and kits
- wait instructions, evacuations are unlikely

MAJOR QUAKE (violent shaking)

- Restore calm. Assist others
- Assist with injuries to the level you are trained.
- Report damage to Department Head Dean Vice President
- Evacuate carefully, be alert for aftershocks
- Take emergency supplies
- Do not use elevators
- Meet at Emergency Assembly Point (EAP)
- Do not enter buildings until they are examined
- Report status to Satellite Emergency Operations Center
- Await instructions, be patient, help others

Fire Response Procedures

Reporting a fire or suspected fire is critical. While many of the buildings on campus have automatic detection systems, you should activate the fire alarm system as soon as you suspect a fire, (smell smoke, etc).

The following procedures should be followed to report a fire:

1. Activate the fire alarm by pulling a pull station
2. Call Campus Police at 5-COPS (5-2677) and give them as much information as possible regarding the location and type of fire. Call from a safe location such as an emergency phone or a different building.
3. Where there is no alarm, warn other occupants by knocking on doors and shouting a warning.
4. Leave the building. As you exit close doors to prevent the spread of fire smoke and harmful gasses.
5. If there is smoke in your room or corridor, keep down near the floor.
6. Open doors only after feeling them. If they are hot to the touch do not open the door. Stay in the room and move to a window to signal for assistance. Use the window to obtain fresh air.
7. If you are trapped in your room call University Police dispatch at 5-COPS (5-2677) and give them your location.

Hazardous Materials Release

Chemical, infectious agent and radiation spills and cylinder release response.

1. All hazardous materials spills/releases should be reported immediately to Public Safety at 5-2677.

2. If the situation is life-threatening or presents a fire hazard, evacuation should take place immediately.
3. Remove any clothing that has been in contact with hazardous materials, use the emergency shower and rinse for 10 minutes, minimum.
4. While waiting for Environmental Health and Safety representatives to respond, keep the area free of nonessential personnel.
5. Do not smoke in the vicinity of a spill/release.

Severe Weather

Weather emergency concerns for the Salt Lake City area include high winds, heavy snows, and lightning. Because the University of Utah does not have an early warning system for weather emergencies, a weather emergency radio can be used to monitor changing weather conditions and act accordingly.

The information included here is intended to provide general guidelines for handling various weather emergencies.

High Winds

High winds can topple trees, outdoor equipment, electrical lines and send construction materials and debris flying. If you are inside, stay inside away from windows until the winds subside. If you are outside, seek shelter in a building and stay away from windows.

Snow Storms

When a severe storm occurs and impacts campus, the University President decides whether to close campus or whether personnel should leave work early. Personnel are notified through supervisory channels and University television and radio station broadcasts. When notified to leave campus, please do so without delay.

After an overnight storm, tune to the campus radio and television stations (KUER - FM90 and KUED Channel 7.)

Lightning

A typical lightning bolt contains several hundred million volts at 30,000 or more amperes. If you find yourself caught in a storm away from a protected building, avoid trees, flag poles, towers, and metal fences. A closed automobile provides a protective metal shell. If caught in the open, stay low.

Laboratory Safety

The goal of the University of Utah laboratory safety program is to:

1. Create and maintain a safe and healthful research environment.
2. Promote safety awareness.
3. Ensure a laboratory safety program that harmonizes with science

The UofU Environmental Health and Safety department provides a range of specific services and instructional and resource materials to help researchers know how to incorporate the fundamental good rules of safety into their daily work routine.

Roles And Responsibilities

A laboratory safety program depends on every employee's participation and cooperation. Non-compliance with safety precautions not only endangers the individual, but also often compromises the health and safety of fellow workers and

the surrounding community, and may result in loss of experimental integrity and property damage.

Supervisors

The first-line supervisor has the primary responsibility for the health and safety of all program personnel under his/her jurisdiction including University employees, guest scientists, students and visitors.

The supervisor's responsibilities include:

- Identification of hazards and assessment of the risks associated with operations;
- Ensuring that program personnel are aware of hazards and of the precautions they should take in carrying out their assigned tasks;
- Selection of proper laboratory safety practices and engineering controls necessary to minimize personal injury or property damage;
- In conjunction with EHS, selection of appropriate preventive medical practices, serologic monitoring, and immunization protocols, and inform program personnel of the rationale for their selection;
- Providing instruction and training programs for personnel in the practices and techniques required for their assigned tasks and laboratory operations;
- Maintaining a laboratory procedure notebook;
- Ensuring that necessary safety equipment is available in the laboratory, used when required, and adequately maintained;
- In conjunction with EHS, establishing and periodically reviewing emergency procedures for accidental spills, any overt exposure to hazardous substances, fire, natural and man-made disasters;
- Arranging for immediate medical attention for injured personnel and reporting of incidents as required;
- Complying with all policies and procedures as outlined in the [University's Policy, Procedure](#) and Safety manuals.

Individual Employees

Each employee's responsibilities include:

- Complying with all University safety policies and procedures;
- Maintaining awareness of the risks associated with assigned duties;
- Taking all necessary and appropriate safety precautions relevant to performance of duties;
- Becoming familiar with emergency procedures prior to accidental spills, overt personal exposures, fire, natural and man-made disasters;
- Reporting unsafe conditions or practices to the line supervisor or EHS;
- Reporting all incidents resulting in injury or exposure to hazardous agents to the line supervisor or EHS.

Safe Work Practices

The following rules and procedures apply to all UofU laboratories. Additional information on chemical, radiological and biological methods, procedures, and hazards are found either directly or via links to appropriate web sites at <http://www.ehs.utah.edu>.

General

- Eating, drinking, chewing gum, smoking, application of makeup or storage of food is prohibited in laboratories. An area separated from the lab work area by physical barriers must be designated.
- The use of Universal Precautions is required for handling of all human blood and body fluids specimens for hematologic, microbiologic, chemical and serologic testing.
- Eye protection should be worn at all times.
- Lab coats must be worn when handling corrosive, toxic, or flammable materials.
- Properly selected gloves should be worn when necessary, especially when handling corrosive and highly toxic materials.
- In preparation for accidents, fire, natural and man-made disasters, never work alone.
- If you see a colleague doing something dangerous, point it out to him or her, and then to your lab supervisor if a behavior change is not observed.
- Know where safety equipment (eyewash, shower, extinguishers) is located and how to use it.
- Know how to clean up spills of the chemicals that you use and the location of absorbents and neutralizers.
- Wash your hands after handling chemicals and before leaving the lab.

Sharps

- Recapping of needles is prohibited.
- Disposal of syringes and needles into waste cans, plastic bags, trash baskets or other containers other than as described below is prohibited.
- Infectious/potentially infectious used syringes and needles are to be deposited, without recapping, directly into biohazard containers distributed by University EHS or Custodial Services personnel.
- Non infectious sharps are to be deposited in labeled containers provided for those items.
- Sharp objects such as syringe needles, glass pasteur pipettes, etc. should only be used when there is no feasible alternative available.

Laboratory Clothing

- Employees must wear protective clothing appropriate for agents handled in the laboratory. (Reference Chapter 10, 11, and 12; CDC/NIH publication "Biosafety in Microbiological and Biomedical Laboratories"; and "Prudent Practices for Handling Chemicals in Laboratories", 1981)
- Impermeable aprons must be used over regular laboratory clothing when handling hot liquids, very cold substances such as liquid nitrogen, or hazardous chemicals such as corrosives.
- Laboratory coats are not permitted outside of laboratory areas.
- Lab coats must be laundered or disposed of in an appropriate manner. Home laundering of laboratory coats and other protective clothing is not permitted.
- Front opening laboratory coats must be worn closed when performing laboratory procedures. Open shoes are not to be worn.

Gloves

- Gloves providing protection against specific chemical agents, extreme temperatures, traumatic injury, and barriers to skin, are available. Proper selection of gloves is important (<http://www.bestglove.com> and <http://www.ChemRest.com>). The Office of Environmental Health and Safety

compiles information on types of gloves and can provide advice on those best suited for specific purposes.

- Gloves must be discarded or decontaminated (if designated as reusable by the manufacturer) after handling chemical hazards.
- Disposable gloves used to handle biological agents must be discarded into a biohazardous waste receptacle.
- Hand washing is required after removal of gloves.
- Gloves used to handle chemical and biological hazards are potentially contaminated and must be removed before opening refrigerators, incubators, room doors, or answering the telephone.

Respiratory Protection

- General Information: Where engineering and work practice controls cannot feasibly contain a respiratory hazard, respirators may be required. A full respiratory protection program must be in place prior to use of respirators on campus. This program includes a site specific hazard evaluation, respirator selection, fitting and training for personnel, equipment maintenance plan, medical surveillance for impacted personnel, and program evaluation. Contact EHS whenever you are considering the use of respirators.

Laboratory Equipment

- Microwaves, refrigerators, etc., must not be used for food unless restricted to only that use. Fume hoods should not be used for storage. Periodic testing and maintenance is required for centrifuges.
- Laboratory equipment must be decontaminated and certified to be free from dangerous chemicals or infectious organisms prior to removal from a laboratory. The Office of Environmental Health and Safety must be consulted prior to making arrangements to move equipment previously used for/with chemicals or biological agents.

Training And Education

All investigators working in the laboratory must be trained on risk assessment and procedures for conducting research in a manner that will protect the individual, as well as co-workers, and prevent release of hazardous material(s) to the environment. Additional training must be provided as significant changes occur. Training must include spill response and evacuation procedures. Annual refresher training is recommended. Training should be clearly documented and records kept for a minimum of 3 years. EHS schedules education sessions upon request.

Disposal Of Laboratory Wastes

Biohazardous and chemical waste must be disposed of in a manner that prevents environmental contamination in communities where University facilities are located and protects laboratory workers and maintenance, service, and housekeeping staff from exposure.

All biohazardous materials and hazardous chemical wastes must be disposed of in accordance with established University procedures. The Office of Environmental Health and Safety must be contacted for [disposal of these wastes](#).

Laboratory Security Issues

Safeguarding University resources from unauthorized access, misuse or removal is a duty of all faculty and staff. In laboratories, this obligation rests primarily with the Principal Investigator; however, all laboratory personnel have a responsibility to take

reasonable precautions against theft or misuse of materials, particularly those that could threaten the public. Any extraordinary laboratory security measures should be commensurate with the potential risks and imposed in a manner that does not unreasonably hamper research.

At a minimum, the institution expects all laboratory personnel to comply with the following security procedures:

- Maintenance and custodial personnel must not be left unattended without the prior approval of the laboratory supervisor.
- Doors to restricted areas must not be propped open to allow visitor access.
- Personnel should wear identification when working in the lab.
- Question the presence of unfamiliar individuals in laboratories or corridors and report all suspicious activity immediately to Public Safety by calling 5-2677.
- After normal business hours, all laboratories must be locked when not in use.
- Laboratory building exterior doors are secured after normal business hours.
- To minimize the likelihood of unauthorized access, all after-hours building users should:
 - Avoid providing building access to unfamiliar individuals.
 - Secure doors behind them.
 - Immediately report any building security problem to Public Safety at 5-2677.
- Research or other activities involving the use of lab space, materials or equipment without the knowledge and approval of the responsible Principal Investigator is strictly prohibited. Violation of this prohibition may result in disciplinary action up to and including termination.

Biosafety

Jim Johnson	Biosafety Officer/IBC Administration	585-9358
Michele Johnson	Acting IBC Chair/Associate Director, EHS	585-9322
Day Emergencies	Environmental Health and Safety Office	581-6590
24 hour Emergency	University Police	585-2677

The purpose of the Biological Safety Program at the University of Utah is to prevent laboratory personnel, the surrounding community, and the environment from exposure to infectious materials. This is accomplished by following safe methods in the management of infectious materials. The requirements found in the links to the left outline expected safe procedures for dealing with biological hazards at the University of Utah. For use of human blood and other potentially infectious body fluids see the Blood borne Pathogens Protocol. For the purpose of this protocol, biological hazards are infectious agents, or parts thereof, presenting a real or potential risk to the well being of people or other animals or plants. This may be either directly through infection or exposure, or indirectly through disruption of the environment. This includes recombinant DNA molecules, microbiological organisms (viruses, bacteria, fungi, etc), and toxins. This protocol is mandatory for all University of Utah employees who could reasonably anticipate contact with biological hazards as a result of performing their duties.

Blood Borne Pathogens Protocol

I. PURPOSE AND SCOPE

These requirements limit occupational exposure to blood and other potentially infectious materials since exposure could result in transmission of blood borne pathogens which could lead to death. This protocol is mandatory for all University of Utah employees who could reasonably be anticipated, as the result of performing their job duties, to contact blood or other potentially infectious materials. Where exposure to human blood may occur, adherence to the controls, decontamination and disposal sections of this policy is mandatory for students and visitors.

II. DEFINITIONS

- A. Blood - Human blood, including components and products
- B. Exposure Incident - a specific eye, mouth, non-intact skin, inoculation, or injection contact with blood or other potentially infectious materials that results from the performance of job duties
- C. Other Potentially Infectious Materials - semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, concentrated HIV and HBV viruses, and saliva in dental settings.
- D. Regulated Waste - any liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
- E. Universal Precautions - refers to a method of infection control in which all human blood and other potentially infectious materials are treated as if known to be infectious for HIV and HBV. It does not apply to feces, nasal secretions, sputum, sweat, tears, urine or vomitus unless they contain visible blood.

III. RESPONSIBILITIES

- A. Supervisors must ensure: The procedures of this policy are followed. This includes maintaining an Exposure Control Plan for the area, making it available to the workers, enforcing compliance with the plan, ensuring new employees are trained and vaccinations offered, performing follow-ups on incident exposures and providing personal protective equipment as needed.
- B. Workers must: Perform duties as established in their area's Exposure Control Plan and as trained.
- C. Environmental Health and Safety (EH&S) Department conducts independent reviews of research protocols, consults with laboratory directors and staff to implement biosafety practices and procedures, works closely with laboratory staff to ensure proper handling and disposal of infectious waste, tracks certification of biosafety cabinets, maintains the University's Biosafety Manual, facilitates laboratory compliance with federal, state, and local regulations, and responds to and assists with the mitigation of emergencies and spills involving biohazardous materials.

PROCEDURES

- A. Exposure Control Plan: Each area with potentially exposed employees must have a written Exposure Control Plan to minimize exposure. At a minimum, the plan must list tasks and procedures as well as job classification where occupational exposure occurs. It must include the schedule for implementing provisions of the standard and the procedure for evaluating circumstances surrounding exposure incidents. It must be reviewed annually. [Draft plans](#) are available from the Department of Environmental Health and Safety.
- B. Methods of Compliance: Universal precautions, engineering and work practice controls must be implemented. Where occupational exposure remains after institution of these controls, personal protective equipment shall be used.
- C. Hepatitis B Vaccination: Vaccinations shall be made available to all employees who have occupational exposure to blood within 10 working days of assignment, at no cost to them.
- D. Post-Exposure Evaluation and Follow-up: Following any exposure incident, the individual must immediately wash the effected area. The incident must be reported to the supervisor who must investigate. The supervisor must document the circumstances and measures to prevent recurrence. A confidential medical evaluation and follow-up must be made available to the employee, at no cost to him/her.
- E. Hazard Communication: Material must be labeled and disposed of properly.
- F. Training: Training must be accomplished prior to beginning duties and repeated at least annually. At a minimum, it must consist of access to a copy of the OSHA Blood borne Pathogen Standard and an explanation of its contents, a general explanation of epidemiology, symptoms and mode of transportation of blood borne pathogens, an explanation of the Exposure Control Plan as well as an opportunity for interactive questions and answers with the person conducting the session.
- G. Regulated Waste Disposal: At the University Hospital and School of Medicine the waste and sharps containers are collected as "potentially infectious waste" in all trash containers. Other sites must properly contain the material and contact Environmental Health and Safety for collection.
- H. Records: Medical records must be maintained for the duration of employment plus 30 years.

II. REFERENCES

- A. OSHA Blood borne Pathogen Standard, 29 CFR 1910.1030.
- B. University of Utah Biosafety Manual and Exposure Control Plan.
- C. Biosafety in Microbiological and Biomedical Laboratories. Richmond, Jonathan Y., and Robert W. McKinney (Eds.) (1999). Centers for Disease Control. Atlanta, GA, and National Institutes of Health, Bethesda, MD. HHS Publication Number (CDC) 93-8395.

Biosafety Protocol

1. PURPOSE AND SCOPE:

These requirements outline expected safe procedures for dealing with biological hazards at the University. For use of human blood and other potentially infectious body fluids see the [Blood borne Pathogen Protocol](#). For the purpose of this protocol, biological hazards or biohazards are infectious

agents, or parts thereof, presenting a real or potential risk to the well-being of people, other animals or plants either directly through infection or exposure or indirectly through disruption of the environment. This includes recombinant DNA molecules, microbiological organisms (virus, bacteria, fungus, etc) and toxins. This protocol is mandatory for all University of Utah employees who could reasonably anticipate contact with biological hazards as a result of performing their duties.

2. RESPONSIBILITIES

- A. Supervisors/Principal Investigators must ensure: The procedures of this policy are followed. This includes submitting a Biological Materials Registration Form to Environmental Health and Safety, maintaining a Biosafety Manual, making it available to employees and students, ensuring new employees are trained and where necessary vaccinations offered, performing follow-ups on incident exposures, and providing personal protective equipment as needed.
- B. Employees and students must: Perform duties as established within their area's written procedures and as trained.
- C. Environmental Health and Safety (EHS) Department conducts independent review of research protocols, consults with laboratory directors and staff to ensure proper handling and disposal of infectious waste, tracks certification of biosafety cabinets, maintains the University Biosafety Manual, facilitates laboratory compliance with federal, state and local regulations, and responds to and assists with the mitigation of emergencies and spills involving biohazardous materials.
- D. Institutional Biosafety Committee (IBC): Reviews all recombinant DNA registration documents. Provides guidance on safe handling.

PROCEDURES

- E. Written Programs: At a minimum the University [Biosafety Manual](#) must be readily available. Written procedures are encouraged to ensure safety and quality research. Each area with potential exposure to human blood and/or body fluids must have a written [Exposure Control Plan](#) to minimize exposure (See [Blood borne Pathogen Protocol](#)).
- F. [Biological Materials Registration Form](#)/Data Base: All Principal Investigators must complete a Biosafety Registration Form to document any research activities which use microorganisms that are pathogenic to humans, animals, or plants. This includes all infectious organisms (bacteria, fungi, parasites, prions, viruses, etc.) and toxins which can cause disease in humans, or cause significant environmental or agricultural impact. In addition, work with human or primate tissues, fluids, cells, or cell culture; recombinant DNA; transgenic plants or animals; human gene therapy; releases of recombinant DNA to the environment; and work with animals known to be reservoirs of zoonotic diseases. This form must be completed and returned to Environmental Health and Safety. EHS maintains a data base and will send updates on requirements to appropriate people.
- G. Recombinant DNA Experiments: All research conducted involving recombinant DNA molecules must meet current [NIH Guidelines](#). These Guidelines group protocols into four classes based on their perceived risk, three of which require review by the IBC. For high risk experiments, protocol must be reviewed by a national committee. The IBC reviews

- experiments identified by a registration document. The Principal Investigator is responsible for determining the status of their experiment and filing the [Biological Materials Registration Form](#).
- H. Vaccinations: Where required, vaccinations shall be made available to all employees who have occupational exposure within 10 working days of assignment, at no cost to them.
 - I. Post-Exposure Evaluation and Follow-up: Following any exposure incident, the individual must immediately wash the effected area. The incident must be reported to the supervisor who must investigate. The supervisor must document the circumstances and measures to prevent recurrence. A confidential medical evaluation and follow-up must be made available to the employee, at no cost to him/her.
 - J. [Chemical Hygiene](#): A Chemical Hygiene Plan must be developed when chemicals are used in laboratories in order to be in compliance with the OSHA Hazardous Chemicals in Laboratories Standard.
 - K. Training: Training must be accomplished prior to beginning duties and repeated periodically.
 - L. [Regulated Waste Disposal](#): At the University Hospital and School of Medicine the waste and sharps containers are collected as "potentially infectious waste" in all trash containers. Other sites must properly collect the material in labeled bags/containers and contact Environmental Health and Safety for collection.
 - M. Records: Medical records must be maintained for the duration of employment plus 30 years. Training records must be maintained for at least 3 years.
4. REFERENCES
- A. EH&S [Blood borne Pathogen Protocol](#)
 - B. Guidelines for Research Involving Recombinant DNA Molecules ([NIH Guidelines](#)).
 - C. University of Utah [Biosafety Manual](#) and [Blood borne Pathogen Exposure Control Plan](#).
 - D. [Biosafety in Microbiological and Biomedical Laboratories](#). Richmond, Jonathan Y., and Robert W. McKinney (Eds.) (1998). Centers for Disease Control. Atlanta, GA, and National Institutes of Health, Bethesda, MD. HHS Publication Number (CDC) 93-8395.
 - E. [MSDSs for infectious substances](#)

Chemical Safety

General Safety Guidelines

Almost everyone works with or around chemicals and chemical products every day. Many of these materials have properties that make them hazardous: they can create physical (fire, explosion) and/or health hazards (toxicity, chemical burns). However, there are many ways to work with chemicals which can both reduce the probability of an accident to a negligible level and reduce the consequences to minimum levels should an accident occur.

Risk minimization depends on safe practices, appropriate engineering controls for chemical containment, the proper use of personnel protective equipment, the use of the least quantity of material necessary, and substitution of a less hazardous chemical for the more hazardous one. Before beginning an operation, ask "What would happen if...?" The answer to this question requires an understanding of the hazards associated

with the chemicals, equipment and procedures involved. The hazardous properties of the material and intended use will dictate the precautions to be taken.

Another important distinction is the difference between hazard and risk. The two terms are sometimes used as synonyms. In fact, hazard is a much more complex concept because it includes conditions of use. The hazard presented by a chemical has two components:

- (1) its inherent capacity to do harm by virtue of its toxicity, flammability, explosiveness, corrosiveness, etc.; and
- (2) the ease with which the chemical can come into contact with a person or other object of concern.

The two components together determine risk (the likelihood or probability that a chemical will cause harm). Thus, an extremely toxic chemical such as strychnine cannot cause poisoning if it is in a sealed container and does not contact the handler. In contrast, a chemical that is not highly toxic can be lethal if a large amount is ingested.

Chemical safety is inherently linked to other safety issues including laboratory procedures, personal protective equipment, electrical safety, fire safety, and hazardous waste disposal.

Refer to other sections in this manual for more information on these topics.

Knowledge + Common Sense + Caution = Chemical Safety

Not all chemicals are considered as *hazardous*. Examples of nonhazardous chemicals include buffers, sugars, starches, agar, and naturally occurring amino acids.

The following information provides general guidelines for chemical safety.

Chemical Safety Guidelines

Always follow these guidelines when working with chemicals:

- Assume that any unfamiliar chemical is hazardous.
- Know all the hazards of the chemicals with which you work. For example, perchloric acid is a corrosive, an oxidizer, and a reactive. Benzene is an irritant that is also flammable, toxic, and carcinogenic.
- Consider any mixture to be at least as hazardous as its most hazardous component.
- Never use any substance that is not properly labeled.
- Follow all chemical safety instructions precisely.
- Minimize your exposure to any chemical, regardless of its hazard rating.
- Use personal protective equipment, as appropriate.
- Use common sense at all times.

The five prudent practices of chemical safety sum up these safety guidelines:

1. Treat all chemicals as if they were hazardous.
2. Minimize your exposure to any chemical.
3. Avoid repeated exposure to any chemical.
4. Never underestimate the potential hazard of any chemical or combination of chemicals.
5. Assume that a mixture or reaction product is more hazardous than any component or reactant.

Material Safety Data Sheets

Before using any chemical, read the container label and the appropriate Material Safety Data Sheets (MSDSs). Container labels and MSDSs are good sources of information for chemical safety. They provide the following information:

- Hazardous ingredients
- Exposure limits
- Physical and chemical characteristics, including the following:
 - Boiling point
 - Vapor pressure
- Physical hazards, including the following:
 - Flammability
 - Explosiveness
 - Reactivity
- Health hazards, including chemicals that are:
 - Toxic
 - Carcinogens
 - Irritants
- First-aid procedures
- Proper leak, spill, and disposal techniques
- Proper storage and handling procedures
- Other special provisions

Safe Handling Guidelines

Employees should treat all chemicals and equipment with caution and respect.

When working with chemicals, remember to do the following:

- Remove and use only the amount of chemicals needed for the immediate job at hand.
- Properly seal, label, and store chemicals in appropriate containers. Keep the containers clearly marked and in a well-ventilated area.
- Check stored chemicals for deteriorating and broken containers; degrading and fading labels.
- Learn how to dispose of chemicals safely and legally. Follow UofU waste disposal requirements.
- Clean up spills and leaks immediately.
- Know what to do in an emergency.

Likewise, when working with chemicals, remember the following:

- Do not store chemicals near heat or sunlight or near substances which might initiate a dangerous reaction.
- Do not transport unprotected chemicals between the work area and other areas. Use a tray, rack, cart or rubber carrier. Always use a secondary container when transporting hazardous or highly odorous chemicals on an elevator.
- Do not pour hazardous chemicals down the sink.
- Do not put fellow workers or yourself in danger.

Hygiene and Chemical Safety

Good personal hygiene will help minimize exposure to hazardous chemicals.

When working with chemicals, follow these guidelines:

- Wash hands frequently and before leaving the laboratory. Also, wash hands before eating, drinking, smoking, or applying makeup.

- Remove contaminated clothing immediately. Do not use the clothing again until it has been properly decontaminated.
- Follow any special precautions for the chemicals in use.

In addition, follow these special precautions:

- Do not eat, drink, smoke, or apply makeup around chemicals.
- Do not wear contact lenses near chemicals, especially corrosives or volatile solvents.
- Do not keep food or food containers anywhere near chemicals.
- Do not use laboratory equipment to serve or store food or drinks.
- Do not sniff or taste chemicals.

APPENDIX C:
PEOPLE FIRST

scientist, politician.

People First

What do you call people

driver, dancer, mechanic, lawyer, judge, student, educator, home owner, renter, man, woman,

Who are People with Disabilities?

People with disabilities are first and foremost *People*. They are people who have individual abilities interests and needs. For the most part, they are ordinary individuals seeking to live ordinary lives. People with Disabilities are moms, dads, sons, daughters, brothers, sisters, friends, neighbors coworkers, students, and teachers. About 49 million Americans (one out of every five individuals) have a disability. Their contributions enrich our communities and society as they live and share their lives.



discussing disability issues. It eliminates generalizations, assumptions and stereotypes by focusing on the person rather than the disability. It eliminates generalizations, assumptions and stereotypes by focusing on the person rather than the disability.

As the term implies People First Language refers to the individual first and disability second. It's the difference in saying "autistic child" and "a child with autism". While some people may not use People First Language, it's important you don't repeat negative terms that stereotype, devalue or discriminate, just as you would avoid racial slurs. Most of the time the disability isn't even relevant to the conversation you may be having.

Changing Images

Historically, people with disabilities have been regarded as individuals to be pitied, feared or ignored.

People with disabilities continue to seek accurate portrayals that present a respectful, positive view of individuals as active participants of society, in regular social, work and home environments.

Eliminating Stereotypes

Every individual regardless of sex, age, race or ability deserves to be treated with dignity and respect. As part of the effort to end discrimination and segregation in employment education and our communities, it is important to eliminate prejudicial language.

Like other minorities, the people with disabilities developed preferred terminology called *PEOPLE FIRST LANGUAGE*. More than a fad or political correctness, People First Language is an objective way of



What should I say?

Be sensitive when choosing words you use. Here are a few guidelines on appropriate language.

- Recognize that people with disabilities are ordinary people with common goals for a home, a job and a family. Talk about people in ordinary terms.

- Never equate a person with a disability such as referring to someone as retarded or epileptic. These labels are simply medical diagnoses. Use People First Language to tell what a person HAS, not what a person IS.

- Emphasize abilities not limitations. Say, for example, "a man walks with crutches" instead of, "he is crippled."

- Avoid negative words that imply tragedy such as afflicted with, suffers, victim, prisoner and unfortunate.

with Disabilities? Friends, neighbors, coworkers, dad, grandma, Joe's sister, big brother, George,

cousin, Mrs. Robbins, husband, wife, colleague, employee, reporter, boss,

scientist, politician.

People First

What do you call people

driver, dancer, mechanic, lawyer, judge, student, educator, home owner, renter, man, woman,

Recognize that a disability is not a challenge to overcome, and avoid saying people succeed in spite of a disability. Ordinary things and accomplishments do not become extraordinary just because a person with a disability does them. What is extraordinary are the lengths people with disabilities have to go through and the barriers they have to overcome to do most ordinary things.

Use handicap to refer to a barrier created by people or the environment. Use disability to indicate the functional limitation that interferes with a person's mental, physical or sensory abilities, such as walking, talking hearing and learning. For example, people with disabilities, who use wheelchairs, are handicapped by stairs.

Do not refer to a person as bound to or confined to a wheelchair. Wheelchairs are liberating to people with disabilities because they provide mobility.

Do not use special to mean segregated such as separate schools or buses for people with disabilities or to suggest a disability itself makes someone special.

Avoid euphemisms such as physically challenged, inconvenienced and differently abled.

Promote understanding, respect, dignity and positive outlooks.

People First Language recognizes that individuals with disabilities are first and foremost people. It emphasizes each person's value, individuality, dignity and capabilities. The following examples provide guidance on what terms to use and which ones are inappropriate when talking or writing about people with disabilities.

People First Language to Use

People/individuals with disabilities

an adult who has a disability

a child with a disability

a person

People without disabilities

typical kids

People with mental illness

Accessible buses, bathrooms, parking, hotel rooms

People with developmental disabilities

A person who has Down Syndrome

Instead of Labels that Stereotype & Devalue

The handicapped the disabled

Normal people/healthy individuals

atypical kids

The mentally ill; the emotionally disturbed; insane; crazy; demented; psycho; lunatic

Handicapped buses, bathrooms, parking, hotel rooms

retarded, the mentally retarded

Downs kids, Mongoloid

with Disabilities? Friends, neighbors, coworkers, dad, grandma, Joe's sister, big brother, George,

cousin, Mrs. Robbins, husband, wife, colleague, employer, reporter, boss,

**APPENDIX D:
UNDERGRADUATE VS. GRADUATE YEARS**

What are some of the differences between graduate and undergraduate education?

Undergraduate Years	Graduate Years
A variety of classes to make the student a well rounded professional and/or prepare for the rigorous study in grad school. A variety of assessments including projects and tests.	Very specific study in occupational therapy. Heavy focus on testing and competency testing as the student assessment method.
Teachers, class size, peers in class are varied.	You enter and leave the program with specific faculty and the same peer cohort. Class size is limited to 30.
Students are expected to work independently but with specific structure.	Students are expected to work independently, self monitor professional behavior skills, integrate material between classes, complete assignments without detailed outlines using reflective thinking.
Readings are self-contained in each class. Most classes have one major textbook. Often books are sold back to the bookstore after the class is completed.	Readings are across classes. Reading assignments are large compared to undergrad and may not be reviewed in class but expected the student will integrate independently. Students are expected to keep textbooks as part of their professional library, to use in other classes, and to prepare for the NBCOT exam.
You are finished when you receive your degree on graduation day	You are an occupational therapist when you pass the NBCOT exam.
The teacher corrects writing problems in style, grammar, or content	The student only presents his/her best work to the teacher, free of style, grammar, or content error. The student has written work completed early enough so others can proof read. Teachers correct errors only once and expect students to self monitor the issue from this point forward.
The number of references in a paper is assigned by the faculty as well as the length in pages.	The number of references are not typically assigned but a judgment of the student. Since a graduate student understands they typically do not know everything, references are usually numerous on all papers. Page length is also judgmental, is the topic completed addressed?
Faculty review or address what will be on the test and may answer, "Is this on the test?" Students typically study for the test the night before.	Everything addressed in class or readings (even if not covered in class) may be on the test. Students are expected to study material regularly.
You learn what is already known.	You contribute to the body of knowledge in OT by participating in research and presenting at professional conferences. You understand there is so much more to know.

How can I get ready for graduate school? Talk to students in the program to understand the workload. Remember graduate school is not just more undergraduate classes. Explore the Internet for how other students cope with the rigors of graduate student. Select self-help books to guide your personal management plan.

APPENDIX E: ENCRYPTION FAQ

University of Utah: College of Health Graduate Students

Q. What is Encryption?

- Encryption is the translation of data into a “secret code”.
- To read an encrypted file, you must have access to a key or password that enables the authorized user to decrypt it.
- Encryption renders a lost or stolen laptop, USB drive and/or USB mobile external storage device unreadable by unauthorized users.
- Please read through this entire FAQ. There is helpful information on how to encrypt your personal laptop.

Q. Reasons to Encrypt:

- Encryption is the most effective way to achieve data security and privacy.
- **Encryption makes data accessible only by authorized personnel.**
- Encryption supports our commitment to patients and our culture of trust.
- It is now a requirement for all UUHSC students, staff, and faculty

Q. What Do You Need to Do?

- **Encrypt your laptops, USB thumb drives and USB mobile external storage devices** that are used for UUHSC business purposes or **student course work**, regardless of whether or not they are University owned or personally owned.

Q. Does this only cover devices that connect to the University of Utah clinical network?

- No, it covers **all UUHSC devices, owned personally or by the University of Utah**, which are used by any Health Sciences staff, faculty, or student, for any University-related purpose.

Q. What form/type of encryption is acceptable?

(<http://encryption.uucon.org/>)

- The Information Security Office will accept any 256 bit AES full/whole disk encryption product.
- **Mac OSX users (10.7 10.8 10.9)**
 - FileVault2 (Instructions from Apple found at <http://support.apple.com/kb/HT4790>)
- **Windows PC users:**
 - Bitlocker Windows 7
<https://itservices.stanford.edu/service/encryption/wholedisk/bitlocker>
(Bitlocker will not work with most Consumer grade laptops)
 - Bitlocker Windows 8 (<http://www.groovypost.com/howto/enable-windows-8-full-disk-bitlocker-encryption-without-tpm/>)

Warning: UUHSC and the College of Health take no responsibility for damages or performance loss from enabling encryption. If you choose to enable encryption

yourself, back up your laptop files before proceeding. If you choose to take your laptop to a third party, you should still back up your laptop files before doing so.

Personal devices:

Q. I am a student or employed by University of Utah Health Sciences. I use a laptop from home to access UMail. Do I need to encrypt?

- Yes. Whether or not the laptop is your personal laptop, that of a family member or friend, or owned by the University, if you use the laptop to access UMail, or for any University business, it needs to be encrypted.

Q. I am a student at the College of Health. I use a laptop from home to access Canvas classes. Do I need to encrypt?

- Yes. Whether or not the laptop is your personal laptop, that of a family member or friend, or owned by the University, if you use the laptop to access Canvas for Health or Health Science classes, it needs to be encrypted.

Q. Do laptops that come in with non-employees (students, patients, etc) and connect to UGUEST only, qualify as "inside" and need to be encrypted, even though they don't have access to the UUHSC clinical network?

- Patient devices do not need to be encrypted. **Students** (as well as medical residents, medical fellows, pharmacy residents, and other forms of graduate students and post-graduate students and trainees) within School of Medicine, Pharmacy, Health, Health and other areas within UUHSC are subject to the same encryption requirements as are employees.

Q. What about personal equipment (not university owned)? Will the IT department do the encryption for me? If encryption causes my computer to not perform acceptably, will the university replace that equipment?

- People are responsible for their own "personal" (non-university owned) equipment.

Q. Is there a third party that we can refer faculty/staff/students to so they can get help with encrypting their personal laptops?

- Personal laptops are the responsibility of the owner. If the owner is tech savvy, then they have the option of loading the encryption software on themselves. Otherwise take your device to a reputable dealer.
- The University Bookstore is an option for paying to have your Laptop Encrypted. (They've been charging around \$50.00)

Q. I have a desktop at home that I sometimes use to access my UMail. Does this desktop need to be encrypted?

- Desktops are not currently in scope at this time but will be looked at in the future.

Q. I have a laptop at home. I never use this for Course Work. I use it only to store my personal photograph collection. Must this be encrypted?

- No. If the laptop is not used for University business or course work it does not need to be encrypted.

Q. I have an iPhone/Android that I use for work-related email. What requirements apply to me?

- You must set up your phone to automatically lock out every 15 seconds or less of non-use. It must be set up with a password after lockout. You must routinely sync your device with the network.

Faculty and Students:

Q. What does "data used for a university purpose" encompass? Suppose for example, that I do a PowerPoint at home, and take it to a conference on a USB device, does that device need to be encrypted?

- The term "data used for a University purpose" is meant to be read broadly. Anything you are doing as part of your job or course work is included within this meaning. If you are preparing a power point for any work-related reason, and then put it on a USB device, it needs to be encrypted. Institutionally we are transitioning to using only encrypted USB drives.

Q. I have a USB drive that contains non-work-related materials. Must it be encrypted?

- No. Personal devices are not to be brought into the UUHSC/College of Health buildings. Use of the Student Computer Labs require the use of encrypted USB drives.

Q. Do laptops that come in with non-employees (students, patients, etc) and connect to UGUEST only, qualify as "inside" and need to be encrypted, even though they don't have access to our actual network?

- Patient devices do not need to be encrypted. **Students** (as well as medical residents, medical fellows, pharmacy residents, and other forms of graduate students and post-graduate students and trainees) within School of Medicine, Pharmacy, **Health**, Health and other areas within UUHSC are subject to the same encryption requirements as are employees.

Q. I'm a student in College of Health and interact with patients and have discussions involving patient data. Do I need to encrypt my laptop?

- Yes. Any student that has involvement with patient data or access to PHI data needs to encrypt their laptops and storage devices.

Q. A faculty member from another university is coming here to present a lecture and wants to bring with her a laptop and some PowerPoint slides on a thumb drive. The presentation contains no PHI. Must this laptop and must this thumb drive be encrypted?

- No. The presentation contains no PHI. In addition, the presenter is not part of the University of Utah workforce and thus is not subject to our encryption requirements.

External Storage Devices:

Q. I work for Health Sciences and have access to patient information. I sometimes store information on a USB device. What requirements apply to me?

- You are required to use an encrypted USB device. All external storage devices having patient information need to be encrypted. Any patient

information on unencrypted external storage media needs to immediately be transferred to encrypted storage.

Q. Where can I find an encrypted thumb drives?

- College of Health Students can obtain them through the bookstore.

Q. What if I have a thumb drive that does not contain patient information? For example I am working on a novel that I have stored on a thumb drive.

- No, it does not need to be encrypted. However, personal devices are not to be brought in to work/campus and we encourage you not to have external storage devices in the workplace that are not encrypted.

FIELDWORK MANUAL

This Fieldwork Manual is provided to all students of the University of Utah Department of Occupational and Recreational Therapies to make clear the purpose, objectives, policies and methods of evaluation of students as related to fieldwork experiences. Be sure to keep this manual accessible throughout the course of the occupational therapy program so you can refer to it when questions arise regarding fieldwork.

We appreciate the support of the University of North Dakota and University of Southern California as they have given permission to use segments of their fieldwork manuals to assist us in the development of our own manual.

A copy of this manual is available on the Department's website.

Department of Occupational and Recreational Therapies
University of Utah
520 Wakara Way
Salt Lake City, UT 84108-1290

801-585-9135

Purpose of Fieldwork Experiences

Level I Fieldwork

The first level of fieldwork includes those experiences designed as an integral part of the five Professional Seminars (OC TH 6800, 6820, 6830, 6840, 6850) offered throughout the occupational therapy program. Experiences in directed observation, participation and supervision will be provided by qualified competent personnel, who may or may not be occupational therapy personnel. These experiences are designed to enhance initial learning of basic material and are not to be considered substitutes for or part of sustained fieldwork experience as defined by Level II Fieldwork.

The general objective of Level I Fieldwork is to provide the opportunity for the students to apply their academic knowledge in clinical and community settings and to prepare for the relatively independent functioning that will be expected during Level II fieldwork.

Specific objectives identified by the Department of Occupational and Recreational Therapies for Level I Fieldwork will be provided in each of the Professional Seminar Classes.

No portion of the Level I Fieldwork placement may be substituted for any part of a Level II Fieldwork placement.

Level II Fieldwork

Level II Fieldwork is that portion of the student's educational program which is designated for full-time occupational therapy involvement in the clinical or community setting. Selected settings provide the student with educational opportunities for evaluation, planning, implementation and integrating occupational therapy programs in collaboration with other disciplines within the health care facility and the community.

Experiences are designed to include the analysis of psychosocial factors influencing the engagement in occupation and facilitate client-centered, meaningful, and occupation based outcomes.

Level II Fieldwork provides opportunities for participating in rounds and staff conferences, sharing in supervision of personnel as appropriate, and carrying out selected administrative and organizational procedures in addition to delivering therapy services under the supervision of a fieldwork educator. A minimum of six months is required, twelve weeks in a health care clinical setting and twelve weeks in a community or rural setting. Elective fieldwork is available in areas of the student's special interests.

Students have access to electronic files kept on all participating fieldwork sites. The files containing general information about the fieldwork site and previous student evaluations of fieldwork site are available in the Canvas course "Student Evaluation of Fieldwork." Students may view all available placement sites on the online database system; students are able to search sites based on internship designation,

i.e. seminar I, II, III, IV, V level I's or community or healthcare level II. Once the AFWC completes all of the students' placements for any given level I or level II, students may view where they are placed by using the online database system.

Students are expected to work full-time to complete the Level II fieldwork. In special circumstances, and with the approval of the Department Chair, a student may be able to complete a Level II fieldwork on a part-time basis. This arrangement must be consistent with the fieldwork placement's usual and customary personnel policies, and it must be 50% or greater of a full-time equivalency at that site. If a site that accepts part time students is not available, then the student will not be allowed the part-time scheduling option and must complete the full-time option or be placed in a different setting if available.

General Objectives of Fieldwork

Each center offering fieldwork has its own unique characteristics. The philosophy of the facility, its organization and environment directly affect the occupational therapy program. Thus, each setting must establish its own educational objectives in collaboration with the University of Utah OT curriculum, reflecting those learning experiences available. Concomitantly, objectives have been identified by clinical and academic educators in occupational therapy which are generally applicable. Student performance is evaluated according to the level at which a student demonstrates appropriate knowledge, skills and attitudes during the fieldwork experience.

These general objectives reflect the AOTA Fieldwork Evaluation for the Occupational Therapist including judgment, attitude and performance in assessment, planning, treatment, problem solving and administration/professionalism.

1. Ability to interpret and report orally or in written form on results of assessments and evaluations, patient's/client's behavior and patient/client progress.
2. Ability to analyze and segregate the elements involved in processes and activities.
3. Proficiency in evaluation and treatment procedures.
4. Ability to apply theoretical knowledge appropriately: to plan, present, execute and adjust the patient's occupational therapy program.
5. Ability to instruct, to present processes and activities in logical sequence at an appropriate level for the patient/client.
6. Ability to communicate accurately and appropriately, purposes of treatment, treatment rationale and treatment procedures.
7. Judgment: to analyze situations, grasp essentials, reach sound conclusions and plan necessary steps in accordance with priorities.
8. Maturity: to appraise situations realistically and objectively and to maintain a healthy attitude and balance in reacting to them.
9. Sense of responsibility: readiness and dependability in organizing and discharging all assigned duties in relation to patient welfare and department administration.
10. Resourcefulness: utilize personal assets, available resources and facilities alone or under supervision as indicated.
11. Ability to maintain effective therapeutic and professional relationships.
12. Professional behavior: evidence an appropriate attitude toward institutional, departmental and personal standards involving grooming, bearing and manner, professional ethics and etiquette.

Adapted, with permission, from University of North Dakota Fieldwork Educator Manual

General Level I Fieldwork Objectives

Specific Objectives related to each professional seminar will be provided on the first day of each seminar.

The following objectives apply to all Level I Fieldwork experiences.

The student is expected to develop the following skills and abilities:

1. Demonstrate reliable work habits.
2. Establish meaningful and comfortable relationships with clients and patients.
3. Establish positive working relationships with staff.
4. Demonstrate good judgment in seeking assistance, responding to feedback, and conducting himself or herself ethically and with appropriate courtesy and attitudes in patient/client and staff relationships.
5. Formulate general therapeutic goals and objectives.
6. Communicate in writing clearly, concisely and professionally.
7. Assist in the therapeutic process.

Adapted from AOTA's Guide to Fieldwork Education, copyright 1984

Level I Fieldwork Objectives

The goal of Level I Fieldwork is “to introduce students to the fieldwork experience, and develop a basic comfort level with and understanding of the needs of clients.” Level I Fieldwork is not intended to develop independent performance, but to “include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.”

From AOTA *Standards* and COE Guidelines for Occupational Therapy Fieldwork – Level I

Objectives for all Level I:

By the end of the Level I experience the student will be able to:

1. develop an increased comfort level interacting with persons who have disabilities, emotional problems, psychiatric disorders or for whatever reason are having difficulty succeeding in mainstream American life.
2. describe the needs of clients served by the agency/facility.
3. demonstrate respect for the values and diversity of persons with disabilities, caregivers, staff and volunteers.
4. demonstrate an attitude of inquiry to enhance creativity and problem solving skills.
5. observe staff interactions, assessments and/or treatment sessions with agency/facility clients. When an occupational therapist is employed by the facility, observation of occupational therapy assessments and treatment sessions will be included.
6. participate in group or individual treatment sessions as appropriate depending on the skill level of the student and the severity of the client’s disability/illness.
7. observe OTR/COTA role delineation when Certified Occupational Therapy Assistants are employed by the agency/facility.
8. display effective communication skills (verbal and nonverbal) and professional behavior at the fieldwork site.

Relationship to Curriculum:

Seminar I Level I – First Year, Spring Semester:

Fieldwork takes place one half day per week for twelve weeks. Students are placed with community agencies that do not employ occupational therapists.

Course work during the semester includes Occupational Performance and Psychosocial Issues and Occupation: Group and Communication.

Additional Objectives:

(University assignments will be graded by Department of Occupational and Recreational Therapies instructors.)

By the end of the Level I experience the student will be able to:

1. explore possible roles for occupational therapy in community settings.
2. verbalize the importance of promoting the health of individuals in the community (outside institutional settings).
3. identify factors in the community agency that influence function of individuals with disabilities.

4. complete SOAP Note assignment after observing group or individual treatment sessions and obtain feedback from the on-site supervisor (OC TH 6800).
5. complete a project that will benefit a fieldwork site. This project may be completed as a group project with other classmates (OC TH 6000).
6. after interviewing and observing a client at the fieldwork site, complete an assignment describing the occupational profile of the client and analyzing related clinical reasoning (OC TH 6800).
7. record reflections of the fieldwork experience in response to specific questions. (OC TH 6800)
8. complete a self evaluation form of the fieldwork experience (OC TH 6800).
9. receive feedback on professional development from the fieldwork supervisor

Seminar II Level I – First Year, Summer Session:

Fieldwork takes place during one forty-hour week. Students are placed in traditional settings with an occupational therapist as a supervisor.

Course work during the semester includes Foundational Theories of OT and Creative Occupations and Analysis.

Additional Objectives:

(University assignments will be graded by Department of Occupational and Recreational Therapies instructors.)

By the end of the Level I experience the student will be able to:

1. observe and reflect on the professional role of the occupational therapist in the assigned facility (OC TH 6820).
2. complete SOAP Note assignment after observing group or individual treatment sessions and obtain feedback from the on-site supervisor (OC TH 6820).
3. collect sample documentation from the fieldwork site and describe its use to classmates during Seminar II (OC TH 6820).
4. after interviewing and observing a client at the fieldwork site, complete an assignment describing the occupational profile of the client and analyzing related clinical reasoning (OC TH 6820).
5. complete an occupational therapy Assessment Tool Assignment reviewing an assessment tool used at the fieldwork site (OC TH 6820).
6. record reflections of the fieldwork experience in response to specific questions. (OC TH 6820)
7. complete a self evaluation form of the fieldwork experience (OC TH 6820).
8. receive feedback on professional development from the fieldwork supervisor

Seminar III Level I – Second Year, Fall Semester:

Fieldwork takes place during two consecutive forty hour weeks. The majority of students are placed in traditional settings with an occupational therapist as a supervisor. Some students may be placed in a setting without an occupational therapist on staff. All placements are in settings that provide services to children.

Course work during the semester includes Theory, Skills and Evals for Pediatrics.

Additional Objectives:

(University assignments will be graded by Department of Occupational and Recreational Therapies instructors.)

By the end of the Level I experience the student will be able to:

1. relate pediatric course work to actual clients and clinical situations to increase the clarity of concepts.
2. after interviewing and observing a client at the fieldwork site, complete an assignment describing the occupational profile of the client and analyzing related clinical reasoning (OC TH 6830).
3. complete an interview of a caregiver at the fieldwork site to better understand the effects of illness or disability of a child on the whole family (OC TH 6830). This assignment can also be completed outside of the fieldwork context at another time.
4. complete a project or provide an in-service that will benefit a fieldwork site. (OC TH 6830).
5. record reflections of the fieldwork experience in response to specific questions. (OC TH 6830)
6. complete a self evaluation form of the fieldwork experience (OC TH 6830).
7. receive feedback on professional development from the fieldwork supervisor (OC TH 6830)

Seminar IV Level I – Second Year, Spring Semester:

Fieldwork takes place during two consecutive forty-hour weeks. The majority of students are placed in traditional settings with an occupational therapist as a supervisor. Some students may be placed in a setting without an occupational therapist on staff. All placements are in settings that provide services to adults.

Course work during the semester includes Theory, Skills and Evals for Adults.

Additional Objectives: (University assignments will be graded by Department of Occupational and Recreational Therapies instructors.) By the end of the Level I experience the student will be able to:

1. relate course work on evaluation and treatment of adults to actual clients and clinical situations to increase the clarity of concepts.
2. after interviewing and observing a client at the fieldwork site, complete an assignment describing the occupational profile of the client and analyzing related clinical reasoning (OC TH 6840).
3. complete an interview of a caregiver of an adult to better understand the effects of disability on the whole family (OC TH 6840). This assignment can also be completed outside of the fieldwork context at another time.
4. complete a project or an in-service on a topic related to occupational therapy for the staff at the fieldwork site (OC TH 6840).
5. record reflections of the fieldwork experience in response to specific questions. (OC TH 6840)
6. complete a self evaluation form of the fieldwork experience (OC TH 6840).
7. receive feedback on professional development from the fieldwork supervisor (OC TH 6840)

Seminar V Level I –Third Year, Fall Semester:

Fieldwork takes place during two consecutive forty-hour weeks OR 6 hours per week for 13 weeks. All placements are in rural settings or with agencies that provide services for the “under-served”.

Additional Objectives: (University assignments will be graded by Department of Occupational and Recreational Therapies instructors.) By the end of the Level I experience the student will be able to:

1. complete a Clinical Reasoning Assignment after interviewing and observing a client at the fieldwork site. This assignment includes narrative, interactive, and pragmatic reasoning with a brief summary similar to a discharge summary (OC TH 6850).
2. complete a needs assessment for OT services at the fieldwork site (OC TH 6850).
3. record reflections of the fieldwork experience in response to specific questions. (OC TH 6850)
4. complete a self evaluation form of the fieldwork experience (OC TH 6850).
5. receive feedback on professional development from the fieldwork supervisor (OC TH 6850)

In all cases the agency/facility will:

1. orient the student to the facility and facility policies and procedures on the first day of the fieldwork experience.
2. provide facility space, staff time to meet the objectives as listed above.

The above objectives are accepted by the fieldwork site when supervising students from the University of Utah, Department of Occupational and Recreational Therapies.

General Level II Fieldwork Objectives

Requirements established in the AOTA Essentials for Level II Fieldwork include:

1. A minimum of six months of Level II Fieldwork experience, preferably with at least three months on a full-time sustained basis.
2. Completion of all fieldwork experience no later than 24 months following completion of academic preparation.
3. Direct supervision provided by a registered occupational therapist with at least one year of experience. (The year start date is the day of official registration in the United States.)

Upon completion of Level II Fieldwork, the student will demonstrate the following:

1. Competency in utilizing assessment tools and evaluation procedures routinely used by OTR's at the fieldwork center.
2. Proficiency in implementing treatment, and justifying treatment plans based on the models and theories of occupational therapy practiced at the fieldwork center.
3. Effective oral and written communication of ideas and objectives relevant to the roles and duties of an occupational therapist. This includes the ability to interact with patients and staff in a professional manner.
4. Acquisition of professional characteristics that demonstrate the following:
 - a. the ability to establish and sustain therapeutic relationships;
 - b. a sensitivity to and respect for confidentiality;
 - c. the ability to work collaboratively with others and to relinquish or assume responsibility when appropriate to the task at hand;
 - d. responsibility in maintaining, assessing, and improving self-competency;
 - e. the ability to use supervision as a tool for self-directed learning;
 - f. the development of a broad sense of professional responsibility to the community at large and concern for social and health care issues;

- g. understanding of the roles of other health professionals;
- h. development of a positive professional self-image.

Adapted from AOTA's Guide to Fieldwork Education, copyright 1984

Fieldwork Assignments

Level II fieldwork shall be provided to offer experience with various groups across the life span, persons with various psychosocial and physical performance deficits and various service delivery models reflective of current practice in the profession. Every student is required to complete one Level II fieldwork experience in a clinical health care setting; and one Level II fieldwork in a community or rural setting. Each Level II Fieldwork requires a minimum of 12 weeks full time equivalent fieldwork experience.

Students are strongly encouraged to complete their level II fieldwork with as much diversity of population as possible. Therefore, the Department discourages completing both level II placements with pediatric populations. If a student feels very strongly about doing both of their level II experiences in pediatrics, the student will be required to sign a waiver. This waiver will state that the student is aware of the potentially harmful result this choice may have on their ability to pass the national board exam and graduate with entry level practitioner skills.

Additionally, students will not be able to complete any level of fieldwork at a site where they have already completed a previous fieldwork.

During fieldwork assignments students are **not** considered employees of the facility for purposes of compensation, fringe benefits, worker's compensation, unemployment compensation, minimum wage laws, income tax withholding or social security.

Fieldwork Level I and Level II assignments are made based on a variety of factors. Students will be asked to identify preferred fieldwork sites. Previous work and volunteer experience will be taken into account. The Department of Occupational and Recreational Therapies has a commitment to provide each student with a wide range of observation/participation experiences. Preference will generally be given to students who do not have previous experience in the type of fieldwork selected. Students are not allowed to complete a fieldwork at a site where they have been employed in the last five years or where they have been a patient receiving OT treatment. A student's professional behavior in class and other curriculum related activities is considered in making a good match between the student and the placement

Some fieldwork sites have particular requirements which may include an interview prior to accepting a student reservation for fieldwork, additional immunizations, fingerprinting, or a drug screen. Individual student priorities are respected, as conditions permit, in making assignments. The placement of the student in a particular fieldwork assignment is ultimately the decision of the Academic Fieldwork Coordinator.

Students may attend placements out of state in some circumstances. To participate in a placement out of state, the student must have demonstrated strong independent learning skills.

Requesting an Unlisted FW Experience

Students **MAY NOT** arrange fieldwork sites themselves. However, if you have an interest in a site not currently on our list, you may facilitate a request for the Academic Fieldwork Coordinator to contract with a site.

1. Identify a particular site in the geographic or practice area of your interest.
2. Investigate the site, using their website, printed materials, or other sources, to determine what kind of treatment or services are provided at that site. Think about your learning needs and whether the site appears to meet your learning needs or not.
3. Find out the name of an appropriate contact person and either the phone number or email address for the contact person.
4. Discuss with the Academic Fieldwork Coordinator what you have learned and why you are interested in the site.
5. The Academic Fieldwork Coordinator may make a contact to determine if it is a suitable site, and has the final decision on whether to pursue a contract.
6. Keep in mind contracts can several months to complete depending on the site, and not all facilities agree to contract with us.

Changing or Canceling Fieldwork Experiences

Once the student has been placed at a facility, the student may make changes only by petitioning the Academic Fieldwork Coordinator. Changes are made only for educational reasons or in the case of an unanticipated personal life change. If the student is requesting a fieldwork at a facility that does not already have a Clinical Training Agreement with the University of Utah, Department of Occupational and Recreational Therapies, an effort will be made to set up a Clinical Training Agreement when possible. Clinical Training Agreements can take up to a year to process through the facility and University of Utah legal departments. A Clinical Training Agreement is required before any fieldwork placement can occur.

Occasionally, a facility may be forced to cancel a student's fieldwork for a variety of reasons. The student and the Academic Fieldwork Coordinator will work together to find a suitable alternate placement as quickly as possible.

Absences

Students are expected to demonstrate professional behaviors with regard to attendance and punctuality during fieldwork experiences. Should you be absent due to illness or an emergency, it is assumed that you will take the professional responsibility of notifying your fieldwork supervisor in accordance with the established policies and procedures of the department to which you are assigned.

During Fieldwork II a student may be absent due to illness or an emergency for a maximum of three days and not necessarily jeopardize the successful completion of the fieldwork experience. The three days may not be taken as vacation days. For

unusual circumstances, such as a family wedding, the student may request limited time off. It is the prerogative of the Fieldwork Supervisor to grant or deny the request. Time off, under these circumstances, should be made up by working extra days, such as Saturdays, or extending the length of the fieldwork.

During Fieldwork II it is expected that you will take the same holidays as the staff at the facility to which you are assigned. University student holidays do not apply to you during your affiliation. Holidays taken during fieldwork are not a part of the three-day limit of days off due to illness or emergency, and it is the discretion of the fieldwork supervisor whether the holiday has to be made up or not. *Planned absences of more than one day must first be approved by the Academic Fieldwork Coordinator prior to requesting approval of the fieldwork supervisor.*

Policy Regarding Level I Fieldwork Evaluation/Grades

A professional behavior evaluation form will be completed by the facility fieldwork supervisor. In addition to this form, fieldwork and non-fieldwork assignments from Professional Seminars will be used to assign a grade for the Professional Seminars. Students need to receive a minimum of 66.66% of the checkmarks on the *Fieldwork I Observation of Student Performance* in either the "Outstanding" or "Adequate" columns in order to have successfully completed the Fieldwork I experience. If a student receives less than 66.66% of these checkmarks she or he will be required to repeat the fieldwork experience at another location.

The fieldwork supervisor has the right to terminate, at any time, the student's participation in the fieldwork experience for safety issues, ethical issues, or inappropriate professional behavior. If this occurs the student will be required to repeat the fieldwork experience at another location.

Placement for this repeated fieldwork will be at the discretion of the Academic Fieldwork Coordinator and when the next appropriate site is available. Issues raised by the professional behavior evaluation form, completed by the fieldwork supervisor, will be discussed with the student and the student's advisor. After discussion with the student and the student's advisor, plans will be developed to address performance problem areas as needed. The Academic Fieldwork Coordinator will follow up to insure the development plan is completed.

Policy Regarding Level II Fieldwork Evaluation/Grades

Upon successful completion of academic course work each student is expected to complete three months of fieldwork in a clinical health care environment and three months of fieldwork in a rural or community environment. In order to successfully complete fieldwork, the student must earn a total score of at least 122 points and must score at least a 3 on the ethics and safety items on the Fieldwork Performance Evaluation For The Occupational Therapy Student (FWPE). Final scores are determined through collaboration of the Fieldwork Supervisor and the Academic Fieldwork Coordinator.

With the approval of the AFWC and the Department of Occupational and Recreational Therapies Chair, students may be placed in a setting where a full-time occupational therapist is not currently employed. In these situations, the supervision fieldwork educator must have at least 3 years of professional experience, and be

currently licensed. The student must be a strong student, and must verbalize a clear understanding of the role of occupational therapy in the setting. A plan must be developed between the supervising OT and the student to outline the site specific objectives for the 12 weeks and the expected progression of activities and skills for the student. A supervising occupational therapist must be available to the student during all working hours, via a variety of contact methods. The student must also be assigned an on-site professional as a primary contact who assists in directing the student and acts as a resource regarding the policies of the setting, including orientation to the safety issues and appropriate response in that setting. The supervising occupational therapist must meet with the student a minimum of 8 hours per week, more in the beginning of the placement and then decreasing, and should in most situations interview or evaluate each client or treatment group where the occupational therapy student has provided services at least once during the 12-week fieldwork. The policies on evaluation and grades are followed in the same manner as in more traditional settings.

Students are enrolled in fieldwork for credit (OC TH 6400 or 6440). Although students are not on campus during the fieldwork period, the cost to the University for the fieldwork experience portion of the Occupational Therapy Program includes faculty time, secretarial help, telephone, paper and mailing costs, travel expenses for faculty to visit the facilities regularly and for attendance at regional and national Occupational Therapy meetings pertaining to education. In order for students to complete the requirements for a grade, both the FWPE and Student Evaluation of Fieldwork Experience (SEFWE) must be sent to the University of Utah Department of Occupational and Recreational Therapies Academic Fieldwork Coordinator, who is then authorized to send the grade report to the Registrar's Office to be recorded on the student's transcript. The grades for Level II Fieldwork (OC TH 6400 and 6440) are credit/no credit. Grades will not be turned in to the registrar's office until all course requirements are completed. These may include a mid-term self-assessment, contributions to a web based discussion, and required readings. A syllabus will be provided explaining all assignments.

The Academic Fieldwork Coordinator reserves the right, on behalf of the Department of Occupational and Recreational Therapies, to assign a grade other than that which is reflected by earned points alone. Justification for doing so could include such things as the failure of the student to maintain and/or provide in a timely fashion proof of requirements for Level II Fieldwork including CPR certification, or evidence of academic misconduct. Prior to adjusting the grade the Academic Fieldwork Coordinator will consult with the student, the Fieldwork Supervisor and/or Program Director as deemed appropriate.

A student may appeal a grade for fieldwork by going through the following steps:

1. Discuss the issue with the Academic Fieldwork Coordinator and, if appropriate, with the involved Fieldwork Supervisor. If the issue is not resolved to the student's satisfaction, the next step is to start the appeal process as listed below. Steps listed below are copied from the University of Utah General Catalogue "Appeals of Grades and Other Academic Actions".
2. Appeal to the Chair of the Department. Within forty (40) working days of notification of the academic action, the student shall appeal the academic

action in writing to, and consult with, the chair of the relevant department (or designee) regarding such academic action. Within fifteen (15) working days of consulting with the student, the chair shall notify the student and faculty member, in writing, of his/her determination of whether the academic action was arbitrary or capricious and of the basis for that decision. If the chair determines that the academic action was arbitrary or capricious, the chair shall take appropriate action to implement his/her decision unless the faculty member appeals the decision.

3. Appeal to Academic Appeals Committee. If either party disagrees with the chair's decision, the party may appeal to the college's Academic Appeals Committee within fifteen (15) working days of notification of the chair's decision in accordance with the procedures set forth in Section II.D of the University of Utah Code of Student Rights and Responsibilities.

It is the Department of Occupational and Recreational Therapies's expectation that students will not experience major difficulties and will successfully complete all fieldwork requirements. However, should the student experience difficulty leading to the discontinuation of fieldwork, the following categories for termination apply as described below.

Terminated Passing: In this situation, the student, fieldwork supervisor and University of Utah Academic Fieldwork Coordinator mutually agree at some point prior to the mid-term that the student is unable to perform to his/her potential due to a mismatch of student and facility. The student is permitted to withdraw from the fieldwork or receives an incomplete and is rescheduled immediately for another fieldwork. Rescheduling of another fieldwork is dependent on availability of fieldwork sites.

Terminated for Medical Reasons: This may occur at any time during the fieldwork experience in which the student is currently meeting competencies. The student is allowed to withdraw passing and take an incomplete for the course and complete it when he/she is medically stable, upon recommendation by the referring medical professional.

Terminated Failing: The student is not meeting competencies and receives a non-satisfactory (failing) mid-term evaluation. This would be reflected with an unsatisfactory grade on the student's transcript. In addition, the fieldwork facility may terminate a student at any time, whose performance is not competent and threatens the patient's treatment/safety. Terminated failing could also occur if the student violates a facility policy or procedure, the violation of which, if done by an employee of the facility, would cause immediate termination of the employee. Examples include drug use, theft of property, or discussion of a patient in an inappropriate situation. It is important for students to be familiar with facility policies and procedures, particularly policies related to patient confidentiality.

Reassignment After Failure of Fieldwork

Should a student fail a Fieldwork II experience, the Academic Fieldwork Coordinator will schedule another three-month fieldwork for the student when such fieldwork is available. If a student fails two Fieldwork II experiences, he/she will be academically disqualified from the occupational therapy program.

When a student fails the first Fieldwork II assignment, a plan will be established to assist the student to successfully complete the next Fieldwork II assignment. This plan will be designed by the student, the Academic Fieldwork Coordinator and appropriate faculty members of the Department of Occupational and Recreational Therapies. The plan may include, and is not limited to, tutoring on specific topics, special assignments and/or registration for University courses with content that will provide the student an opportunity to develop needed skills.

Students must complete all required fieldwork within 24 months of completion of academic course work. If a student is unable to complete the fieldwork within this time frame, the student must retake pertinent academic course work prior to fieldwork assignment.

Professional Ethics

Students are expected to become familiar with the rules and regulations of facilities to which they are assigned. Students should request that this information be provided to them during facility orientation if the facility does not volunteer the information.

Students are expected to incorporate AOTA standards and ethics policies into professional practice, and take personal responsibility for future professional development plans in order to maintain a level of practice consistent with set standards.

Students are expected to understand the functions of national and state occupational therapy associations and other professional/human service organizations and be prepared to participate in the effective promotion of occupational therapy through educating other professionals, consumers, third party payers and the public.

Students are expected to comply with the University of Utah's Code of Student Rights and Responsibilities while training at fieldwork sites. The "Student Code" is available for review in the University of Utah General Catalogue.

Verification of Immunizations

No student will be permitted participation in Level I or II Fieldwork without verification that immunizations are current. This includes immunization for Measles, Mumps, Rubella, Diphtheria, Tetanus, Hepatitis B and an annual screening for TB. These are the same immunizations that were required for admittance to the University of Utah Department of Occupational and Recreational Therapies program. TB tests must be updated yearly. Some organizations require additional immunizations to participate in placements.

It is the student's personal and financial responsibility to see that these immunizations, and records of the immunizations with the University of Utah OT Department, are kept current.

Students who claim an exemption to immunizations must know that:

- there are a limited number of sites who will allow unvaccinated individuals to participate in any activities;
- they may not get their desired sites;

- they will not to any medical facility; and,
- they may have to delay their graduation, in order to ensure that they get the variety of sites required to meet accreditation requirements.

CPR Certification Policy

All students must be trained in CPR including adult, child and infant CPR. CPR certification must remain current during all semesters of the occupational therapy program including semesters that are spent off campus at Fieldwork Level II sites.

Certification is accepted from the American Heart Association, unless specified differently by the training facility. It is the student's personal and financial responsibility to see that the CPR certification is renewed in a timely manner, and a copy of the current CPR card is on file with the Department of Occupational and Recreational Therapies.

Health Insurance Coverage

Students are required to be covered by an appropriate health insurance plan while on fieldwork, both Level I and Level II. The student will be asked to provide coverage information to the Clinical Educational Coordinator prior to beginning fieldwork in the second semester. It is the student's responsibility to notify the Academic Fieldwork Coordinator if the health insurance coverage status changes.

If the student chooses to, health insurance can be purchased through the University for semesters where the student is carrying 6 or more credits. Further information on Student Health Insurance can be obtained at (801) 585-6949 or <http://www.studenthealth.utah.edu/>

Criminal Background Checks, Drug Screening and Health Immunizations Required By Fieldwork Sites

Fieldwork placement sites may have standards for determining whether potential employees, volunteers or fieldwork students/ interns have the appropriate qualifications to provide services to their clients.

These fieldwork sites may require one or more of the following student checks prior to confirming fieldwork placements:

- Updated criminal background check and/or finger printing
- Central Registry check for child abuse charges
- Drug and alcohol testing
- Driving record
- Additional health and immunization requirements

Student refusal to consent to an above check may result in more limited choices for fieldwork placement. If a student agrees to the check process and the results are determined to be unacceptable according to the personnel standards for the fieldwork site, the fieldwork placement at that agency may be denied to the student. However, the Department of Occupational and Recreational Therapies fieldwork staff will make every effort to secure an appropriate placement.

Students are responsible for the costs of the above checks and obtaining the appropriate paperwork. Students must keep hard copy records of all of their

immunizations and background checks to present to fieldwork sites as needed. The Academic Fieldwork Coordinator will have access to the records that the student uploads to the online tracker system.

If a student is rejected for a fieldwork placement based upon a site-specific requirement, the site may share background check results with the Department of Occupational and Recreational Therapies only if the student has given written consent to release the information to the Department of Occupational and Recreational Therapies.

The details of any of these background checks or tests may result in an inability to place a student in a particular fieldwork site. In some situations, it may result in an inability to place the student in any fieldwork site. A master's degree cannot be attained without completing the fieldwork portion of the program. Additionally, students are not eligible for the certification exam and therefore may not practice as an OTR.

Dress Code and Schedule

Clothing for Level I and Level II fieldwork must conform to the facility norm and not be in conflict with any agency's policies. The student is expected to be familiar with these policies and to provide himself or herself with appropriate attire. If an agency does not require uniforms for occupational therapy personnel, suitable and conservative street wear should be worn. Most facilities do not allow staff to wear jeans or open toed shoes. Some facilities require all visible tattoos or piercings to be removed or covered. If a lab coat is required, you are expected to purchase one before your arrival. Wear your University of Utah name tag at all times unless the facility prefers that you wear one of their own. It is recommended that your name tag says "student" on it so clients and family have a clear understanding of your role at the facility.

In most instances, students are expected to follow the regular schedule of their fieldwork supervisor, not including any vacation time off. This may include regular weekend rotations in some settings.

Financial Responsibilities

In addition to the tuition and fees required by the University of Utah, students must assume responsibility for transportation to and from fieldwork sites as well as any housing, uniform and meal costs. Occasionally, facilities provide stipends, or they may provide housing and/or meals for students either free of charge or at a reduced rate. Information on each fieldwork site is frequently updated to identify facilities that provide these benefits. This information can be found on the Fieldwork Data Form.

NBCOT Examination

In order to apply for the National Board for Certification in Occupational Therapy Certification examination students must have successfully completed Level II Fieldwork, have grades posted for graduation and must not have any outstanding financial obligations to the University of Utah. Individual candidates are responsible for contacting NBCOT to complete an application and to ensure that all application materials are turned in on time. After the registration process is completed, the student will receive an Authorization to Test letter that provides instructions on contacting a test site to schedule the test. The NBCOT examination is computer delivered and is

offered at certain test sites throughout North America. For current information on NBCOT visit their web site.

NBCOT web site: www.nbcot.org

Utah State Licensure

Utah State licensure is required before beginning the practice of occupational therapy in the state of Utah. Contact the Utah State Commerce Department of Occupational and Professional Licensing (DOPL) for information about occupational therapy licensure. 801-530-6628 www.dopl.utah.gov

Laws Related to Fieldwork:

The Federal Family Educational Rights and Privacy Act: (popularly known as the Buckley amendment)

Provides for uniform standards of educational institutions in regards to privacy of student records.

Fieldwork is an extension of the academic program. The faculty cannot release information regarding student grades to a fieldwork site. The student needs to sign a release of information form if the student would like the Academic Fieldwork Coordinator to discuss academic performance with a Fieldwork Educator. This is a particularly important issue when a student is being reassigned after failing a Level II Fieldwork experience. It may be in the student's best interest to explain to the fieldwork site why there is a need for reassignment. The Fieldwork Educator may be able to structure the assignment in a way that will increase their chances of providing a successful experience. The Academic Fieldwork Coordinator will meet with the student to discuss this issue before reassignment. The student can then decide to disclose the issues that caused failure during the previous assignment, not disclose this information and/or sign a statement allowing the Academic Fieldwork Coordinator to discuss the issues with the Fieldwork Educator.

The Rehabilitation Act of 1973: (Section 504)

Protects individuals with disabilities from being excluded from participation in, denied the benefits of or be subject to discrimination under any program or activity that receives federal funds.

Americans with Disabilities Act: (ADA)

National mandate for the elimination of discrimination against individuals with disabilities in the areas of: employment, public services, public accommodations and telecommunication services.

Fieldwork is viewed as a pre-employment situation as it is a requirement to become an occupational therapist. Fieldwork settings must use the same standards for students as they do for their employees.

The ADA requires reasonable accommodations for qualified students with a disability to perform the essential job functions.

Disclosure of a Disability:

The decision to disclose or not to disclose a disability is solely the right of the student. Under the ADA, institutions (including fieldwork sites) are obligated to make accommodations only for the known limitation of an otherwise qualified student with a disability. Notification of the need for accommodation must occur.

Students who wish to disclose a disability for the purpose of accommodation need to contact the Center for Disability Services at the University of Utah. Their office is located at 162 Olpin Union Building, 581-5020 (Voice/TDD). The Center for Disability Services is responsible for determining appropriate accommodations.

The Academic Fieldwork Coordinator does not have the right to disclose a student's disability to any fieldwork site without the written permission of the student.

Students with disabilities who wish accommodations are encouraged to disclose their disability as early as possible to the fieldwork site or to give the Academic Fieldwork Coordinator permission, in writing, to disclose **after** the placement has been made.

Adapted from information provided at *Meeting the Fieldwork Challenge: Strategies for a New Century* presented by Christine Bird, MA, OTR/L and Rhona Zukas, MOT, OTR, FAOTA, June 1999.

References:

Wells, S.A. and Hanebrink, S. (1998). *A Guide to Reasonable Accommodation for OT Practitioners with Disabilities: Fieldwork to Employment*. AOTA: Bethesda, MD, Pg. 109.

Association of Higher Education and Disability (1996). *Confidentiality and disability in higher education*. Columbus, OH: Author.

Advising During and Pertaining to Fieldwork Experiences

The Academic Fieldwork Coordinator will have the primary responsibility of advising students in the scheduling of both Level I and Level II fieldwork experiences. Program faculty may also assist with the advising process. Using information held in the Department related to sites with which the Department has an MOU, students provide fieldwork preferences information to the Academic Fieldwork Coordinator at several points in the program. The Academic Fieldwork Coordinator considers those preferences in addition to student needs for growth in skills and the need for a variety of experiences when making Fieldwork placements. When fieldwork assignments are nearly finalized, pertinent faculty may be consulted to determine if there are any obvious conflicts between the student's observed classroom skills and the fieldwork site identified. The final decision for placement of the student rests with the Academic Fieldwork Coordinator. While the students are on placement, the Academic Fieldwork Coordinator will be responsible for telephone and in-person advising regarding the student's progress.

Advising services are available on campus and may be used by students during off-campus fieldwork affiliations. The University Counseling Center is staffed by professionals from Counseling and Clinical Psychology, Social Work and Psychiatry. The Counseling Center provides services in the following areas: Career Development;

Personal Counseling; Learning Enhancement Programs; Couple, Family and Premarital Counseling; Outreach and Consultation; Testing Services; Crisis Intervention and the University Tutoring Center. The University Counseling Center is accredited by the International Association of Counseling Services, and is fully committed to policies of equal opportunity and nondiscrimination. Refer to the University of Utah General Catalogue for more information about services provided by the University Counseling Center.

Supplemental Fieldwork Experiences

A student who desires to complete an **additional** Fieldwork II placement in a specialty area may do so. This fieldwork can be six to twelve weeks long. As with all fieldwork experiences the Academic Fieldwork Coordinator is responsible for setting up the fieldwork site. This experience is considered to be a part of the academic program although it is unrelated to requirements for graduation. Students must register for the fieldwork as a course and pay tuition. A student who seeks a third placement will still be covered by the malpractice insurance policy set up for occupational therapy students on fieldwork by the Department of Occupational and Recreational Therapies.

International Fieldwork Placement

International Fieldwork Placements may be available at the discretion of the Department of Occupational and Recreational Therapies. On a case by case basis, the student will be evaluated on prior performance and must have the approval of the faculty. This type of fieldwork placement is most appropriate for a third, specialty placement, although some exceptions may be made. The University of Utah, Department of Occupational and Recreational Therapies and the fieldwork placement site must have a current Clinical Agreement in place. The fieldwork supervisor must be an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists who has at least 1 year of experience in practice.

Fieldwork experiences outside of the United States require:

- Personal health insurance that covers care in the foreign country, evacuation to the United States if necessary for medical emergencies, and a repatriation policy.
- Students must contact the University of Utah International Study Abroad Office (581-5849) for required release forms and University of Utah policies and procedures for international student travel.
- Students are responsible for acquiring the appropriate immunizations for the areas to which they will be traveling. The University of Utah International Study Abroad Office can provide recommendations for health insurance, immunizations, and travel arrangements.
- Students must provide a copy of their plane ticket and itinerary to the Academic Fieldwork Coordinator.
- Minimum 3.0 GPA

Independent Study Elective
Experiential Placement Policy

The University of Utah, Department of Occupational and Recreational Therapies and the experiential placement site must have a current Clinical Agreement in place.

For three credits, experiential placement should be at least two weeks in length. If data collection is done, it will be part of the research project grade. Assignments such as a case study and report of fieldwork experiences will be required. All aspects of the course must be written up as part of a contract.

Students who want to complete one elective through experiential placement must consult their advisor and submit a proposal for a plan of study as a part of the contract to the Department of Occupational and Recreational Therapies. The proposal should include objectives and assignment/project ideas. The plan of study must be approved by the faculty of the Department of Occupational and Recreational Therapies.

Experiential placement experiences outside of the United States require:

Personal health insurance that covers care in the foreign country, evacuation to the United States if necessary for medical emergencies, and a repatriation policy.

Students must contact the University of Utah International Study Abroad Office (581-5849) for required release forms and University of Utah policies and procedures for international student travel.

Students are responsible for acquiring the appropriate immunizations for the areas to which they will be traveling. The University of Utah International Study Abroad Office can provide recommendations for health insurance, immunizations, and travel arrangements.

Minimum 3.0 GPA

Responsibilities

Occupational Therapy – University of Utah Responsibilities

1. To assure continuing compliance with the educational standards as established by the Accreditation Council for Occupational Therapy Education.
2. To maintain files of current information on fieldwork in the Occupational Therapy Department. This is the information provided by the fieldwork facilities annually and/or when major changes occur.
3. To follow due process in working with students and fieldwork facilities.
4. To establish and maintain on-going honest communication with fieldwork facilities and students.
5. To schedule students for occupational therapy fieldwork and to assign only those students who have satisfactorily completed the required academic work. Close planning between faculty, students and fieldwork supervisors is essential.
6. To collaborate with fieldwork facilities in defining measurable objectives for fieldwork education.
7. To counsel students in fieldwork in collaboration with fieldwork supervisors.
8. To visit fieldwork centers regularly (dependent upon University funding).
9. To evaluate the total occupational therapy program regularly, including the fieldwork experiences. Fieldwork facilities are evaluated on the ability to meet curriculum goals, provide educational experiences applicable to the academic program, and have fieldwork educators who are able to effectively meet the learning needs of the students.
10. To provide liability insurance for occupational therapy students in assigned fieldwork placements.
11. To ensure that the fieldwork program reflects the sequence, depths, focus, and scope of content in the curriculum design.

Responsibilities of Level II Fieldwork Facilities

1. To maintain competency in practice, keeping abreast of current theories and techniques.
2. To provide the Department of Occupational and Recreational Therapies with current information on the educational program for occupational therapy students in fieldwork. This includes philosophy, purpose, types of patients/clients, evaluation and treatment theories and techniques, learning experiences available, site specific objectives as appropriate, rules and regulations of the facility and method(s) of evaluating students.
3. To maintain collaborative communication with students and with University of Utah faculty to improve practice, assist in improving academic course content and learning experiences, and identify trends in occupational therapy in health care and rehabilitation.
4. To provide meaningful learning experiences for students in fieldwork.

5. To make available to students at the beginning of fieldwork and throughout the fieldwork experience, the rules and regulations of the facility.
6. To provide supervision of students by qualified personnel. Fieldwork II Supervisors must be registered occupational therapists with a minimum of one year experience in a clinical practice setting.
7. To clearly define the channels of communication within the facility and to inform the students of these.
8. To evaluate students by midterm, if not on a weekly basis. If there appears to be a problem, this should be discussed with the students as soon as possible, documenting the evidence of the problem. If it is serious, the Academic Fieldwork Coordinator should be notified. If the Academic Fieldwork Coordinator is unavailable contact should be made with the Director of the Department of Occupational and Recreational Therapies or with the Office of the Dean of the College of Health. Consultation with the Department of Occupational and Recreational Therapies should be maintained until the problem is resolved. If a student's performance in relation to patient treatment is unsatisfactory, and/or the student is unable to function satisfactorily to meet the measurable objectives of the fieldwork experience, the student's fieldwork may be terminated by the facility and the Department of Occupational and Recreational Therapies. Due process must be adhered to throughout the proceedings.
9. To notify the Department of Occupational and Recreational Therapies as soon as possible of major changes in staffing, program, scheduling, etc.

Student Responsibilities

1. Professional behavior begins in the classroom. The student will demonstrate professional judgment in all class-related activities by:
 - a. being prepared for class, paying attention and participating with relevant material in class discussions
 - b. showing respect for the instructor, guest lecturers, and fellow students
2. These characteristics carry over into the clinic and community. The individual with professional behavior is respected by patients, family, other members of the health care team and society. The professional person's behavior reflects the credibility of the profession.
3. The student is expected to adhere to the Occupational Therapy Code of Ethics as adapted by the American Occupational Therapy Association.
4. Students are expected to know and to adhere to the regulations within the agencies in which they are assigned fieldwork. Such regulations may involve dress, behavior and attendance.
5. Students are expected to maintain respect and courtesy toward their own colleagues as well as toward their faculty, fieldwork supervisors, patients/clients and others with whom they come in contact.
6. Students are expected to assist in promoting honest and harmonious working relationships in the facility/agency.

7. Students are expected to maintain good health habits during both academic and fieldwork experiences. Students are expected to maintain appropriate health insurance during academic and fieldwork education.
8. Students are expected to engage in only those procedures in which they have achieved an appropriate level of competence.
9. Students are expected to integrate material from all their courses as they progress through the academic and fieldwork program.
10. Students are expected to take initiative for their own learning in addition to required course content.
11. Students are expected to analyze the information in fieldwork manuals and to review appropriate material necessary for their assigned placement.
12. Students are expected to take the initiative in regard to analyzing and synthesizing their perceptions of the learning experiences in both the academic and fieldwork phases of their education. If a student has concern about any phase of the learning experience, he/she will follow the appropriate channels of communication in the facility/agency.

Academic – Instructor, Chair of the Department of Occupational and Recreational Therapies, Dean of the College of Health.

Fieldwork Experience – Immediate supervisor, then through the established channels of communication at the facility/agency. Both the student and the facility are encouraged to communicate with the Academic Fieldwork Coordinator throughout the process.

Students are expected to complete candid and constructive written evaluations of each course in which they are enrolled, including fieldwork.

Students who are in non-compliance with the above may be placed on professional probation or may have their academic or fieldwork registration canceled.

Adapted, with permission, from University of North Dakota Fieldwork Educator Manual

FIELDWORK EXPERIENCES

All Fieldwork I experiences are linked to a Professional Seminar (OC TH 6800, 6820, 6830, 6840, or 6850)

First Year:

SPRING SEMESTER: FW I Observation of Community & Mental Health Sites
One half day per week for 12 weeks

SUMMER TERM: FW I Observation in Health Care Environment
One week (40 hours)

Second Year:

FALL SEMESTER: FW I In Pediatric or Adolescent Setting
Two weeks (80 hours)

SPRING SEMESTER: FW I In Adult Setting
Two weeks (80 hours)

SUMMER TERM: FW II: OC TH 6400
12 weeks

Third Year:

FALL SEMESTER: FW I In Rural or Under-served Setting
Two weeks (80 hours)
Includes Needs Assessment

SPRING SEMESTER: FW II: OC TH 6440

FIELDWORK FORMS

CORRESPONDENCE PRIOR TO ARRIVAL AT FIELDWORK II SITE

At least 6 weeks prior to the beginning of each Level II Fieldwork, a letter or email will be written to the Clinical Supervisor at the fieldwork location. After the Academic Fieldwork Coordinator has initiated this communication, you will be notified and then will be able to request the contact information of your assigned fieldwork educator. Keep in mind that this is the fieldwork educator's first impression of you. The manner in which you present your thoughts in writing can be as important as what you say. This is your first opportunity to present yourself as being positive, enthusiastic, organized, responsible, focused, well written, punctual, thoughtful and professional. The opposite is also true.

Your initial contact should include the following:

- Confirmation of the beginning and ending dates of fieldwork
- Request for information regarding reporting time and location on first day
 - Anticipated schedule including days worked, start time, estimated ending time
- Request for dress code information
- Confirmation of requirements including immunizations and CPR
- An expression of your appreciation for their participation in your professional development
- Information of a personal nature such as particular interests or goals and how these relate to this fieldwork experience

Approximately one week prior to the fieldwork start date, you need to call your supervisor and confirm the start date and start time. Be sure you know exactly where to meet your supervisor and, if you are driving to the site, know where to park.

CORRESPONDENCE AFTER FIELDWORK

You are expected to write a letter of appreciation to the facility and staff within two weeks of the completion of your fieldwork experience. Please provide a copy of your letter to the Academic Fieldwork Coordinator.

PERSONAL DATA SHEET
FOR STUDENT FIELDWORK EXPERIENCE

PERSONAL INFORMATION

Name _____

Permanent Home Address _____

Phone number and dates that you will be available at that number

Phone Number _____ Dates _____

Name, address, and phone number of person to be notified in case of accident or illness:

EDUCATION INFORMATION

1. Expected degree (*circle one*)
OTA: Associate Baccalaureate Masters Doctorate Certificate
OT: Baccalaureate Masters Doctorate Certificate
2. Anticipated year of graduation _____
3. Prior degrees obtained _____
4. Foreign languages read _____ spoken _____
5. Do you hold a current CPR certification card? Yes ____ No ____
Date of expiration _____

HEALTH INFORMATION

1. Are you currently covered under any health insurance? Yes ____ No ____
2. If yes, name of company _____
Group # _____ Subscriber # _____
3. Date of last Tine Test or chest x-ray: _____
(If positive for TB, tine test is not given)

PREVIOUS WORK/VOLUNTEER EXPERIENCE

Over. . .

PERSONAL PROFILE

1. Strengths: _____

2. Areas of growth: _____

3. Special skills or interests: _____

4. Describe your preferred learning style: _____

5. Describe your preferred style of supervision: _____

6. Will you need housing during your affiliation? Yes ____ No ____
7. Will you have your own transportation during your affiliation? Yes ____ No ____
8. *(Optional)* Do you require any reasonable accommodations (as defined by ADA) to complete your fieldwork? Yes ____ No _____. If yes, were there any reasonable accommodations that you successfully used in your academic coursework that you would like to continue during fieldwork? If so, list them. To promote your successful accommodation, it should be discussed and documented before each fieldwork experience.

FIELDWORK EXPERIENCE SCHEDULE

Level I Exp.	CENTER	TYPE OF FW SETTING	LENGTH OF FW EXPERIENCE
Level II Exp.			

ADDITIONAL COMMENTS

EVALUATION OF FIELDWORK II PERFORMANCE

Evaluation of student performance should be an ongoing process which occurs during formal and informal supervisory sessions. If your Fieldwork Supervisor does not initiate feedback sessions initially, ask for them. Students should receive a midterm evaluation after 6 weeks of Fieldwork II using the midterm scoring system of the Fieldwork Evaluation for the Occupational Therapist (FWE). The student should also fill out the Self Assessment Midterm Progress Report. The University of Utah does not require that a copy of the FWE be sent to the school at midterm. However, the student is responsible for mailing or faxing the Self Assessment Midterm Progress Report to the Academic Fieldwork Coordinator during the seventh week of FW II. The midterm evaluation is used to help students and supervisors identify strengths and areas of concern and to clarify objectives for the rest of the Fieldwork II placement.

The final evaluation, using the FWE, and the Student Evaluation of Fieldwork Experience need to be discussed and signed by the student and the Fieldwork Supervisor. The originals should be mailed to the University of Utah Academic Fieldwork Coordinator within one week of the conclusion of the fieldwork experience. Students' grades cannot be posted until this is received by the Academic Fieldwork Coordinator. A copy of each should be retained by the facility. It is recommended that the student receive a copy as well.

Jeanette Koski, OTD, OTR/L
Academic Fieldwork Coordinator
Department of Occupational and Recreational Therapies
520 Wakara Way
Salt Lake City, UT 84108
Fax 801-585-1001

UNIVERSITY OF UTAH
DEPARTMENT OF OCCUPATIONAL AND RECREATIONAL THERAPIES
STUDENT EVALUATION OF FIELDWORK I

Student: _____ Dates of FW: _____

Name of Facility: _____ Supervisor: _____

Think of one word to describe this fieldwork experience.

Describe the supervision at this fieldwork site. Did it meet your needs and objectives?

Describe the feedback given by your supervisor. (How much, how often)

What responsibility did you take to increase your learning opportunities?

What were the positive and negative aspects of this experience?

over

Was this an appropriate clinical setting for this course? What did you learn?

How effectively did the academic preparation you received correlate with this fieldwork?

Is there anything you will do differently next time to make Fieldwork I a better experience for you? What have you learned that will be helpful during FW II?

On a scale of 1 – 5 (with 1 being “no value” and 5 being “excellent value”) how valuable was this fieldwork experience for your education?

Additional comments or recommendations:

The primary purpose of this evaluation is to give you an opportunity to reflect on your experience and to communicate concerns with the experience to the Academic Fieldwork Coordinator. You may share this information with your Fieldwork Supervisor but you are not obligated to.

See your syllabus for the due date for this assignment.

Student Signature: _____

UNIVERSITY OF UTAH
DEPARTMENT OF OCCUPATIONAL AND RECREATIONAL THERAPIES
FIELDWORK I OBSERVATION OF STUDENT PERFORMANCE

Student's Name: _____ Fieldwork Center: _____

Supervisor's Name: _____ Dates of FW: _____

Please check the most appropriate rating:

<i>Professional Behavior</i> The student:	Outstanding	Adequate	Needs Improvement	Not Observed
1. Conforms to institution's dress code.				
2. Is responsible and dependable in attendance and promptness.				
3. Initiates and completes all assignments promptly.				
4. Communicates effectively with other professionals/staff. Listens and speaks at appropriate times.				
5. Contributes toward open communication with supervisor. Gives and receives feedback appropriately.				
6. Establishes and maintains therapeutic relationships with clients and their families.				
7. Presents reports in a clear & professional manner.				
8. Demonstrates professional values and ethics.				
9. Maintains the confidentiality of others.				
10. Seeks information and asks relevant questions. Uses resources and time effectively.				
11. Follows through with suggestions made by supervisor.				
12. Seeks challenges and demonstrates enthusiasm for fieldwork experiences.				
13. Demonstrates independence when appropriate.				
14. Flexible: effectively adjusts to changes; adjusts priorities without difficulty.				

<i>Related to Educational Objectives</i> The student has:	Outstanding	Adequate	Needs Improvement	Not Observed
15. Developed an increased comfort level interacting with persons who have disabilities, emotional problems, or psychiatric disorders.				
16. Described the needs of clients served by the agency/facility.				
17. Demonstrated respect for the values and diversity of persons with disabilities, caregivers, staff and volunteers.				
18. Demonstrated an attitude of inquiry to enhance creativity and problem solving skills.				
19. Observed staff interactions, assessments and/or treatment sessions with agency/facility clients.				
20. Participated in group or individual treatment sessions as appropriate depending on the skill level of the student and the severity of the client's disability/illness.				
<i>First Year Students, Spring Semester only:</i> The student has:	Outstanding	Adequate	Needs Improvement	Not Observed
1. Explored possible roles for occupational therapy in community settings.				
2. Verbalized the importance of promoting the health of individuals in the community (outside institutional settings).				
3. Identified factors in the community agency that influence function of individuals with disabilities.				

Strengths of the student noted at this fieldwork:

Areas the student could work toward improving during remaining fieldwork experiences:

Additional comments:

Student Signature

Supervisor Signature

Mail To:

Jeanette Koski, OTD, OTR/L
Academic Fieldwork Coordinator
Department of Occupational and Recreational Therapies
University of Utah
520 Wakara Way
Salt Lake City, UT 84108-1290

LEVEL II MIDTERM SELF-ASSESSMENT REPORT

Student's Name: _____ Date: _____

Fieldwork Supervisor: _____

Facility: _____

Days Absent: _____ Reason for Absence: _____

Alternate days completed to satisfy attendance requirements: _____

What has been the best part of the fieldwork experience?

What have you liked the least about the fieldwork experience?

What are your strengths at this fieldwork site?

What are the areas in which you need to improve?

What are your goals and/or plans regarding the areas that need improvement?

What was your midterm score on the Fieldwork Performance Evaluation? _____

How did you feel that process went?

Other comments:

Student's Signature

Fieldwork Supervisor's Signature

Complete and fax or mail to Jeanette Koski at end of 6th week of FW. Attach additional pages as needed.

STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)

Purpose:

This evaluation serves as a tool for fieldwork sites, academic programs, and students. The main objectives of this evaluation are to:

- Enable the Level II fieldwork student who is completing a placement at the site to evaluate and provide feedback to the supervisor and fieldwork setting;
- Enable academic programs, fieldwork sites, and fieldwork educators to benefit from student feedback in order to develop and refine their Level II fieldwork programs;
- Ensure that all aspects of the fieldwork program reflect the sequence, depth, focus, and scope of content of the curriculum design;
- Provide objective information to students who are selecting sites for future Level II fieldwork; and
- Provide a means of evaluation to ensure that fieldwork is performed in settings that provide educational experiences applicable to the academic program.

This form is designed to offer each program the opportunity to gather meaningful and useful information. Sections outlined with thick black double borders are designed to be customized by your program as needed. Pages involving evaluation of individual fieldwork educators have been positioned at the end of the form to allow academic programs to easily remove these pages before making them available for student review, if they choose to do so.

STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)

Instructions to the Student:

Complete this STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE) form before your final meeting with your fieldwork supervisor(s). It is imperative that you review the form with your supervisor and that both parties sign on page 1. Copy the form so that a copy remains at the site and a copy is forwarded to your Academic Fieldwork Coordinator at your educational program. This information may be reviewed by future students as well. The evaluation of the student (FWPE) should be reviewed first, followed by the student's evaluation of the fieldwork experience (SEFWE), allowing the student to be honest and constructive.

Fieldwork Site _____ Site Code _____

Address _____

Placement Dates: from _____ to _____

Order of Placement: [] First [] Second [] Third [] Fourth

Living Accommodations: *(include type, cost, location, condition, contact phone number if applicable)*

Public transportation in the area:

Please write your e-mail address here if you don't mind future students contacting you to ask you about your experience at this site: _____

We have mutually shared and clarified this Student Evaluation of the Fieldwork Experience report.

Student's Signature

FW Educator's Signature

Student's Name *(Please Print)*
(Please Print)

FW Educator's Name and credentials

FW Educator's years of experience _____

Indicate your view of the orientation by *checking* "Satisfactory" (S) or "Needs Improvement" (I) regarding the three factors of adequacy, organization, and timeliness.

Comments or suggestions regarding your orientation to this fieldwork placement:

List approximate number of each age category in your caseload.

List approximate number of each primary condition/problem/diagnosis in your caseload

[illegible]

OCCUPATIONAL THERAPY PROCESS

Indicate the approximate number of screenings/evaluations you did; also indicate their value to your learning experience by *circling* the appropriate number with #1 being least valuable and #5 being the most valuable.

	REQUIRED Yes No		HOW MANY	EDUCATIONAL VALUE				
1. Client/patient screening				1	2	3	4	5
2. Client/patient evaluations (Use specific names of evaluations)								
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
3. Written treatment/care plans				1	2	3	4	5
4. Discharge summary				1	2	3	4	5

List major therapeutic interventions frequently used and indicate whether it was provided in group, individually, Co-Treatment, or consultation. List other professionals involved.

Therapeutic Interventions	Individual	Group	Co-Tx	Consultation
Occupation-based activity, i.e., play, shopping, ADL, IADL, work, school activities, etc. (within client's own context with his or her goals)				
1.				
2.				
3.				
4.				

Purposeful activity (therapeutic context leading to occupation)				
1.				
2.				
3.				
4.				
Preparatory methods, i.e., sensory, PAMs, splinting, exercise, etc. (preparation for occupation-based activity)				
1.				
2.				
3.				
4.				

THEORY—FRAMES OF REFERENCE—MODELS OF PRACTICE

Indicate frequency of theory/frames of reference used

	Never	Rarely	Occasionally	Frequently
Model of Human Occupation				
Occupational Adaptation				
Ecology of Human Performance				
Person-Environment-Occupation Model				
Biomechanical Frame of Reference				
Rehabilitation Frame of Reference				
Neurodevelopmental Theory				
Sensory Integration				
Behaviorism				
Cognitive-Behavioral Frame of Reference				
Cognitive Disability Frame of Reference				
Motor Learning Frame of Reference				
Coping Frame of Reference				
Other (list)				

FIELDWORK ASSIGNMENTS

List the types of assignments required of you at this placement (check all that apply), and indicate their educational value (1 = not valuable ----- 5 = very valuable). Indicate if more than one required.

Case study applying the Practice Framework	1	2	3	4	5	N/A
Evidence-based practice presentation:	1	2	3	4	5	N/A
Topic:						
Revision of site-specific fieldwork objectives	1	2	3	4	5	N/A
Program development	1	2	3	4	5	N/A
Topic:						
In-service/presentation	1	2	3	4	5	N/A
Topic:						
Research	1	2	3	4	5	N/A
Topic:						
Other (list)	1	2	3	4	5	N/A

ASPECTS OF THE ENVIRONMENT

1 = Rarely
2 = Occasionally
3 = Frequently
4 = Consistently

	1	2	3	4
Staff and administration demonstrated cultural sensitivity				
The Practice Framework was integrated into practice				
Student work area/supplies/equipment were adequate				
Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides				
Opportunities to network with other professionals				
Opportunities to interact with other OT students				
Opportunities to interact with students from other disciplines				
Staff used a team approach to care				
Opportunities to observe role modeling of therapeutic relationships				
Opportunities to expand knowledge of community resources				
Opportunities to participate in research				
Additional educational opportunities (specify):				

How would you describe the pace of this setting? (circle one)	Slow	Med	Fast	
Types of documentation used in this setting:				
Ending student caseload expectation: ____ # of clients per week or day				
Ending student productivity expectation: ____ % per day (direct care)				

SUPERVISION

<p>What was the primary model of supervision used? (check one)</p> <p><input type="checkbox"/> one supervisor : one student</p> <p><input type="checkbox"/> one supervisor : group of students</p> <p><input type="checkbox"/> two supervisors : one student</p> <p><input type="checkbox"/> one supervisor : two students</p> <p><input type="checkbox"/> distant supervision (primarily off-site)</p> <p><input type="checkbox"/> three or more supervisors : one student (count person as supervisor if supervision occurred at least weekly)</p>
--

List fieldwork educators who participated in your learning experience.

Name	Credentials	Frequency	Individual	Group
1.				
2.				
3.				
4.				
5.				

ACADEMIC PREPARATION

Rate the relevance and adequacy of your academic coursework relative to the needs of **THIS** fieldwork placement, *circling* the appropriate number.

	Adequacy for Placement					Relevance for Placement				
	Low		High			Low		High		
Anatomy and Kinesiology	1	2	3	4	5	1	2	3	4	5
Neuroanatomy	1	2	3	4	5	1	2	3	4	5
Conditions	1	2	3	4	5	1	2	3	4	5
History and Foundations	1	2	3	4	5	1	2	3	4	5
Psycho-social Classes	1	2	3	4	5	1	2	3	4	5
Activity Analysis	1	2	3	4	5	1	2	3	4	5
OT in the community	1	2	3	4	5	1	2	3	4	5
Evaluation - pediatrics	1	2	3	4	5	1	2	3	4	5
Intervention planning - pediatrics	1	2	3	4	5	1	2	3	4	5
Theory - pediatrics	1	2	3	4	5	1	2	3	4	5
Evaluation - adult	1	2	3	4	5	1	2	3	4	5
Intervention planning - adult	1	2	3	4	5	1	2	3	4	5
Theory - adult	1	2	3	4	5	1	2	3	4	5
Leadership and Management	1	2	3	4	5	1	2	3	4	5
Assistive Technology	1	2	3	4	5	1	2	3	4	5
Seminar Classes (specify)	1	2	3	4	5	1	2	3	4	5
Research	1	2	3	4	5	1	2	3	4	5
Other?	1	2	3	4	5	1	2	3	4	5

What were the strongest aspects of your academic program relevant to preparing you for **THIS** Level II fieldwork experience? Indicate your top 5.

<input type="checkbox"/> Cultural Comp.	<input type="checkbox"/> History, Found.	<input type="checkbox"/> Conditions	<input type="checkbox"/> Psychosocial	<input type="checkbox"/> Level I FW
<input type="checkbox"/> Anat & Kines	<input type="checkbox"/> Neuro Anatomy	<input type="checkbox"/> Management	<input type="checkbox"/> Groups	<input type="checkbox"/> NDT elective
<input type="checkbox"/> Theory - peds	<input type="checkbox"/> Theory - adult	<input type="checkbox"/> Needs assessment	<input type="checkbox"/> Case Mappings	<input type="checkbox"/> EI Elective
<input type="checkbox"/> Interventions - peds	<input type="checkbox"/> Interventions -adult	<input type="checkbox"/> Occupational Science	<input type="checkbox"/> Documentation and Goal Writing	<input type="checkbox"/> Cognitive Elective
<input type="checkbox"/> Evals - peds	<input type="checkbox"/> Evals - adults	<input type="checkbox"/> Presentation Skills	<input type="checkbox"/> Other:	

What changes would you recommend in your academic program relative to the needs of **THIS** Level II fieldwork experience?

SUMMARY

	1 = Strongly disagree 2 = Disagree 3 = No Opinion 4 = Agree 5 = Strongly agree				
	1	2	3	4	5
Expectations of fieldwork experience were clearly defined					
Expectations were challenging but not overwhelming					
Experiences supported student's professional development					
Experiences matched student's expectations					

What particular qualities or personal performance skills do you feel that a student should have to function successfully on this fieldwork placement?

What advice do you have for future students who wish to prepare for this placement?

- Study the following evaluations:

- Study the following intervention methods:

- Read up on the following in advance:

Overall, what changes would you recommend in this Level II fieldwork experience?

Please feel free to add any further comments, descriptions, or information concerning your fieldwork at this center.

Indicate the number that seems descriptive of each fieldwork educator.
Please make a copy of this page for each individual.

FIELDWORK EDUCATOR NAME: _____
FIELDWORK EDUCATOR YEARS OF EXPERIENCE: _____

1 = Strongly Disagree				
2 = Disagree				
3 = No opinion				
4 = Agree				
5 = Strongly agree				
1	2	3	4	5

Provided ongoing positive feedback in a timely manner					
Provided ongoing constructive feedback in a timely manner					
Reviewed written work in a timely manner					
Made specific suggestions to student to improve performance					
Provided clear performance expectations					
Sequenced learning experiences to grade progression					
Used a variety of instructional strategies					
Taught knowledge and skills to facilitate learning and challenge student					
Identified resources to promote student development					
Presented clear explanations					
Facilitated student's clinical reasoning					
Used a variety of supervisory approaches to facilitate student performance					
Elicited and responded to student feedback and concerns					
Adjusted responsibilities to facilitate student's growth					
Supervision changed as fieldwork progressed					
Provided a positive role model of professional behavior in practice					
Modeled and encouraged occupation-based practice					
Modeled and encouraged client-centered practice					
Modeled and encouraged evidence-based practice					

Frequency of meetings/types of meetings with supervisor (value/frequency):

General comments on supervision:

FIELDWORK PERFORMANCE EVALUATION FOR THE OCCUPATIONAL THERAPY STUDENT



Fieldwork Performance Evaluation For The Occupational Therapy Student

MS/MR.
NAME: (LAST) (FIRST) (MIDDLE)

COLLEGE OR UNIVERSITY

FIELDWORK SETTING:

NAME OF ORGANIZATION/FACILITY

ADDRESS: (STREET OR PO BOX)

CITY STATE ZIP

TYPE OF FIELDWORK

ORDER OF PLACEMENT: 1 2 3 4 OUT OF 1 2 3 4

FROM: TO:
DATES OF PLACEMENT

NUMBER OF HOURS COMPLETED

FINAL SCORE

PASS: NO PASS:

SUMMARY COMMENTS:

(ADDRESSES STUDENT'S CLINICAL COMPETENCE)

SIGNATURES:

I HAVE READ THIS REPORT.

SIGNATURE OF STUDENT

NUMBER OF PERSONS CONTRIBUTING TO THIS REPORT

SIGNATURE OF RATER #1

PRINT NAME/CREDENTIALS/POSITION

SIGNATURE OF RATER #2 (IF APPLICABLE)

PRINT NAME/CREDENTIALS/POSITION

AOTA grants permission to photocopy the *Fieldwork Performance Evaluation for the Occupational Therapy Student* for training purposes only. Training purposes encompass using the FWPE forms in student notebooks and training manuals for clinical fieldwork sites, in training sessions for practitioners on the proper use and scoring of the forms, and for students to complete a self-analysis during their fieldwork training. Permission to use the forms must be submitted to copyright@aota.org

Fieldwork Performance Evaluation For The Occupational Therapy Student

This evaluation is a revision of the 1987 American Occupational Therapy Association, Inc. Fieldwork Evaluation Form for the Occupational Therapist and was produced by a committee of the Commission on Education.

PURPOSE

The primary purpose of the Fieldwork Performance Evaluation for the Occupational Therapy Student is to measure entry-level competence of the occupational therapy student. The evaluation is designed to differentiate the competent student from the incompetent student and is not designed to differentiate levels above entry level competence. For further clarification on entry-level competency refer to the Standards of Practice for Occupational Therapy¹.

The evaluation is designed to measure the performance of the occupational therapy process and was not designed to measure the specific occupational therapy tasks in isolation. This evaluation reflects the 1998 Accreditation Council for Occupational Therapy Education Standards² and the National Board for Certification in Occupational Therapy, Inc. Practice Analysis results³. In addition, this evaluation allows students to evaluate their own strengths and challenges in relation to their performance as an occupational therapist.

USE OF THE FIELDWORK PERFORMANCE EVALUATION FOR THE OCCUPATIONAL THERAPY STUDENT

The Fieldwork Performance Evaluation is intended to provide the student with an accurate assessment of his/her competence for entry-level practice. Both the student and fieldwork educator should recognize that growth occurs over time. **The midterm and final evaluation scores will reflect development of student competency and growth.** In order to effectively use this evaluation to assess student competence, site-specific objectives need to be developed. Utilize this evaluation as a framework to assist in ensuring that all key performance areas are reflected in the site-specific objectives.

Using this evaluation at midterm and final, it is suggested that the student complete a self-evaluation of his/her own performance. During the midterm review process, the student and fieldwork educator should collaboratively develop a plan, which would enable the student to achieve entry-level competence by the end of the fieldwork experience. This plan should include specific objectives and enabling activities to be used by the student and fieldwork educator in order to achieve the desired competence.

The Fieldwork Educator must contact the Academic Fieldwork Coordinator when: (1) a student exhibits unsatisfactory behavior in a substantial number of tasks or (2) a student's potential for achieving entry-level competence by the end of the affiliation is in question.

DIRECTIONS FOR RATING STUDENT PERFORMANCE

- There are 42 performance items.
- Every item must be scored, using the one to four point rating scale (see below).
- **The rating scales should be carefully studied prior to using this evaluation.** Definitions of the scales are given at the top of each page.
- Circle the number that corresponds to the description that best describes the student's performance.
- **The ratings for the Ethics and Safety items must be scored at 3 or above on the final evaluation for the student to pass the fieldwork experience.** If the ratings are below 3, continue to complete the Fieldwork Performance Evaluation to provide feedback to the student on her/his performance.
- Record midterm and final ratings on the Performance Rating Summary Sheet.
- Compare overall midterm and final score to the scale below.

OVERALL MIDTERM SCORE

Satisfactory Performance 90 and above

Unsatisfactory Performance 89 and below

OVERALL FINAL SCORE

Pass 122 points and above

No Pass 121 points and below

RATING SCALE FOR STUDENT PERFORMANCE

- 4 — **Exceeds Standards:** Performance is highly skilled and self-initiated. This rating is **rarely given** and would represent the **top 5% of all the students** you have supervised.
- 3 — **Meets Standards:** Performance is consistent with **entry-level practice**. This rating is **infrequently given at midterm** and is a **strong rating at final**.
- 2 — **Needs improvement:** Performance is **progressing but still needs improvement** for entry-level practice. This is a **realistic rating of performance at midterm**, and some ratings of 2 may be reasonable at the final.
- 1 — **Unsatisfactory:** Performance is **below standards** and requires development for entry-level practice. This rating is given when **there is a concern about performance**.

RATING SCALE FOR STUDENT PERFORMANCE

- 4 — **Exceeds Standards:** Performance is highly skilled and self-initiated. This rating is rarely given and would represent the top 5% of all the students you have supervised.
- 3 — **Meets Standards:** Performance is consistent with entry-level practice. This rating is infrequently given at midterm and is a strong rating at final.
- 2 — **Needs improvement:** Performance is progressing but still needs improvement for entry-level practice. This is a realistic rating of performance at midterm, and some ratings of 2 may be reasonable at the final.
- 1 — **Unsatisfactory:** Performance is below standards and requires development for entry-level practice. This rating is given when there is a concern about performance.

I. FUNDAMENTALS OF PRACTICE:

All items in this area must be scored at a #3 or above on the final evaluation in order to pass fieldwork.

1. **Adheres to ethics:** Adheres consistently to the American Occupational Therapy Association Code of Ethics* and site's policies and procedures including when relevant, those related to human subject research.

Midterm	1	2	3	4
Final	1	2	3	4

2. **Adheres to safety regulations:** Adheres consistently to safety regulations. Anticipates potentially hazardous situations and takes steps to prevent accidents.

Midterm	1	2	3	4
Final	1	2	3	4

3. **Uses judgment in safety:** Uses sound judgment in regard to safety of self and others during all fieldwork-related activities.

Midterm	1	2	3	4
Final	1	2	3	4

Comments on strengths and areas for improvement:

• Midterm

• Final

II. BASIC TENETS:

4. Clearly and confidently articulates the values and beliefs of the occupational therapy profession to clients, families, significant others, colleagues, service providers, and the public.

Midterm	1	2	3	4
Final	1	2	3	4

5. Clearly, confidently, and accurately articulates the value of occupation as a method and desired outcome of occupational therapy to clients, families, significant others, colleagues, service providers, and the public.

Midterm	1	2	3	4
Final	1	2	3	4

6. Clearly, confidently, and accurately communicates the roles of the occupational therapist and occupational therapy assistant to clients, families, significant others, colleagues, service providers, and the public.

Midterm	1	2	3	4
Final	1	2	3	4

7. Collaborates with client, family, and significant others throughout the occupational therapy process.

Midterm	1	2	3	4
Final	1	2	3	4

Comments on strengths and areas for improvement:

• Midterm

• Final

RATING SCALE FOR STUDENT PERFORMANCE

- 4 — **Exceeds Standards:** Performance is highly skilled and self-initiated. This rating is rarely given and would represent the top 5% of all the students you have supervised.
- 3 — **Meets Standards:** Performance is consistent with entry-level practice. This rating is infrequently given at midterm and is a strong rating at final.
- 2 — **Needs improvement:** Performance is progressing but still needs improvement for entry-level practice. This is a realistic rating of performance at midterm, and some ratings of 2 may be reasonable at the final.
- 1 — **Unsatisfactory:** Performance is below standards and requires development for entry-level practice. This rating is given when there is a concern about performance.

III. EVALUATION AND SCREENING:

8. **Articulates a clear and logical rationale** for the evaluation process.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
9. **Selects relevant screening and assessment methods** while considering such factors as client's priorities, context(s), theories, and evidence-based practice.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
10. **Determines client's occupational profile** and performance through appropriate assessment methods.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
11. **Assesses client factors and context(s)** that support or hinder occupational performance.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
12. **Obtains sufficient and necessary information** from relevant resources such as client, families, significant others, service providers, and records prior to and during the evaluation process.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
13. **Administers assessments** in a uniform manner to ensure findings are valid and reliable.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
14. **Adjusts/modifies the assessment procedures** based on client's needs, behaviors, and culture.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |

15. **Interprets evaluation results** to determine client's occupational performance strengths and challenges.

Midterm	1	2	3	4
Final	1	2	3	4

16. **Establishes an accurate and appropriate plan** based on the evaluation results, through integrating multiple factors such as client's priorities, context(s), theories, and evidence-based practice.

Midterm	1	2	3	4
Final	1	2	3	4

17. **Documents the results of the evaluation process** that demonstrates objective measurement of client's occupational performance.

Midterm	1	2	3	4
Final	1	2	3	4

Comments on strengths and areas for improvement:

• Midterm

• Final

IV. INTERVENTION:

18. **Articulates a clear and logical rationale** for the intervention process.

Midterm	1	2	3	4
Final	1	2	3	4

19. **Utilizes evidence** from published research and relevant resources to make informed intervention decisions.

Midterm	1	2	3	4
Final	1	2	3	4

20. **Chooses occupations** that motivate and challenge clients.

Midterm 1 2 3 4

Final 1 2 3 4

21. **Selects relevant occupations** to facilitate clients meeting established goals.

Midterm 1 2 3 4

Final 1 2 3 4

22. **Implements intervention plans** that are client-centered.

Midterm 1 2 3 4

Final 1 2 3 4

23. **Implements intervention plans** that are occupation-based.

Midterm 1 2 3 4

Final 1 2 3 4

24. **Modifies task approach, occupations, and the environment** to maximize client performance.

Midterm 1 2 3 4

Final 1 2 3 4

25. **Updates, modifies, or terminates the intervention plan** based upon careful monitoring of the client's status.

Midterm 1 2 3 4

Final 1 2 3 4

26. **Documents client's response** to services in a manner that demonstrates the efficacy of interventions.

Midterm 1 2 3 4

Final 1 2 3 4

Comments on strengths and areas for improvement:

• Midterm

• Final

V. MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES:

27. **Demonstrates through practice or discussion the ability to assign** appropriate responsibilities to the occupational therapy assistant and occupational therapy aide.

Midterm 1 2 3 4

Final 1 2 3 4

28. **Demonstrates through practice or discussion the ability to actively collaborate** with the occupational therapy assistant.

Midterm 1 2 3 4

Final 1 2 3 4

29. **Demonstrates understanding of the costs and funding** related to occupational therapy services at this site.

Midterm 1 2 3 4

Final 1 2 3 4

30. **Accomplishes organizational goals** by establishing priorities, developing strategies, and meeting deadlines.

Midterm 1 2 3 4

Final 1 2 3 4

31. **Produces the volume of work** required in the expected time frame.

Midterm 1 2 3 4

Final 1 2 3 4

Comments on strengths and areas for improvement:

• Midterm

• Final

RATING SCALE FOR STUDENT PERFORMANCE

- 4 — **Exceeds Standards:** Performance is highly skilled and self-initiated. This rating is rarely given and would represent the top 5% of all the students you have supervised.
- 3 — **Meets Standards:** Performance is consistent with entry-level practice. This rating is infrequently given at midterm and is a strong rating at final.
- 2 — **Needs improvement:** Performance is progressing but still needs improvement for entry-level practice. This is a realistic rating of performance at midterm, and some ratings of 2 may be reasonable at the final.
- 1 — **Unsatisfactory:** Performance is below standards and requires development for entry-level practice. This rating is given when there is a concern about performance.

VI. COMMUNICATION:

32. **Clearly and effectively communicates verbally and nonverbally** with clients, families, significant others, colleagues, service providers, and the public.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
33. **Produces clear and accurate documentation** according to site requirements.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
34. **All written communication is legible**, using proper spelling, punctuation, and grammar.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
35. **Uses language appropriate to the recipient** of the information, including but not limited to funding agencies and regulatory agencies.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |

Comments on strengths and areas for improvement:

• Midterm

• Final

VII. PROFESSIONAL BEHAVIORS:

36. **Collaborates with supervisor(s)** to maximize the learning experience.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
37. **Takes responsibility for attaining professional competence** by seeking out learning opportunities and interactions with supervisor(s) and others.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
38. **Responds constructively to feedback.**
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
39. **Demonstrates consistent work behaviors** including initiative, preparedness, dependability, and work site maintenance.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
40. **Demonstrates effective time management.**
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
41. **Demonstrates positive interpersonal skills** including but not limited to cooperation, flexibility, tact, and empathy.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
42. **Demonstrates respect for diversity** factors of others including but not limited to socio-cultural, socioeconomic, spiritual, and lifestyle choices.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |

Comments on strengths and areas for improvement:

• Midterm

• Final

PERFORMANCE RATING SUMMARY SHEET

Performance Items	Midterm Ratings	Final Ratings
I. FUNDAMENTALS OF PRACTICE		
1. Adheres to ethics		
2. Adheres to safety regulations		
3. Uses judgment in safety		
II. BASIC TENETS OF OCCUPATIONAL THERAPY		
4. Articulates values and beliefs		
5. Articulates value of occupation		
6. Communicates role of occupational therapist		
7. Collaborates with clients		
III. EVALUATION AND SCREENING		
8. Articulates clear rationale for evaluation		
9. Selects relevant methods		
10. Determines occupational profile		
11. Assesses client and contextual factors		
12. Obtains sufficient and necessary information		
13. Administers assessments		
14. Adjusts/modifies assessment procedures		
15. Interprets evaluation results		
16. Establishes accurate plan		
17. Documents results of evaluation		
IV. INTERVENTION		
18. Articulates clear rationale for intervention		
19. Utilizes evidence to make informed decisions		
20. Chooses occupations that motivate and challenge		
21. Selects relevant occupations		
22. Implements client-centered interventions		
23. Implements occupation-based interventions		
24. Modifies approach, occupation, and environment		
25. Updates, modifies, or terminates intervention plan		
26. Documents client's response		
V. MANAGEMENT OF OT SERVICES		
27. Demonstrates ability to assign through practice or discussion		
28. Demonstrates ability to collaborate through practice or discussion		
29. Understands costs and funding		
30. Accomplishes organizational goals		
31. Produces work in expected time frame		
VI. COMMUNICATION		
32. Communicates verbally and nonverbally		
33. Produces clear documentation		
34. Written communication is legible		
35. Uses language appropriate to recipient		
VII. PROFESSIONAL BEHAVIORS		
36. Collaborates with supervisor		
37. Takes responsibility for professional competence		
38. Responds constructively to feedback		
39. Demonstrates consistent work behaviors		
40. Demonstrates time management		
41. Demonstrates positive interpersonal skills		
42. Demonstrates respect for diversity		
TOTAL SCORE		

MIDTERM:

Satisfactory Performance 90 and above
 Unsatisfactory Performance 89 and below

FINAL:

Pass 122 points and above
 No Pass 121 points and below

REFERENCES

1. American Occupational Therapy Association. (1998). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, 52, 866–869.
2. Accreditation Council for Occupational Therapy Education. (1999). Standards for an accredited educational program for the occupational therapist. *American Journal of Occupational Therapy*, 53, 575–582.
3. National Board for Certification in Occupational Therapy. (1997). *National Study of Occupational Therapy Practice, Executive Summary*.
4. American Occupational Therapy Association. (2000). Occupational therapy code of ethics (2000). *American Journal of Occupational Therapy*, 54, 614–616.
5. American Occupational Therapy Association (2002). Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*, 56, 606–639.

GLOSSARY

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

- body functions (a client factor, including physical, cognitive, psychosocial aspects)—“the physiological function of body systems (including psychological functions)” (WHO, 2001, p.10)
 - body structures—“anatomical parts of the body such as organs, limbs and their components [that support body function]” (WHO, 2001, p.10)
- (Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*, 56, 606–639.)⁵

Code of Ethics: Refer to www.aota.org/general/coe.asp

Collaborate: To work together with a mutual sharing of thoughts and ideas (ACOTE Glossary)

Competency: Adequate skills and abilities to practice as an entry-level occupational therapist or occupational therapy assistant

Context: Refers to a variety of interrelated conditions within and surrounding the client that influence performance. Contexts include cultural, physical, social, personal, spiritual, temporal and virtual. (Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*, 56, 606–639)⁵

Efficacy: Having the desired influence or outcome (from Neistadt and Crepeau, eds. *Willard & Spackman's Occupational Therapy*, 9th edition, 1998)

Entry-level practice: Refer to American Occupational Therapy Association (1993). Occupational therapy roles. *American Journal of Occupational Therapy*, 47, 1087–99.

Evidence-based Practice: “Conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based [health care] means integrating individual clinical expertise with the best available external clinical evidence from systematic research.” (Sackett and colleagues, Evidence-based medicine: How to practice and teach EBM, 1997, p. 2) (From the Mary Law article “Evidence-Based Practice: What Can It Mean for ME?”, www.aota.org)

Occupation: Groups of activities and tasks of everyday life, named, organized, and given value and meaning by individuals and a culture; occupation is everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity); the domain of concern and the therapeutic medium of occupational therapy. (Townsend, ed., 1997, *Enabling Occupation: An Occupational Therapy Perspective*, p.181)

Occupational Performance: The result of a dynamic, interwoven relationship between persons, environment, and occupation over a person's lifespan; the ability to choose, organize, and satisfactorily perform meaningful occupations that are culturally defined and age appropriate for looking after oneself, enjoying life, and contributing to the social and economic fabric of a community. (Townsend, ed., 1997, *Enabling Occupation: An Occupational Therapy Perspective*, p.181)

Occupational Profile: A profile that describes the client's occupational history, patterns of daily living, interests, values and needs. (Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*, 56, 606–639)⁵

Spiritual: (a context) The fundamental orientation of a person's life; that which inspires and motivates that individual. (Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*, 56, 606–639)⁵

Theory: “An organized way of thinking about given phenomena. In occupational therapy the phenomenon of concern is occupational endeavor. Theory attempts to (1) define and explain the relationships between concepts or ideas related to the phenomenon of interest, (2) explain how these relationships can predict behavior or events, and (3) suggest ways that the phenomenon can be changed or controlled. Occupational therapy theory is concerned with four major concepts related to occupational endeavor: person, environment, health, and occupation.” (Neistadt and Crepeau, eds., *Willard & Spackman's Occupational Therapy*, 9th ed., 1998, p. 521)

FIELDWORK RESOURCES

Occupational Therapy Practice Act

Title 58, Chapter 42a
Utah Code Annotated 1953
As Amended by
Session Laws of Utah 2005
Issued May 2, 2005

OCCUPATIONAL THERAPY PRACTICE ACT

Part 1 – General Provisions

58-42a-101. Title.

This chapter is known as the "Occupational Therapy Practice Act."

58-42a-102. Definitions.

In addition to the definitions in Section 58-1-102, as used in this chapter:

- (1) "Assessment" means the use of skilled observation or evaluation by administering and interpreting standardized or nonstandardized tests and measurements to identify areas for occupational therapy services.
- (2) "Board" means the Occupational Therapy Board created in Section 58-42a-201.
- (3) "Certified occupational therapy assistant" or "COTA" means a person certified as a certified occupational therapy assistant by the National Board for Certification in Occupational Therapy.
- (4) "Individual treatment plan" includes:
 - (a) planning and directing specific exercises and programs to improve sensory integration and motor functioning at the level of performance neurologically appropriate for the individual's stage of development;
 - (b) establishing a program of instruction to teach a patient in skills, behaviors, and attitudes necessary for the patient's independent productive, emotional, and social functioning;
 - (c) analyzing, selecting, and adapting functional exercises to achieve and maintain the patient's optimal functioning in daily living tasks and to prevent further disability; and
 - (d) planning and directing specific programs to evaluate and enhance perceptual, motor, and cognitive skills.
- (5) "Occupational therapist" or "OT" means a person licensed in the state to practice occupational therapy.
- (6) "Occupational therapist registered" or "OTR" means a person certified as an occupational therapist registered by the National Board for Certification in Occupational Therapy.
- (7) "Occupational therapy" means the use of purposeful activity or occupational therapy interventions to develop or restore the highest possible level of independence of an individual who is limited by a physical injury or illness, a dysfunctional condition, a cognitive impairment, a psychosocial dysfunction, a mental illness, a developmental or learning disability, or an adverse environmental condition.
- (8) "Occupational therapy assistant" or "OTA" means a person licensed in the state to practice occupational therapy under the supervision of an occupational therapist as set forth in Section 58-42a-306.
- (9) "Occupational therapy services" include:
 - (a) assessing, treating, educating, or consulting with an individual, family, or other persons;

- (b) developing, improving, or restoring an individual's daily living skills, work readiness, work performance, play skills, or leisure capacities, or enhancing an individual's educational performance skills;
 - (c) developing, improving, or restoring an individual's sensory-motor, oral-motor, perceptual, or neuromuscular functioning, or the individual's range of motion;
 - (d) developing, improving, or restoring the individual's emotional, motivational, cognitive, or psychosocial components of performance;
 - (e) assessing the need for and recommending, developing, adapting, designing, or fabricating splints or assistive technology devices for individuals;
 - (f) training individuals in the use of rehabilitative or assistive technology devices such as selected orthotic or prosthetic devices;
 - (g) applying physical agent modalities as an adjunct to or in preparation for purposeful activity;
 - (h) applying the use of ergonomic principles; and
 - (i) adapting or modifying environments and processes to enhance or promote the functional performance, health, and wellness of individuals.
- (10) "Practice of occupational therapy" means rendering or offering to render occupational therapy services to individuals, groups, agencies, organizations, industries, or the public.
- (11) "Unprofessional conduct" is as defined in Section 58-42a-501.

Part 2 - Board

58-42a-201. Board.

(1) There is created the Occupational Therapy Licensing Board consisting of three licensed occupational therapists, one licensed occupational therapy assistant, and one member of the general public.

(2) The board shall be appointed and serve in accordance with Section 58-1-201.

(3) The duties and responsibilities of the board shall be in accordance with Sections 58-1-202 and 58-1-203, and in addition, the board shall:

(a) designate one of its members on a permanent or rotating basis to assist the Department in reviewing complaints concerning the unlawful or unprofessional practice of occupational therapy and to advise the Department with respect to these complaints; and

(b) disqualify any member of the board from participating as a member of the board in its capacity as a presiding officer in any administrative procedure in which that member has reviewed the complaint or advised the Department.

Part 3 - Licensing

58-42a-301. Licensure required -- License classification.

- (1) A license is required to engage in the practice of occupational therapy, except as specifically provided in Section 58-1-307 or 58-42a-304.
- (2) The Department shall issue to a person who qualifies under this chapter a license in the classification of:
 - (a) occupational therapist; or
 - (b) occupational therapy assistant.
- (3) Nothing in this chapter shall permit an individual licensed under this chapter to engage in the practice of mental health therapy.

58-42a-302. Qualifications for licensure.

- (1) All applicants for licensure as an occupational therapist shall:
 - (a) submit an application in a form as prescribed by the Department;
 - (b) pay a fee as determined by the department under Section 63-38-3.2;
 - (c) be of good moral character as it relates to the functions and responsibilities of the practice of occupational therapy;
 - (d) graduate with a bachelors or graduate degree in occupational therapy from a program accredited by the Accreditation Council for Occupational Therapy Education; and
 - (e) be certified by the National Board for Certification in Occupational Therapy as an occupational therapist registered.
- (2) All applicants for licensure as an occupational therapist assistant shall:
 - (a) submit an application in a form as prescribed by the Department;

- (b) pay a fee as determined by the department under Section 63-38-3.2;
- (c) be of good moral character as it relates to the functions and responsibilities of the practice of occupational therapy;
- (d) graduate with a two-year associate degree in occupational therapy from a program accredited by the Accreditation Council for Occupational Therapy Education; and
- (e) be certified by the National Board for Certification in Occupational Therapy as a certified occupational therapist assistant.

58-42a-303. Term of license -- Expiration -- Renewal.

- (1) The Department shall issue each license under this chapter in accordance with a two-year renewal cycle established by rule. The Department may by rule extend or shorten a renewal period by as much as one year to stagger the renewal cycles it administers.
- (2) Each license automatically expires on the expiration date shown on the license unless the licensee renews it in accordance with Section 58-1-308.

58-42a-304. Exemptions from licensure.

In addition to the exemptions from licensure in Section 58-1-307, a person who performs activities that are repetitive and routine in nature and that do not require specific skills or knowledge may engage in acts or practices included within the definition of the practice of occupational therapy under general supervision of an occupational therapist as defined by rule, without being licensed under this chapter.

58-42a-305. Limitation upon occupational therapy services provided by an occupational therapist assistant.

- (1) An occupational therapist assistant shall perform occupational services under the supervision of an occupational therapist as set forth in Section 58-42a-306.
- (2)
 - (a) An occupational therapist assistant may not write an individual treatment plan or approve or cosign modifications to a treatment plan.
 - (b) An occupational therapist assistant may contribute to and maintain a treatment plan.

58-42a-306. Supervision requirements.

The supervising occupational therapist shall perform the following functions:

- (1) write or contribute to an individual treatment plan;
- (2) approve and cosign on all modifications to the treatment plan;
- (3) perform an assessment of the patient before referring the patient to a supervised occupational therapist assistant for treatment;
- (4) meet face to face with the supervised occupational therapist assistant as often as necessary but at least once every two weeks, to adequately provide consultation, advice, training, and direction;
- (5) meet with each patient who has been referred to a supervised occupational therapist assistant at least once each month, unless otherwise approved by the Department in collaboration with the board, to further assess the patient, evaluate the treatment, and modify the individual's treatment plan;
- (6) limit supervision to not more than two occupational therapist assistants unless otherwise approved by the Department in collaboration with the board; and
- (7) remain responsible for patient treatment provided by the occupational therapist assistant.

Part 4 – License Denial and Discipline

58-42a-401. Denial of license -- Discipline.

The Department may refuse to issue a license to an applicant, refuse to renew the license of a licensee, revoke, suspend, restrict, or place on probation the license of a licensee, issue a public or private reprimand to a

licensee, and issue a cease and desist order under the grounds specified in Section 58-1-401.

Part 5 – Unprofessional Conduct

58-42a-501. Unprofessional conduct.

"Unprofessional conduct," as defined in Section 58-1-501 and as may be further defined by rule, includes:

- (1) failing to develop, maintain, or contribute to a written individual treatment plan for each patient;
- (2) failing as an occupational therapist supervisor to provide supervision as set forth in Section 58-42a-306;
- (3) failing to report known unprofessional or unlawful conduct of persons licensed under this chapter;
- (4) submitting billing statements to receive payment for occupational therapy services not performed by the occupational therapist or the supervised occupational therapist assistant;
- (5) falsifying individual treatment plans; and
- (6) failing to consult with the attending physician and coordinate care of a patient or client who is in active, recent treatment, as defined by rule, by that physician for the same condition.

Occupational Therapy Practice Act Rules

R156-42a
Utah Administrative Code
Issued August 4, 2003

R156. Commerce, Occupational and Professional Licensing

R156-42a. Occupational Therapy Practice Act Rules.

R156-42a-101. Title.

These rules are known as the "Occupational Therapy Practice Act Rules".

R156-42a-102. Definitions.

In addition to the definitions in Title 58, Chapters 1 and 42a, as used in Title 58, Chapters 1 and 42a, or these rules:

(1) "General supervision" as used in Section 58-42a-304 and Subsection R156-42a-302b(2) means the supervising occupational therapist is:

(a) present in the area where the person supervised is performing services; and

(b) immediately available to assist the person being supervised in the services being performed.

(2) "Consult with the attending physician" as used in Subsection 58-42a-501(6) means that the occupational therapist will consult with the attending physician when an acute change of patient condition affects the occupational therapy services being performed.

(3) "Physical agent modalities" as used in Subsection 58-42a-102(9)(g), means specialized treatment procedures that produce a response in soft tissue through the use of light, water, temperature, sound or electricity such as hot packs, ice, paraffin, and electrical or sound currents.

(4) "Unprofessional conduct" as defined in Title 58, Chapters 1 and 42a, is further defined, in accordance with Subsection 58-1-203(5), in Section R156-42a-502.

R156-42a-103. Authority - Purpose.

These rules are adopted by the Department under the authority of Subsection 58-1-106(1) to enable the Department to administer Title 58, Chapter 42a.

R156-42a-104. Organization - Relationship to Rule 156-1.

The organization of this rule and its relationship to Rule R156-1 is as described in Section R156-1-107.

R156-42a-302. Qualifications for Licensure - Examination Requirements.

In accordance with Section 58-1-309, all applicants for licensure must pass the Occupational Therapy Law and Rule Examination.

R156-42a-303. Renewal Cycle - Procedures.

(1) In accordance with Subsection 58-1-308(1), the renewal date for the two-year renewal cycle applicable to licenses under Title 58, Chapter 42a is established by rule in R156-1-308.

(2) Renewal procedures shall be in accordance with Section R156-1-308.

R156-42a-502. Unprofessional Conduct.

"Unprofessional conduct" includes:

(1) delegating supervision, or occupational therapy services, care or responsibilities not authorized under Title 58, Chapter 42a or these rules;

(2) engaging in or attempting to engage in the use of physical agent modalities when not competent to do so by education, training, or experience; and

(3) failing to provide general supervision as set forth in Title 58, Chapter 42a and these rules.

KEY: licensing, occupational therapy

Date of Enactment or Last Substantive Amendment

August 4, 2003

Notice of Continuation September 2, 2004

Authorizing, Implemented, or Interpreted Law

58-1-106(1)(a); 58-1-202(1)(a); 58-42a-101

Scope of Practice

Statement of Purpose

The purpose of this document is to define the scope of practice in occupational therapy in order to

1. delineate the domain of occupational therapy practice that directs the focus and actions of services provided by occupational therapists and occupational therapy assistants;
2. delineate the dynamic process of occupational therapy evaluation and intervention services to achieve outcomes that support the participation of clients in their everyday life activities (occupations);
3. describe the education and certification requirements to practice as an occupational therapist and occupational therapy assistant; and
4. inform consumers, health care providers, educators, the community, funding agencies, payers, referral sources, and policymakers regarding the scope of occupational therapy.

Introduction

The occupational therapy scope of practice is based on the American Occupational Therapy Association (AOTA) document *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2002) and on the *Philosophical Base of Occupational Therapy*, which states that “the understanding and use of occupations shall be at the central core of occupational therapy practice, education, and research” (AOTA, 2003a, Policy 1.11). Occupational therapy is a dynamic and evolving profession that is responsive to consumer needs and to emerging knowledge and research.

This scope of practice document is designed to support and be used in conjunction with the *Definition of Occupational Therapy Practice for the Model Practice Act* (AOTA, 2004a). While this scope of practice document helps support state laws and regulations that govern the practice of occupational therapy, it does not supersede those existing laws and other regulatory requirements. Occupational therapists and occupational therapy assistants are required to abide by statutes and regulations when providing occupational therapy services. State laws and other regulatory requirements typically include statements about educational requirements to practice occupational therapy, procedures to practice occupational therapy legally within the defined area of jurisdiction, the definition and scope of occupational therapy practice, and supervision requirements.

AOTA (1994) states that a referral is not “required for the provision of occupational therapy services” (p. 1034); however, a referral may be indicated by some state laws and other regulatory requirements. The AOTA 1994 document *Statement of Occupational Therapy Referral* states that “occupational therapists respond to requests for services, whatever their sources. They may accept and enter cases at their own professional discretion and based on their own level of competency” (p. 1034). Occupational therapy assistants provide services under the supervision of an occupational therapist. State laws and other regulatory requirements should be viewed as minimum criteria to practice occupational therapy. Ethical guidelines

that ensure safe and effective delivery of occupational therapy services to clients always influence occupational therapy practice (AOTA, 2000).

Definition of Occupational Therapy

AOTA's *Definition of Occupational Therapy for the Model Practice Act* defines occupational therapy as

the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life" (AOTA, 2004a).

Scope of Practice—The Domain and Process

The scope of practice includes the domain and process of occupational therapy services. These concepts are intertwined with the domain defining the focus of occupational therapy (see Figure 1) and the process defining the delivery of occupational therapy (see Figure 2). The domain of occupational therapy is the everyday life activities (occupations) that people find meaningful and purposeful. Within this domain, occupational therapy services enable clients to engage (participate) in their everyday life activities in their desired roles, context, and life situations. Clients may be individuals, groups, communities, or populations. The occupations in which clients engage occur throughout the life span and include

- activities of daily living (self-care activities);
- education (activities to participate as a learner in a learning environment);
- instrumental activities of daily living (multistep-activities to care for self and others, such as household management, financial management, and childcare);
- leisure (nonobligatory, discretionary, and intrinsically rewarding activities);
- play (spontaneous and organized activities that promote pleasure, amusement, and diversion);
- social participation (activities expected of individuals or individuals interacting with others); and
- work (employment-related and volunteer activities)

DOMAIN OF OCCUPATIONAL THERAPY

Engagement in Occupation to Support Participation in Context or Contexts

Performance in Areas of Occupation

Activities of Daily Living (ADL)*
 Instrumental Activities of Daily Living (IADL)
 Education
 Work
 Play
 Leisure
 Social Participation

Performance Skills

Motor Skills
 Process Skills
 Communication/Interaction Skills

Performance Patterns

Habits
 Routines
 Roles

Context

Cultural
 Functions¹
 Physical
 Social
 Personal
 Spiritual
 Temporal
 Virtual

Activity Demands

Objects Used and Their Properties

 Space Demands
 Social Demands
 Sequencing and Timing
 Required Actions
 Required Body Functions
 Required Body Structures

Client Factors

Body

 Body Structures²

*Also referred to as basic activities of daily living (BADL) and personal activities of daily living (PADL).

(AOTA, 2002, p. 611)

¹Body Functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental)

²Body Structures (e.g., cardiovascular, digestive, integumentary systems)

Figure 1

Within this domain of practice, occupational therapists and occupational therapy assistants consider the repertoire of occupations in which the client engages, the performance skills and patterns the client uses, the contexts influencing engagement, the features and demands of the activity, and the client's body functions and structures. Occupational therapists and occupational therapy assistants use their knowledge and skills to help clients "attain and resume daily life activities that support function and health" throughout the lifespan (AOTA, 2002, p. 610). Participation in activities and occupations that are meaningful to the client involves emotional, psychosocial, cognitive, and physical aspects of performance.

This participation provides a means to enhance health, well-being, and life satisfaction.

The domain of occupational therapy practice complements the World Health Organization's (WHO) conceptualization of participation and health articulated in the *International Classification of Functioning, Disability and Health (ICF)* (WHO, 2001). Occupational therapy incorporates the basic constructs of ICF, including environment, participation, activities, and body structures and functions, when addressing the complexity and richness of occupations and occupational engagement.

The process of occupational therapy relates to service delivery (see Figure 2) and includes evaluating, intervening, and targeting outcomes. Occupation remains central to the occupational therapy process. It is client-centered, involving collaboration with the client throughout each aspect of service delivery. During the evaluation, the therapist develops an occupational profile, analyzes the client's ability to carry out everyday life activities, and determines the client's occupational needs, problems, and priorities for intervention. Evaluation and intervention may address one or more of the domains (see Figure 1) that influence occupational performance. Intervention includes planning and implementing occupational therapy services and involves therapeutic use of self, activities, and occupations, as well as consultation and education. The occupational therapist and occupational therapy assistant utilize occupation-based theories, frames of reference, evidence, and clinical reasoning to guide the intervention (AOTA, 2002).

The outcome of occupational therapy intervention is directed toward "engagement [of the client] in occupations that support participation in [daily life situations] (AOTA, 2002, p. 618). Outcomes of the intervention determine future actions with the client. Outcomes include the client's occupational performance, role competence and adaptation, health and wellness, quality of life and satisfaction, and prevention initiatives (AOTA, 2002, p. 619).

COLLABORATIVE PROCESS MODEL

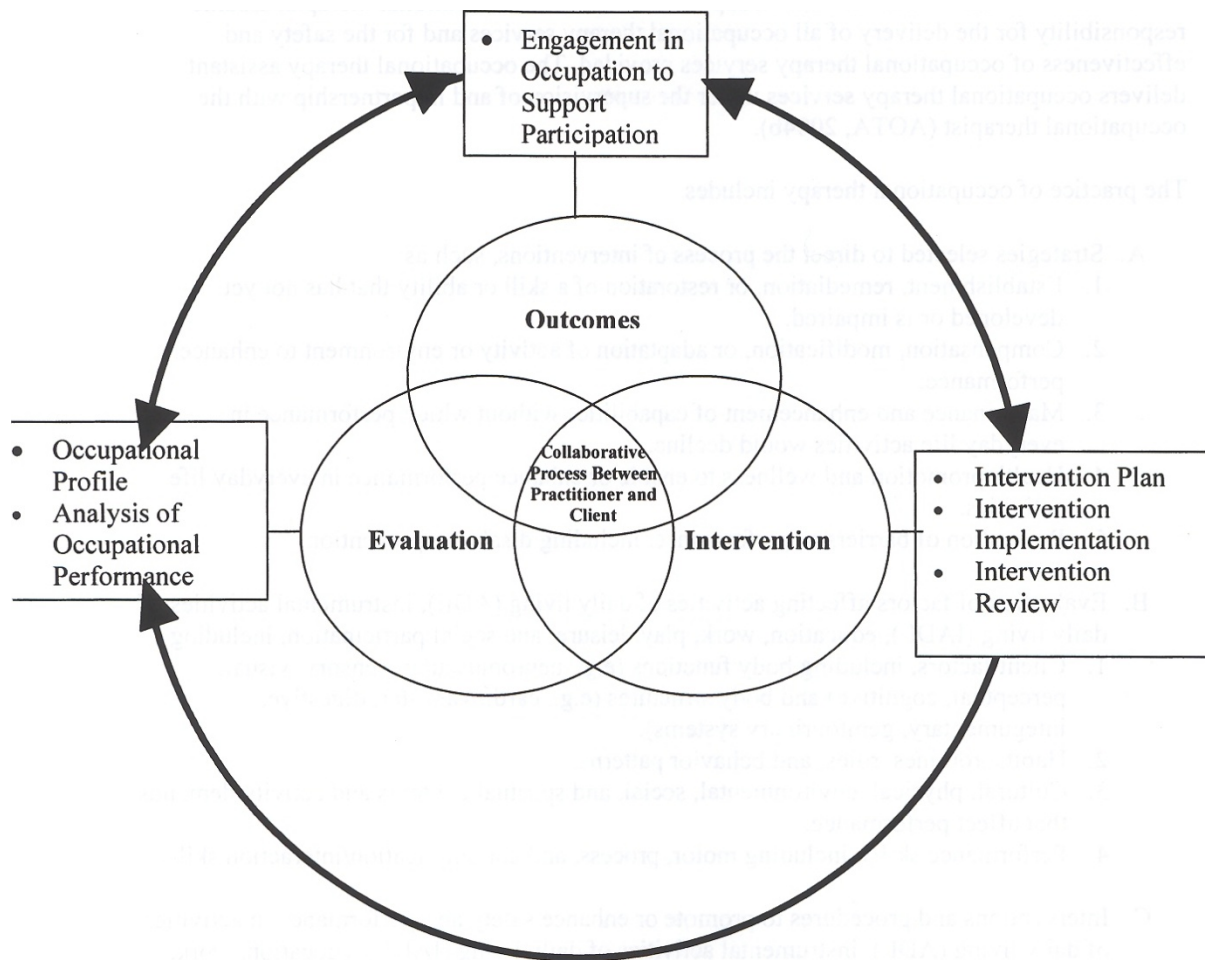


Figure 2: Illustration of the framework emphasizing client–practitioner interactive relationship and interactive nature of the service delivery process (AOTA 2002, 614).

Occupational Therapy Practice

Occupational therapists and occupational therapy assistants are experts at analyzing the performance skills and patterns necessary for people to engage in their everyday activities in the context in which those activities and occupations occur. The occupational therapist assumes responsibility for the delivery of all occupational therapy services and for the safety and effectiveness of occupational therapy services provided. The occupational therapy assistant delivers occupational therapy services under the supervision of and in partnership with the occupational therapist (AOTA, 2004b).

The practice of occupational therapy includes

- A. Strategies selected to direct the process of interventions, such as
 1. Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired.
 2. Compensation, modification, or adaptation of activity or environment to enhance performance.
 3. Maintenance and enhancement of capabilities without which performance in everyday life activities would decline.
 4. Health promotion and wellness to enable or enhance performance in everyday life activities.
 5. Prevention of barriers to performance, including disability prevention.
- B. Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including
 1. Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive) and body structures (e.g., cardiovascular, digestive, integumentary, genitourinary systems).
 2. Habits, routines, roles, and behavior patterns.
 3. Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance.
 4. Performance skills, including motor, process, and communication/interaction skills.
- C. Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including
 1. Therapeutic use of occupations, exercises, and activities.
 2. Training in self-care, self-management, home management, and community/work reintegration.
 3. Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions, and behavioral skills.
 4. Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process.
 5. Education and training of individuals, including family members, caregivers, and others.
 6. Care coordination, case management, and transition services.
 7. Consultative services to groups, programs, organizations, or communities.

8. Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles.
9. Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.
10. Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management.
11. Driver rehabilitation and community mobility.
12. Management of feeding, eating, and swallowing to enable eating and feeding performance.
13. Application of physical agent modalities, and use of a range of specific therapeutic procedures (e.g., wound care management; techniques to enhance sensory, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills.

(AOTA, 2004a)

Site of Intervention

Along the continuum of service, occupational therapy services may be provided to clients throughout the life span in a variety of settings. The settings may include, but are not limited to, the following:

- Institutional settings (inpatient) (e.g., acute rehabilitation, psychiatric hospital, community and specialty focused hospitals, nursing facilities, prisons)
- Outpatient settings (e.g., hospitals, clinics, medical and therapy offices)
- Home and community settings (e.g., home care, group homes, assisted living, schools, early intervention centers, day-care centers, industry and business, hospice, sheltered workshops, wellness and fitness centers, community mental health facilities)
- Research facilities

Education and Certification Requirements

To practice as an occupational therapist, the individual

- must have graduated from an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE[®]) or predecessor organizations¹, and
- must have successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapists that is accredited by ACOTE[®] or predecessor organization (AOTA, 2003b, Policy 5.3).
- must have successfully passed the national certification examination for occupational therapists and/or met state requirements for licensure/registration.

To practice as an occupational therapy assistant, the individual

¹ Foreign educated graduates of occupational therapy programs approved by the World Federation of Occupational therapy (WFOT) may also be eligible for certification/licensure as an occupational therapist provided additional requirements are met.

- must have graduated from an associate- or certificate-level occupational therapy assistant program accredited by ACOTE® or predecessor organizations, and
- must have successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapy assistants that is accredited by ACOTE® or predecessor organizations (AOTA, 2003b, Policy 5.3).
- must have successfully passed the national certification examination for occupational therapy assistants and/or met state requirements for licensure/registration.

AOTA supports licensure of qualified occupational therapists and occupational therapy assistants (AOTA, 2003b, Policy 5.3). State and other legislative or regulatory agencies may impose additional requirements to practice as an occupational therapist and occupational therapy assistants in their area of jurisdiction.

References

- American Occupational Therapy Association. (1994). Statement of occupational therapy referral. *American Journal of Occupational Therapy*, 48, 1034.
- American Occupational Therapy Association. (2000). Occupational therapy code of ethics. *American Journal of Occupational Therapy*, 54, 614–616.
- American Occupational Therapy Association. (2002). Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*, 56, 609–639.
- American Occupational Therapy Association. (2003a). Policy 1.11: The philosophical base of occupational therapy. *Policy Manual* (2003 ed.). Bethesda, MD: Author.
- American Occupational Therapy Association. (2003b). Policy 5.3: Licensure. *Policy Manual* (2003 ed.). Bethesda, MD: Author.
- American Occupational Therapy Association. (2004a). Definition of occupational therapy practice for the AOTA Model Practice Act. (Available from the State Affairs Group, American Occupational Therapy Association, 4720 Montgomery Lane, PO Box 31220, Bethesda, MD 20824-1220.)
- American Occupational Therapy Association. (2004b). Guidelines for supervision, roles, and responsibilities during the delivery of occupational therapy services. *American Journal of Occupational Therapy*, 58 (November/December).
- World Health Organization. (2001). *International classification of functioning, disability and health (ICF)*. Geneva, Switzerland: Author.

Additional Reading

American Occupational Therapy Association. (1993). Occupational therapy roles. *American Journal of Occupational Therapy*, 47, 1087–1099.

American Occupational Therapy Association. (1994). Statement of occupational therapy referral. *American Journal of Occupational Therapy*, 48, 1034.

American Occupational Therapy Association. (1998). Guidelines to the occupational therapy code of ethics. *American Journal of Occupational Therapy*, 2, 881–884.

American Occupational Therapy Association. (1999). The guide to occupational therapy practice. *American Journal of Occupational Therapy*, 53, 247–322.

Moyers, P. (1999). The guide to occupational therapy practice. *American Journal of Occupational Therapy*, 53(3), 247–322.

Youngstrom, M. J. (2002). Introduction to the occupational therapy practice and framework: Domain and process. *OT Practice*, CE-1–CE-7.

Authors

The Commission on Practice:

Sara Jane Brayman, PhD, OTR/L, FAOTA, Chairperson

Gloria Frolek Clark, MS, OTR/L, FAOTA

Janet V. DeLany, DEd, OTR/L

Eileen R. Garza, PhD, OTR, ATP

Mary V. Radomski, MA, OTR/L, FAOTA

Ruth Ramsey, MS, OTR/L

Carol Siebert, MS, OTR/L

Kristi Voelkerding, BS, COTA/L

Patricia D. LaVesser, PhD, OTR/L, SIS Liaison

Lenna King, ASD Liaison

Deborah Lieberman, MHSA, OTR/L, FAOTA, AOTA Headquarters Liaison

for

The Commission on Practice

Sara Jane Brayman, PhD, OTR/L FAOTA, Chairperson

Adopted by the Representative Assembly 2004C23

Edited by the Commission on Practice 2005

Previously published and copyrighted in 2004 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 58, 673–77.

Guidelines for Supervision, Roles and Responsibilities During the Delivery of Occupational Therapy Services

This document contains four sections that direct the delivery of occupational therapy services. These sections are The Guideline for the Supervision of Occupational Therapy Personnel², Supervision of Occupational Therapists and Occupational Therapy Assistants, Roles and Responsibilities of Occupational Therapists and Occupational Therapy Assistants During the Delivery of Occupational Therapy Services, and Supervision of Occupational Therapy Aides.

THE GUIDELINES FOR THE SUPERVISION OF OCCUPATIONAL THERAPY PERSONNEL

These guidelines provide a definition of supervision and outline parameters to be used by occupational therapy personnel regarding effective supervision as it relates to the delivery of occupational therapy services. These supervision guidelines are to assist occupational therapy personnel in the appropriate and effective provision of occupational therapy services. The guidelines themselves cannot be interpreted to constitute a standard of supervision in any particular locality. All personnel are expected to meet applicable state and federal regulations, adhere to relevant workplace policies and the *Occupational Therapy Code of Ethics* (AOTA, 2000), and participate in ongoing professional development activities to maintain continuing competency.

In these guidelines, supervision is viewed as a cooperative process in which two or more people participate in a joint effort to establish, maintain, and or elevate a level of competence and performance. Supervision is based on mutual understanding between the supervisor and the supervisee about each other's competence, experience, education, and credentials. It fosters growth and development, promotes effective utilization of resources, encourages creativity and innovation, and provides education and support to achieve a goal (AOTA, 1999a). Within the scope of occupational therapy practice, supervision is a process aimed at ensuring the safe and effective delivery of occupational therapy services and fostering professional competence and development.

SUPERVISION OF OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPY ASSISTANTS

Occupational Therapists

Based on their education and training, occupational therapists, after initial certification, are autonomous practitioners who are able to deliver occupational therapy services independently. The occupational therapist is responsible for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process. Occupational therapists are encouraged to seek supervision and mentoring to develop best practice approaches and promote professional growth.

Occupational Therapy Assistants

² Occupational therapy personnel include occupational therapists, occupational therapy assistants, and occupational therapy aides (AOTA, 1999a).

Based on their education and training, occupational therapy assistants must receive supervision from an occupational therapist to deliver occupational therapy services. The occupational therapy assistant delivers occupational therapy services under the supervision of and in partnership with the occupational therapist. The occupational therapist and the occupational therapy assistant are responsible for collaboratively developing a plan for supervision.

General Principles

1. Supervision involves guidance and oversight related to the delivery of occupational therapy services and the facilitation of professional growth and competence. It is the responsibility of the occupational therapist and the occupational therapy assistant to seek the appropriate quality and frequency of supervision to ensure safe and effective occupational therapy service delivery.
2. To ensure safe and effective occupational therapy services, it is the responsibility of the occupational therapist and occupational therapy assistant to recognize when supervision is needed, and to seek supervision that supports current and advancing levels of competence.
3. The specific frequency, methods, and content of supervision may vary by practice setting and are dependent upon the
 - a. complexity of client needs,
 - b. number and diversity of clients,
 - c. skills of the occupational therapist and the occupational therapy assistant,
 - d. type of practice setting,
 - e. requirements of the practice setting, and
 - f. other regulatory requirements.
4. Supervision that is more frequent than the minimum level required by the practice setting or regulatory agencies may be necessary when
 - a. the needs of the client and the occupational therapy process are complex and changing,
 - b. the practice setting provides occupational therapy services to a large number of clients with diverse needs, or
 - c. the occupational therapist and occupational therapy assistant determine that additional supervision is necessary to ensure safe and effective delivery of occupational therapy services.
5. A variety of types and methods of supervision should be used. Methods may include direct face-to-face contact and indirect contact. Examples of methods or types of supervision that involve direct face-to-face contact include observation, modeling, co-treatment, discussions, teaching, and instruction. Examples of methods or types of supervision that involve indirect contact include phone conversations, written correspondence, and electronic exchanges.
6. Occupational therapists and occupational therapy assistants must abide by agency and state requirements regarding the documentation of a supervision plan and supervision contacts. Documentation may include the
 - a. frequency of supervisory contact,
 - b. method(s) or type(s) of supervision,
 - c. content areas addressed,
 - d. evidence to support areas and levels of competency, and
 - e. names and credentials of the persons participating in the supervisory process.

7. Supervision related to professional growth, such as leadership and advocacy development, may differ from that needed to provide occupational therapy services. The person providing this supervision, as well as the frequency, method, and content of supervision should be responsive to the supervisee's advancing levels of professional growth.

Supervision Outside the Delivery of Occupational Therapy Services

The education and expertise of occupational therapists and occupational therapy assistants prepare them for employment in arenas other than those related to the delivery of occupational therapy. In these other arenas, supervision may be provided by non-occupational therapy professionals.

1. The guidelines of the setting, regulatory agencies, and funding agencies direct the supervision requirements.
2. The occupational therapist and occupational therapy assistant should obtain and use credentials or job titles commensurate with their roles in these other employment arenas.
3. The following are used to determine whether the services provided are related to the delivery of occupational therapy:
 - a. State practice acts
 - b. Regulatory agency standards and rules
 - c. The domain of occupational therapy practice
 - d. The written and verbal agreement among the occupational therapist, the occupational therapy assistant, the client, and the agency or payer about the services provided

ROLES AND RESPONSIBILITIES OF THE OCCUPATIONAL THERAPIST AND THE OCCUPATIONAL THERAPY ASSISTANT DURING THE DELIVERY OF OCCUPATIONAL THERAPY SERVICES

General Statement

The focus of occupational therapy is to facilitate the engagement of the client in occupations that support participation in daily life situations in context or contexts. Occupational therapy addresses the needs and goals of the client related to areas of occupation, performance skills, performance patterns, occupational context, activity demands, and client factors.

1. The occupational therapist is responsible for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process. The occupational therapy service delivery process involves evaluation, intervention planning, intervention implementation, intervention review, and outcome evaluation.
2. The occupational therapist must be directly involved in the delivery of services during the initial evaluation and regularly throughout the course of intervention and outcome evaluation.
3. The occupational therapy assistant delivers occupational therapy services under the supervision of and in partnership with the occupational therapist.
4. It is the responsibility of the occupational therapist to determine when to delegate responsibilities to other occupational therapy personnel. It is the responsibility of the occupational therapy personnel who perform the delegated responsibilities to demonstrate service competency.

5. The occupational therapist and the occupational therapy assistant demonstrate and document service competency for clinical reasoning and judgment during the service delivery process as well as for the performance of specific techniques, assessments, and intervention methods used.
6. When delegating aspects of occupational therapy services, the occupational therapist considers the following factors:
 - a. The complexity of the client's condition and needs
 - b. The knowledge, skill, and competence of the occupational therapy practitioner
 - c. The nature and complexity of the intervention
 - d. The needs and requirements of the practice setting

Roles and Responsibilities

Regardless of the setting in which occupational therapy services are delivered, the occupational therapist and the occupational therapy assistant assume the following generic responsibilities during evaluation, intervention, and outcomes evaluation.

Evaluation

1. The occupational therapist directs the evaluation process.
2. The occupational therapist is responsible for directing all aspects of the initial contact during the occupational therapy evaluation, including:
 - a. determining the need for service,
 - b. defining the problems within the domain of occupational therapy that need to be addressed,
 - c. determining the client's goals and priorities,
 - d. establishing intervention priorities,
 - e. determining specific further assessment needs, and
 - f. determining specific assessment tasks that can be delegated to the occupational therapy assistant.
3. The occupational therapist initiates and directs the evaluation, interprets the data, and develops the intervention plan.
4. The occupational therapy assistant contributes to the evaluation process by implementing delegated assessments and by providing verbal and written reports of observations and client capacities to the occupational therapist.
5. The occupational therapist interprets the information provided by the occupational therapy assistant and integrates that information into the evaluation and decision-making process.

Intervention Planning

1. The occupational therapist has overall responsibility for the development of the occupational therapy intervention plan.
2. The occupational therapist and the occupational therapy assistant collaborate with the client to develop the plan.
3. The occupational therapy assistant is responsible for being knowledgeable about evaluation results and for providing input into the intervention plan, based on client needs and priorities.

Intervention Implementation

1. The occupational therapist has overall responsibility for implementing the intervention.

2. When delegating aspects of the occupational therapy intervention to the occupational therapy assistant, the occupational therapist is responsible for providing appropriate supervision.
3. The occupational therapy assistant is responsible for being knowledgeable about the client's occupational therapy goals.
4. The occupational therapy assistant selects, implements, and makes modifications to therapeutic activities and interventions that are consistent with demonstrated competency levels, client goals, and the requirements of the practice setting.

Intervention Review

1. The occupational therapist is responsible for determining the need for continuing, modifying, or discontinuing occupational therapy services.
2. The occupational therapy assistant contributes to this process by exchanging information with and providing documentation to the occupational therapist about the client's responses to and communications during intervention.

Outcome Evaluation

1. The occupational therapist is responsible for selecting, measuring, and interpreting outcomes that are related to the client's ability to engage in occupations.
2. The occupational therapy assistant is responsible for being knowledgeable about the client's targeted occupational therapy outcomes and for providing information and documentation related to outcome achievement.
3. The occupational therapy assistant may implement outcome measurements and provide needed client discharge resources.

SUPERVISION OF OCCUPATIONAL THERAPY AIDES³²

An aide, as used in occupational therapy practice, is an individual who provides supportive services to the occupational therapist and the occupational therapy assistant. Aides are not primary service providers of occupational therapy in any practice setting. Therefore, aides do not provide skilled occupational therapy services. An aide is trained by an occupational therapist or an occupational therapy assistant to perform specifically delegated tasks. The occupational therapist is responsible for the overall use and actions of the aide. An aide first must demonstrate competency to be able to perform the assigned, delegated client and non-client tasks.

1. The occupational therapist must oversee the development, documentation, and implementation of a plan to supervise and routinely assess the ability of the occupational therapy aide to carry out non-client- and client-related tasks. The occupational therapy assistant may contribute to the development and documentation of this plan.
2. The occupational therapy assistant can supervise the aide.
3. Non-client-related tasks include clerical and maintenance activities and preparation of the work area or equipment.

³ Depending on the setting in which service is provided, "aides" may be referred to by various names. Examples include, but are not limited to, rehabilitation aides, restorative aides, extenders, paraprofessionals, and rehab techs (AOTA, 1999b).

4. Client-related tasks are routine tasks during which the aide may interact with the client but does not act as a primary service provider of occupational therapy services. The following factors must be present when an occupational therapist or occupational therapy assistant delegates a selected client-related task to the aide:
 - a. The outcome anticipated for the delegated task is predictable
 - b. The situation of the client and the environment is stable and will not require that judgment, interpretations, or adaptations be made by the aide
 - c. The client has demonstrated some previous performance ability in executing the task
 - d. The task routine and process have been clearly established
5. When performing delegated client-related tasks, the supervisor must ensure that the aide
 - a. is trained and able to demonstrate competency in carrying out the selected task and using equipment, if appropriate;
 - b. has been instructed on how to specifically carry out the delegated task with the specific client; and
 - c. knows the precautions, signs, and symptoms for the particular client that would indicate the need to seek assistance from the occupational therapist or occupational therapy assistant.
6. The supervision of the aide needs to be documented. Documentation includes information about frequency and methods of supervision used, the content of supervision, and the names and credentials of all persons participating in the supervisory process.

SUMMARY

These guidelines about supervision, roles, and responsibilities are to assist in the appropriate utilization of occupational therapy personnel and in the appropriate and effective provision of occupational therapy services. All personnel are expected to meet applicable state and federal regulations, adhere to relevant workplace policies and the *Occupational Therapy Code of Ethics* (AOTA, 2000), and participate in ongoing professional development activities to maintain continuing competency.

References

- American Occupational Therapy Association. (1999a). Guide for supervision of occupational therapy personnel in the delivery of occupational therapy services. *American Journal of Occupational Therapy*, 53, 592–594 [correction, 54(2): 235].
- American Occupational Therapy Association. (1999b). Guidelines for the use of aides in occupational therapy practice. *American Journal of Occupational Therapy*, 53, 595–597 [correction, 54(2): 235].
- American Occupational Therapy Association. (2000). Occupational therapy code of ethics. *American Journal of Occupational Therapy*, 54, 614–616.

Additional Reading

American Occupational Therapy Association. (1998). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, 52, 866–869.

American Occupational Therapy Association. (2002a). Parameters for appropriate supervision of the occupational therapy assistant. *OT Practice*, 7(15), 9.

American Occupational Therapy Association. (2002b). Roles and responsibilities of the occupational therapist and the occupational therapy assistant during the delivery of occupational therapy services. *OT Practice*, 7(15), 9–10.

Authors

The Commission on Practice:

Sara Jane Brayman, PhD, OTR/L, FAOTA, Chairperson

Gloria Frolek Clark, MS, OTR/L, FAOTA

Janet V. DeLany, DEd, OTR/L

Eileen R. Garza, PhD, OTR, ATP

Mary V. Radomski, MA, OTR/L, FAOTA

Ruth Ramsey, MS, OTR/L

Carol Siebert, MS, OTR/L

Kristi Voelkerding, BS, COTA/L

Patricia D. LaVesser, PhD, OTR/L, SIS Liaison

Lenna Aird, ASD Liaison

Deborah Lieberman, MHSA, OTR/L, FAOTA, AOTA Headquarters Liaison

For

The Commission on Practice

Sara Jane Brayman, PhD, OTR/L, FAOTA, Chairperson

Adopted by the Representative Assembly 2004C24

This document replaces the following AOTA documents:

- 1999 *Guidelines for Use of Aides in Occupational Therapy Practice* (previously published and copyrighted in 1999 by the *American Journal of Occupational Therapy*, 53, 595–597 [correction, 54(2): 235]).
- 1999 *Guide for Supervision of Occupational Therapy Personnel in the Delivery of Occupational Therapy Services* (previously published and copyrighted in 1999 by the *American Journal of Occupational Therapy*, 53, 592–594 [correction, 54(2):235]).
- 2002 *Parameters for Appropriate Supervision of the Occupational Therapy Assistant* (previously published and copyrighted by *OT Practice*, 7(15), 9).
- 2002 *Roles and Responsibilities of the Occupational Therapist and the Occupational Therapy Assistant During the Delivery of Occupational Therapy Services* (previously published and copyrighted by *OT Practice*, 7(15), 9–10).

To be published and copyrighted in 2004 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 58 (November/December).

HIPAA Guidelines for Fieldwork

Per HIPAA guidelines, students cannot report this information in fieldwork assignments such as case studies presentations:

- Name
- Location - includes anything smaller than a state, such as street address
- Dates - all, including date of birth, admission and discharge dates
- Telephone numbers
- Fax numbers
- Electronic e-mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate and/or license numbers
- Vehicle identification numbers and license plate numbers
- Device identifiers and their serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code.

For written reports, the following information **can** be shared:

- Age (age 90 and over must be aggregated to prevent the identification of older individuals)
- Race
- Ethnicity
- Marital Status
- Codes (a random code may be used to link cases, as long as the code does not contain, or be a derivative of, the person's social security number, date of birth, phone/fax numbers, etc.)

Students, as well as therapists, often keep "working files" in their desk. This is still allowed under HIPAA guidelines, however this information must be locked in a file cabinet when not in use, and must be shredded when no longer needed.

Last Update: 04/07/04

Evidence-Based Practice: What Can It Mean for Me?

Mary Law

Working in health care today, one cannot help but notice the widespread use and reference to the term *evidence-based practice*. In fact, evidence-based practice is rapidly becoming a "motherhood" term in occupational therapy and in health care. No one wants to say that they do not have an evidence-based practice, yet, in my experience, many do not understand the meaning and the implications of developing an occupational therapy practice grounded in evidence. Let's take a few minutes to think about and examine what evidence-based practice can mean to you as occupational therapy practitioner.

First, what is evidence-based practice? I find a definition developed by Sackett and colleagues¹ to be useful. They have defined evidence-based practice as "conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based [health care] means integrating individual clinical expertise with the best available external clinical evidence from systematic infection" (p. 2). Let's consider the implications of this definition. It is immediately apparent that this definition supports a balanced view of evidence-based practice. One of the myths about evidence-based practice is that it does not take into account the experience and expertise that professionals have developed during their careers. Clearly, there is recognition that evidence-based practice needs clinical reasoning as well as findings from research to be integrated for best practice. The essential goal of evidence-based practice is to ensure that external research evidence is critically evaluated, understood, and used in applicable clinical situations. The goal is not to negate clinical reasoning and experience.

There are other beliefs about evidence-based practice that often cause difficulty for occupational therapy practitioners. For example, there may be a perception that evidence-based practice is already being carried out to the best of clinicians' abilities. Although there are some practitioners who do include the examination of new literature into their routines, Sackett et al. state that most clinicians rely more on the expertise of others than on searches of the literature.¹ There is also a belief that evidence-based practice is not possible for frontline practitioners because of the time and skill required to search and appraise the literature. In fact, Sackett et al. state that practitioners who develop selective search and appraisal strategies related to specific patients can easily practice evidence-based care.¹ It is important to point out that the primary goal of evidence-based practice is not to cut costs or to insist that only interventions backed by evidence from randomized clinical trials are used. The use of evidence-based practice should lead to clients receiving the most appropriate occupational therapy treatment rather than the least costly treatment. Likewise, evidence-based practice uses the best available evidence, not simply information from randomized clinical trials.²

Evidence-based occupational therapy does not mean that all clients coming to occupational therapy with similar occupational performance issues will be treated the same way. The beauty of evidence-based practice, when it works well, is the marriage of external research evidence with clinical reasoning and client

participation to ensure that the occupational therapy services provided meet the needs of the persons receiving them.

Building Evidence Into Your Occupational Therapy Practice

Taylor,³ using work from Rosenberg and Donald,⁴ has described four stages for incorporating evidence into occupational therapy practice. The stages are:

1. Ask a clinical question about a specific client's problem.
2. Search for information or evidence about this problem.
3. Critically appraise the evidence to determine whether it is useful.
4. Apply these findings to your practice.

Let's use a specific clinical situation to briefly illustrate how these ideas can be put into practice. Mrs. H. is a 55-year-old woman with a history of rheumatoid arthritis who has been referred to your home-based occupational therapy service. The referral states that she requires occupational therapy services to increase independence in her home and the community. What are some of the issues to consider when approaching this clinical situation?

The first clinical question that arises is what assessment is the best to use for identifying Mrs. H.'s occupational performance issues. You want to ensure that the assessment provides you with information about the occupations that Mrs. H. wants or needs to do and is having difficulty performing. You begin your search for evidence regarding assessment by looking at two textbooks that you already have, *Occupational Therapy: Enabling Function and Well Being*⁵ and *Occupational Therapy for Physical Dysfunction*.⁶ Because you are interested in Mrs. H.'s perspective about her occupational performance, you identify the Occupational Performance History Interview (OPHI)⁷ and the Canadian Occupational Performance Measure (COPM)⁸ as two possible assessments. Using the National Library of Medicine Pub Med system (www.ncbi.nlm.nih.gov/PubMed/), you perform a search for information on these two assessments using the names of the assessments as key words. For the OPHI, you find an article describing the development of the measure⁷ as well as an article illustrating its use in narratives with persons with mental health issues.⁹ For the COPM, you find an article examining its validity in community-based practice.¹⁰ You also know that the manuals for these measures are available from the occupational therapy educational program at the local university. After you have obtained these articles and manuals, you can review both assessments to determine the reliability and validity and applicability to this specific practice situation. An outcomes measure rating form and guidelines to help you complete this review have been developed by CanChild Centre for Childhood Disability Research at McMaster University and can be downloaded from its web site (www.fhs.mcmaster.ca/canchild/publications/outcome_measures.html). The use of this critical appraisal form will assist in deciding which assessment is best to use with Mrs. H.

Another clinical question that arises in this specific situation is what occupational therapy treatment approach is most effective for home-based occupational therapy for persons with rheumatoid arthritis. Again, you go to the Pub Med web site and search for articles using the key words "occupational therapy, rheumatoid arthritis and comparative study." This search yields eight articles, including a

randomized clinical trial by Helewa et al. evaluating the effectiveness of home-based occupational therapy.¹¹ The abstract for this study indicates that persons receiving home-based occupational therapy services improved significantly in function compared with those not receiving services. The article provides more information about the specific intervention that was used in the study. To critically appraise this research, you can use a quantitative review form and guidelines downloaded from the Evidence-Based Occupational Therapy Group at McMaster University (www.fhs.mcmaster.ca/rehab/ebp/). After reviewing this article, you can decide whether the results of this study are meaningful and apply to the specific clinical situation for which you require evidence. This decision can then be applied to your practice.

Conclusion

There is no question that, at least initially, searching for and reviewing evidence to help make decisions in your practice takes time. However, as this pattern becomes part of your clinical routine, your skill in searching for evidence, critically appraising the findings, and applying them to practice will increase. If you document these findings, you and others can use them in the future without redoing the search and critical appraisal. As the volume of occupational therapy research increases, it is likely that there will be more critical reviews of the literature or meta-analyses that will provide research summaries for clinical use. Currently, both the American Occupational Therapy Association and the Canadian Occupational Therapy Foundation are funding critical reviews of occupational therapy literature. The availability of these reviews over the next few years will greatly improve access to summaries of research information for clinical use.

The use of evidence to support clinical decision making is important for occupational therapy but a challenge for all of us to put into practice. I hope that these ideas for application will stimulate your thinking and help in this challenge.

References

1. Sackett, D. L., Richardson, W. S., Rosenberg, W. M., & Haynes, B. R. (1997). *Evidence-based medicine: How to practice and teach EBM*. New York: Churchill Livingstone.
2. Duncan, P. W. (1996). Evidence-based practice: A new model for physical therapy. *PT Magazine*, 4(12), 44-48.
3. Taylor, M. C. (1997). What is evidence-based practice? *British Journal of Occupational Therapy*, 60, 470-474.
4. Rosenberg, W. M., & Donald, A. (1995). Evidence-based medicine: An approach to clinical problem-solving. *British Medical Journal*, 310, 1122-1126.
5. Christiansen, C., & Baum, C. (Eds.). (1997). *Occupational therapy: Enabling function and well-being* (2nd ed.). Thorofare, NJ: Slack.
6. Trombly, C. (Ed.). (1995). *Occupational therapy for physical dysfunction* (4th ed.). Baltimore: Williams & Wilkins.
7. Kielhofner, G., & Henry, A. D. (1988). Development and investigation of the Occupational Performance History Interview. *American Journal of Occupational Therapy*, 42, 489-498.
8. Law, M., Baptiste, S., Carswell, A., McColl, M., Polatajko, H., & Pollock, N. (1998). *Canadian Occupational Performance Measure* (3rd ed.). Ottawa, Canada: Canadian Association of Occupational Therapists.

9. Mallinson, T., Kielhofner, G., & Mattingly, C. (1996). Metaphor and meaning in a clinical interview. *American Journal of Occupational Therapy*, 50,338-346.
10. McColl, M. A., Paterson, M., Davies, D., Doubt, L., & Law, M. (2000). Validity and community utility of the Canadian Occupational Performance Measure. *Canadian Journal of Occupational Therapy*, 67,22-30.
11. Helewa, A., Goldsmith, C. H., Lee, P., Bombardier, C., Hanes, B., Smythe, H. A., & Tugwell, P. (1991). Effects of occupational therapy home service on patients with rheumatoid arthritis. *Lancet*, 337,1453-1456.

For More Information

Print Resources

Applied Scientific Inquiry in the Health Professions(2nd ed.) By A. Cronin Mosey, 1996. Bethesda, MD: American Occupational Therapy Association. (\$45 for members; \$55 for nonmembers. To order, call toll free 877-404-AOTA.)

Canadian Occupational Performance Measure (COPM)(3rd ed.) By the Canadian Association of Occupational Therapists, 1998. Ottawa, Canada: Author. (46-minute COPM training video, 34-page video companion workbook, 58-page COPM measure, and 100 COPM measure forms. \$133 for members and nonmembers. To order, call toll free 877-404-AOTA.)

Evaluation: Obtaining and Interpreting Data By J. Hinojosa & P. Kramer, 1998. Bethesda, MD: American Occupational Therapy Association. (\$30 for members; \$36 for nonmembers; \$50 for cloth. To order, call toll free 877-404-AOTA.)

Evaluating Costs and Outcomes: Demonstrating the Value of Rehabilitation Services By D. E. Watson, 1999. Bethesda, MD: American Occupational Therapy Association. (\$20 for members; \$25 for nonmembers. To order, call toll free 877-404-AOTA.)

Kohlman Evaluation of Living Skills(3rd ed.) By L. Kohlman Thomson, 1992. Rockville, MD: American Occupational Therapy Association. (\$28 for members; \$35 for nonmembers. To order, call toll free 877-404-AOTA.)

Occupational Therapy Practice Guidelines By the American Occupational Therapy Association. Bethesda, MD: Author. (Call for a list of titles. \$17 for members; \$22 for nonmembers. Discounts available for groups of 10. To order, call toll free 877-404-AOTA.)

Outcome Management and Program Evaluation Made Easy By S. Forer, 1996. Bethesda, MD: American Occupational Therapy Association. (\$40 for members; \$48 for nonmembers. To order, call toll free 877-404-AOTA.)

Internet Resources

AOTA/AOTF OT Search www.aota.org

AOTF Research Information www.aotf.org/html/research.html

Agency for Health Care Policy and Research Clinical Practice Guidelines: Access to Acute Low Back Problems Guideline and Post-Stroke Rehabilitation Guideline
<http://text.nlm.nih.gov/ftsr/pick?collect=ahcpr&dbName=0&cc=1&t=874869577>

Canada's Occupational Therapy Resource www.otworks.com/

Evidence-Based Medicine: What It Is and What It Isn't
<http://cebm.jr2.ox.ac.uk/ebmisnt.html>

Health Information Research Unit, McMaster University: Evidence-Based Health Informatics <http://hiru.mcmaster.ca/default.htm>

InternOT: Occupational Therapy on the Internet
www.readap.umontreal.ca/InternOT/home.html

National Library of Medicine Search Service www.ncbi.nlm.nih.gov/PubMed

Netting the Evidence: Introduction to Evidence-Based Practice on the Internet
www.shef.ac.uk/uni/academic/R_Z/scharr/ir/netting.html

OTDBASE O.T. Journal Search Service www.otdbase.com/

Outcomes: The Key to Successful Program Management (AOTA Online Course)
Faculty: E. A. Dobrzykowski, D. Lieberman, & S. Tepper, 1999. Visit "Continuing Ed" at [Continuing Education](#) for more information.

Mary Law, PhD, OT(C), is an occupational therapist with graduate training in epidemiology and health and social planning who has worked in the area of children's rehabilitation for many years. She is a professor in the School of Rehabilitation Science and the Department of Clinical Epidemiology and Biostatistics at McMaster University in Ontario, Canada. She is currently co-director of CanChild Centre for Childhood Disability Research, a multidisciplinary pediatric research center.

More resources are available at <http://www1.aota.org/ebp/index.aspx>

The screenshot shows a Windows Internet Explorer browser window displaying the AOTA Evidence-Based Practice Resource Directory. The browser's address bar shows the URL <http://www1.aota.org/ebp/index.aspx>. The website header features the AOTA logo and the tagline "Living Life To Its Fullest™". Navigation tabs include "Practitioners", "Educators-Researchers", "Students", and "Consumers". A sidebar on the left lists various resources such as "Update Member Profile", "Leadership & Governance", "Listservs", "SIS Communities", "AOTA's OTJobLink.org", "Books & Products", "Continuing Education", "Buyer's Guide", "Conference & Events", "OT Search", and "Publications". The main content area is titled "Evidence-Based Practice Resource Directory" and includes a description of the directory's purpose, a "Please select a topic:" dropdown menu, and a "Join AOTA Now!" button. The footer contains copyright information for 1999-2006 and contact details for the American Occupational Therapy Association, Inc.

AOTA - Evidence Based Practice Resources - Windows Internet Explorer

http://www1.aota.org/ebp/index.aspx

File Edit View Favorites Tools Help

AOTA - Evidence Based Practice Resources

Store | About AOTA | Contact Us | AOTF | NBCOT | Search AOTA

AOTA® The American Occupational Therapy Association, Inc.

Living Life To Its Fullest™

Practitioners Educators-Researchers Students Consumers

> Update Member Profile
> Leadership & Governance
> Listservs
> SIS Communities

AOTA's OTJobLink.org
Job Seekers | Employers

> Books & Products
> Continuing Education
> Buyer's Guide
> Conference & Events
> OT Search
> Publications

Promote OT all year long and shop for OT gear today!

Occupational Therapy
Living Life To Its Fullest.

Evidence-Based Practice Resource Directory

The Resource Directory is organized to connect you with resources sorted by the topic headings listed below. Many sites are listed under multiple topic headings.

Please select a topic:
--Select Category--

Join AOTA Now!

© 1999 - 2006 American Occupational Therapy Association, Inc. All rights reserved.
4720 Montgomery Lane, PO Box 31220, Bethesda, MD 20824-1220
Phone: 301-652-2682 TDD: 800-377-8555 Fax: 301-652-7711

[Accessibility](#) | [Disclaimer](#) | [Linking Policy](#) | [Site Map](#) | [Contact Us](#)

Internet 100%