# OCCUPATIONAL THERAPY ASSISTANT PROGRAM POLICIES

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Allegany College of Maryland does not discriminate against any individual for reasons of race, sex, color, religion, national or ethnic origin, age, veteran’s status, or conditions of disability in the admission and treatment of students, educational programs and activities, scholarship and loan programs, hiring of faculty and staff, or any terms and conditions of enrollment or employment. The College complies with applicable state and federal laws and regulations prohibiting discrimination. 1/04
INTRODUCTION

The Occupational Therapy Assistant Program is an Associate in Applied Sciences Degree Program designed to provide the student with the knowledge and skills necessary to become a Certified Occupational Therapy Assistant (COTA). Working under the supervision of occupational therapists, assistants work with persons of all ages whose lives have been affected by impairment or disease.

Occupational Therapy Assistants teach people how to prevent or overcome many types of physical and psychosocial problems caused by disease, substance abuse, mental illness, loss of limb, spinal cord injury, stroke, arthritis, and birth defects, to name a few. COTAs help individuals learn to succeed in self-care, school, work, play, and leisure skills and are employed in hospitals, hospices, nursing homes, rehabilitation facilities, day care centers, public and private schools, and the home.

The program objectives are designed to enable students to:

- Demonstrate accurate and effective oral and written communication skills
- Integrate therapeutic use of self into practice.
- Demonstrate ability to use teaching-learning process with consumers, health care practitioners, and the public.
- Appreciate and adapt to varied/diverse cultures, processes, and ideas.
- Demonstrate resourcefulness and creativity.
- Take responsibility for professional development and life-long learning.
- Integrate the Core Values and Code of Ethics of AOTA into practice.
- Understand and appreciate the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.
- Recognize and describe pathology of selected physical, psychosocial, and developmental dysfunctions.
- Collaborate with clients, caregivers, occupational therapists and other health professionals in assessment, program planning, and implementation.
- Evaluate the need for and demonstrate applications of compensatory strategies when desired life tasks cannot be performed.
- Understand the effectiveness of health care delivery and the past and present roles of OT as it serves individuals in a varied and changing environment.
- Understand the importance of the mind-body connection in the maintenance of health and wellness.
- Promote the profession of occupational therapy.
I: PROGRAM OVERVIEW
A. History of Allegany College of Maryland

Allegany College of Maryland was founded in August of 1961 by a resolution passed by the Allegany County Board of Education and approved by the Allegany County Commissioners. The college, which now has separate governance under a Board of Trustees, is an example of the rapid growth in the development of Maryland's community college system.

Allegany College of Maryland was established to provide low-cost, high quality, higher education for the residents of the area. Its accessibility to the county's center of population permits students to live at home, thus saving a substantial part of out-of-pocket costs for a college education.

Although heavy emphasis was placed on liberal arts transfer programs in the College's early development, in recent years the College has developed highly specialized curricula, including those in the technological and pre-professional areas, as career programs to satisfy identified needs of the region. Ever cognizant of its responsibility to an industrial area pocketed in Appalachian western Maryland, Allegany College of Maryland has accepted a mission to make tangible contributions through higher education to the economic and cultural growth of the area. Through its Board of Trustees, the College presents a dimension of learning that prepares men and women for the excitement and satisfaction of creative lives.

B. Philosophy of Allegany College of Maryland

In developing and implementing the offerings of the College, the Board of Trustees, the faculty, and the staff have steadfastly held, and continue to hold, the following beliefs:

We believe in democracy as a way of life, and in both the freedoms and responsibilities inherent in a democracy. We believe in preparation for active participation in a democracy.

We believe that our college, as an essential and integral part of the American way of life, has a direct relationship and responsibility to the community to serve as a leader in educational thought and practice. To this end, the educational resources of the institution are made available for use by the community.

We believe that education embraces knowledge, training, and aspiration. Consequently, we believe in the dissemination of knowledge, the liberation of minds, the development of skills, the promotion of free inquiry, the encouragement of the creative of inventive spirit, and the establishment of a wholesome attitude toward order and change, with an emphasis on ethical and legal concerns.

We believe that we should educate broadly through a program of general education which introduces the students to the basic fields of knowledge—the arts and humanities, English composition, social and behavioral sciences, mathematics, and the biological and physical sciences.

We believe that it is our responsibility to guide students in the exercise of self-direction and self-discipline in the solution of their problems, and to instill in them the desire to continue education as long as they live.
We believe in the development of the total personality—intellectual, social, emotional, spiritual, physical, and ethical.

We believe that knowledge alone is not enough. Ethics is indispensable; therefore, our program emphasizes appreciation of and response to beauty, truth, and justice, thus contributing to the general cultural development of the community through the individual.

We believe in the cooperation of the college with all segments of its service area and in the continual evaluation of the College, its purpose and program, to the end that it may contribute to the maximum development of the individual and the area.

C. Mission of Allegany College of Maryland

Vision - Allegany College of Maryland will embrace the dynamic spirit of learning for life!

Mission - Allegany College of Maryland is a lifelong learning community dedicated to excellence in education and responsive to the changing needs of the communities we serve. Our focus is the preparation of individuals in mind, body, and spirit for lives of fulfillment, leadership, and service in a diverse and global society. We are committed to engaging students in rich and challenging learning opportunities within a small college atmosphere that is known for its personal touch.

Values
Quality          We improve through assessment.
Integrity       We promote honesty and trust.
Respect         We foster dignity and worth.
Opportunity     We provide innovative choices.
Wellness        We promote healthy lifestyles.

D. Additional Information

The Occupational Therapy Assistant Program was developed in response to a demonstrated need for occupational therapy personnel in Western Maryland and the tri-state area. There was an impressive amount of investigation and pre-planning done prior to initiation of the program.

The location of the Occupational Therapy Assistant Program in Cumberland fills an important need for the citizens of the state and the region. There are only two other programs in Maryland, none in West Virginia, and one 60 miles away in Pennsylvania. Existing programs report many more applicants than student slots available.

Western Maryland and the tri-state area surrounding Cumberland are rural in nature. The city is looked to as a regional health care provider by residents within 40 miles east, north and west, and within 60 miles or more to the south.

This program will help to meet the health care needs of the region as it provides needed employment opportunities for area residents. According to the Bureau of Labor Statistics, the need for Occupational Therapy Assistants is among the twenty fastest growing occupations. The Western Maryland Area Health Education Center (WMAHEC)
conducted a "Survey of Institutional Health Care Personnel Needs Update - October 1990", which includes data to support the need for this program and the need for Occupational Therapy Assistants in the area.

Allegany College of Maryland is a supported, regional, co-educational institution offering programs in liberal arts and highly specialized curricula in technological and pre-professional areas in order to satisfy the identified needs of the region, an industrial area located in Appalachian western Maryland.

Allegany College of Maryland is accredited by the Commission on Higher Education, Middle States Association of Colleges and Secondary Schools, and by the Maryland Higher Education Commission. It is empowered by the Maryland Higher Education Commission to grant the Associate Degree.

Over 4,000 full-time and part-time students attend Allegany College of Maryland, with a 17 to 1 student-faculty ratio. Allegany College of Maryland has accepted a mission to make tangible contributions through higher education to the economic and cultural growth of the area.

For more information about Allegany College of Maryland, its history, programs, and facilities, refer to the college catalog or visit our website at www.allegany.edu.

E. OTA Program Mission and Philosophy

**Mission:** The Mission of the Occupational Therapy Assistant program is to provide high quality education to prepare individuals in mind, body, and spirit, to become skilled helpers. The OTA program promotes lifelong learning and the quest for excellence. Through the program's design to draw parallels between therapy and education, students will become actively involved in a well designed series of activities and experiences that will lead them to entry level competence while developing a strong sense of empathy for those they will eventually encounter in treatment. The Occupational Therapy Assistant program challenges the student to recognize that his or her own uniqueness within a group of student peers mirrors the client's uniqueness when entering the Occupational Therapy process. Individual attention and personalization of the educational or therapeutic experience are critical to the process of growth and adaptation. While the OTA educational program is designed to exceed nationally recognized standards, the emphasis on meeting the special economic, social, and cultural needs of the local tri-state area is presented as an illustration of the importance of social and cultural systems within the professional practice. The program's dedication to self assessment and continuous improvement serves to inspire students to look honestly at their own strengths and areas of need, and to excel in their areas of personal interest and skill through work experience, workshops, courses, collaboration, and independent study.

**Philosophy:** Every person is a unique unified whole constructed from biological, psychological and social components. The person and each of his or her components are constantly influencing and being influenced by the environment, or the relationship between the two is a process that is continuous. Meyer (as quoted in Sladyk and Ryan, 2001), states that “humans are unique in that they have a sense of time, imagination, and need for occupation.” The process of adaptation and change is influenced by the environment, and the person's past and present participation in purposeful activity and
occupation. Each person draws on his or her sense of time, history of occupation and imagination to plot his or her future. That person's development from any one point in time to another usually follows a predictable sequence. This predictable sequence can be interrupted at any point from birth to death by biological, psychological, social or environmental events. Such an interruption can cause dysfunction in the interaction between the person and the environment and in the continuum of adaptation. From the point of interruption the person can, again drawing on sense of time, and history of occupation, imagine a sequence of events or activities leading to a new future. This new future would be based on a new set of biological, psychological, social, and environmental strengths and needs. The client is empowered through occupation and activity to adapt to new roles, responsibilities and occupations. A person, because of component limitations, or cultural or environmental factors, may not be able to plot an effective sequence of activities or imagine a new future. That person has the right to assistance to become active and as independent as possible in this process. Occupational Therapy provides this assistance.

Occupational Therapy education parallels Occupational Therapy treatment in that students entering the program are preparing to adapt to new roles, responsibilities, and occupations. Students have the right to and will receive a well-designed sequence of purposeful activities and experiences intended to maximize their ability to accomplish this adaptation. Occupational Therapy education, like adaptation, is a process of continuous improvement. Human beings learn in a developmental fashion, first mastering simple, foundational skills, then moving on to become proficient in more complex areas. Success at each level of learning is crucial to the progression.

The uniqueness of each student is a gift that gives dimension to our program. Throughout the course of study students will be encouraged to master all entry-level competencies. They will be pushed to strive, through the continuous process of education, to excel in their areas of personal interest and to share this excellence with their peers and consumers of their service.

Today's health care system is characterized by the nearly continuous emergence of innovative techniques and new technology. Occupational Therapy, facing an increasing demand for services within this system, must integrate technological advances into more diverse patterns of service provision to serve a broader spectrum of consumers than ever before. The student, in considering the interaction of his or her own unique strengths, needs and beliefs, will be pressed to consider that not all service consumers in our Appalachian area value rapid advances in techniques and technology. Knowledge of the importance of social systems and culture, and experience in application of standards of practice and the code of ethics, will guide the student in making decisions about the delivery of service.

Bringing technology and current techniques into a cultural environment that may be rooted in routines established generations ago will be their challenge. Promoting the value of adaptation in all populations, including those resistant to change, will be their strength.

F. **OTA Curriculum Design** *(Please see next page.)*
G. OTA Program Curriculum

The Occupational Therapy Assistant Program at Allegany College of Maryland has been in existence since April 1993. The program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449. ACOTE's telephone number c/o AOTA is (301) 652-AOTA and its Web address is www.acoteonline.org. The program was reaccredited in December 2014.

Classes began in September 1993 with 15 students enrolled in the OTA Program; beginning in the fall of 1994 the class increased in number to 16 students. At this time our twenty-third class is completing the final phase of their education. They are expected to graduate in August 2017, with an Associate in Applied Science Degree (A.A.S.) in Occupational Therapy Assistant.

While enrolled in the Occupational Therapy Assistant Program at Allegany College of Maryland, each student is required to pass the following courses:

PHASE I:

SEMESTER I

ENG 101 (English) - The students are introduced to different modes of exposition. Students are also instructed in the use of the library and basic research tools. Credit may be conferred by way of the CLEP general examination in English composition (with essay).

BIO 121 (Biological Science)** - The student will experience basic concepts and terminology associated with the study of the human body. The major focus of the course is to develop the student's detailed knowledge of the human muscular system.

PSY 101 (General Psychology) - A foundation course in psychology. Review of the nature and purpose of psychology, the dynamics of adjustment, sensory development, psychometry, and the application of psychological knowledge to practical problems.

Humanities Elective

Mathematics Elective

SEMESTER II

OTA 101 (Intro to OT) - Covers the philosophy, history, and the development of the occupational therapy assistant profession, with observation of therapy in a variety of settings.

OTA 105 (Cultural Diversity and Treatment Planning) - The student will explore how planning intervention is tied to understanding cultural differences.

BIO 201 (Biological Science)** - The student will explore the structure and function of representative systems and gain an understanding of the working of the human body. The laboratory work involves a complete study and dissection of a cat as a typical mammal, with comparison to the human.
SOC 101 (Intro. to Sociology) - A basic course in sociology. Overview of basic principles of social interaction, social roles, organization, processes, stratification, social change, group dynamics, and valuation.

Psychology 203 (Human Growth and Development) - The processes affecting and effecting human development, with implications for educational practices used by and in the family, school, and community. Attention given to measurements and evaluative techniques for assessing total growth. The case method will be used, with direct and recorded observation being required.

Physical Activity Elective

** Students may elect to take Biological Science 207 and 208 (Anatomy and Physiology of the Human I and II) in place of Biological Science 121 and 201. If the student's long-term goal is to obtain a Master's degree, then it is recommended that the student take Biology 207 and 208.

PHASE II:

SUMMER SESSION (Following Second Semester)

OTA 103 (Intervention Techniques I) - Through study, discussion, and participation, the student will explore intervention methods and techniques focusing on minor crafts, play-leisure skills, and activity analysis.

OTA 106 (Intervention with Physical Rehabilitation) - Through study and discussion the student will identify commonly seen medical and orthopedic diseases and disabilities, and identify Occupational Therapy evaluation techniques and methods of intervention for these conditions.

OTA 113 (Neuroscience Concepts) - Provides a basic understanding of the human nervous system as it applies to assessment and intervention.

SEMESTER III

OTA 102 (Dynamics of Human Motion) - Applies knowledge of human anatomy to the analysis of human motion as seen in activities of daily living.

OTA 203 (Intervention Techniques II) - This course introduces the student to the process of adapting materials and activities, for use by clients with special needs. Topics include electrical and mechanical adaptive equipment, custom and standard wheelchair measurement and design, and training clients in the use of prosthetic limbs. Also covered is the ADA and its applications to practice. Special consideration is given to human adjustment to and acceptance of adaptive devices.

OTA 207 (Intervention with Children and Adolescents) - The student will explore injuries, diseases and difficulties commonly encountered in individuals from birth through adolescence.

215 (Mental Health Concepts and Techniques) - Through lecture, discussion, fieldwork, and observation/participation, the student will 1) identify commonly seen psychosocial conditions using Occupational Therapy evaluation techniques, 2) identify methods of intervention in psychosocial settings, 3) practice observing, assessing, and reporting group behaviors, 4)
practice planning and implementing therapeutic groups, and 5) identify roles of group leader and follower.

**SEMESTER IV**

OTA 212 (OT Specialty Skills Development) - The student will identify area of interest and collaboratively, with instructor, design goals and objectives for this course. Course includes lecture, discussion, and independent study.

OTA 213 (Clinical Application to Neuroscience) - This course provides a means for the student to understand the power of the nervous system in illness, disability, health promotion, self-healing and in intervention planning for both physically and psychologically involved individuals.

OTA 218 (Intervention with the Older Adult) - The student will gain entry level knowledge in the OT specialty area of the older adult, covering various models of intervention for difficulties associated with both the physical and psychosocial aspects of aging.

OTA 220 (OT Program Development) - This course is designed to allow the student to understand the steps in developing a program providing services to individuals in need of occupational therapy. The student will explore management and leadership styles, human resources issues, budgeting, supervision, organization, and planning as they related to the provision of occupational therapy.

OTA 222 (Documentation for OT) - The student will obtain the skills to be proficient in documenting occupational therapy services. Topics include ethical and legal considerations, electronic health records, school system documentation, and Medicare standards.

OTA 209 (Clinical Internship I) - 8-12 weeks of full-time work as mandated by the facility. Through participation, the student will complete a supervised clinical internship in an appropriate health care facility.

**SUMMER SESSION (Following Fourth Semester)**

OTA 210 (Clinical Internship II) - 8-12 weeks of full-time work as mandated by the facility. Through participation, the student will complete a supervised clinical internship in an appropriate health care facility.

(Note: It is assumed that any General Education courses taken at ACM or transferred from other institutions fulfill the content required by the OTA program. The program director reserves the right to request copies of syllabi from any non-OTA courses to verify content.)
### Estimated Student Fees (2017-2018)

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Registration</td>
<td>$35/semester</td>
</tr>
<tr>
<td>Tuition*</td>
<td>Refer to ACM Admissions office for tuition rates</td>
</tr>
<tr>
<td>Student Fee a semester hour</td>
<td>$3.00 (minimum $5, maximum $36)</td>
</tr>
<tr>
<td>Technology Fee a semester hour</td>
<td>$4.00 (maximum $32)</td>
</tr>
<tr>
<td>Books</td>
<td>$300-$400/semester</td>
</tr>
<tr>
<td>AOTA Membership</td>
<td>$75/year</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>Variable ($600-$800/year)</td>
</tr>
<tr>
<td>Polo Shirt (for fieldwork)</td>
<td>$36 (XXL--$38)</td>
</tr>
<tr>
<td>Scrubs (for class and fieldwork)</td>
<td>$50-100 (may be covered by Financial Aid)</td>
</tr>
<tr>
<td>Photo ID &amp; Patch</td>
<td>$10.50</td>
</tr>
<tr>
<td>Certification Exam Fee</td>
<td>$540 (plus $40 for Score Report to each state, and $45 for Eligibility Notification)</td>
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<tr>
<td>American Heart Assoc. Healthcare</td>
<td></td>
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<tr>
<td>Provider CPR Certification/Re-Certification</td>
<td>$30 - $50</td>
</tr>
<tr>
<td>Transportation to &amp; from clinicals</td>
<td>Variable</td>
</tr>
<tr>
<td>Meals</td>
<td>Variable</td>
</tr>
<tr>
<td>Criminal Background Check</td>
<td>$38 (Course fee)</td>
</tr>
<tr>
<td>Fingerprinting (may be required for certain FW sites)</td>
<td>Variable</td>
</tr>
<tr>
<td>Learning Harbor</td>
<td>$16 (Course fee)</td>
</tr>
<tr>
<td>TherapyEd Exam Prep Course</td>
<td>$130 (Course fee)</td>
</tr>
<tr>
<td>Housing when on clinical rotations</td>
<td>Variable</td>
</tr>
<tr>
<td>Lab Fees:</td>
<td></td>
</tr>
<tr>
<td>OTA 102</td>
<td>$95</td>
</tr>
<tr>
<td>OTA 103</td>
<td>$95</td>
</tr>
<tr>
<td>OTA 106</td>
<td>$95</td>
</tr>
<tr>
<td>OTA 203</td>
<td>$95</td>
</tr>
<tr>
<td>OTA 215</td>
<td>$95</td>
</tr>
<tr>
<td>Medical Costs: (all vary)</td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td>Physical Exam</td>
</tr>
<tr>
<td>MMR</td>
<td>Labwork (blood, urinalysis, CBC)</td>
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<tr>
<td>Oral Polio</td>
<td>PPD</td>
</tr>
<tr>
<td>Varicella</td>
<td>Hepatitis</td>
</tr>
<tr>
<td>Drug Screening</td>
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*The OTA Program has been designated as a Health Personnel Shortage Program by the MD Higher Education Commission. This means that MD residents from outside Allegany County who are enrolled in the program are eligible for in-county tuition rates. See the Program Director for the form.*
II: ACADEMIC POLICIES
A. Purpose

1. The purpose of the Occupational Therapy Assistant handbook is to serve as a personal reference to the policies and procedures of the Occupational Therapy Assistant Program. All OTA students are responsible for reading, knowing and complying with the material contained within this handbook.

2. This Student Handbook is distributed to all new OTA students prior to the beginning of the first semester of clinical coursework (at orientation). Interpretation and clarification of the policies and procedures found herein may be obtained from the program director or clinical coordinator.

3. This Student Handbook may be revised or supplemented at the discretion of and upon the authority of the program director. New or revised policies and/or procedures will be established by the program director, clinical coordinator, and/or faculty when appropriate in response to local concerns and changing technology. Supplements will be mailed and/or delivered to the student in the form of a memo.

B. Grading

1. A passing grade in any Occupational Therapy Assistant course is a letter grade of A, B, or C. Any student who receives a final grade lower than a C (D, F, X, R, or W) in any OTA course and/or content area may not proceed to the next course/semester.

2. Occupational Therapy Assistant grades are based on theory, campus lectures, clinical demonstration and testing labs, and clinical performance. Each course syllabus specifically outlines the requirements of that course and the evaluation methods that will be used. The level of difficulty reflected in course work and testing increases in accordance with the developmental model of the curriculum design and program philosophy. A passing grade in each course component is required to pass the entire course. This also refers to fieldwork. If a student does not pass Level I fieldwork with a "C" or better, he or she will fail the course.

3. Grading Scale is as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100</td>
</tr>
<tr>
<td>B</td>
<td>84-92</td>
</tr>
<tr>
<td>C</td>
<td>75-83</td>
</tr>
<tr>
<td>D</td>
<td>66-74</td>
</tr>
<tr>
<td>F</td>
<td>Below 66</td>
</tr>
</tbody>
</table>

   Excellent
   Good
   Average
   Poor
   Failing

4. Clinical performance grades are the same as above, except Level II fieldwork for which students earn a grade of P/F.

6. If a student is demonstrating difficulty with didactic or clinical concepts, the Program Director or the Fieldwork Coordinator, at any time, has the right to test the student’s skills through competency examinations. These competencies will include, but are not limited to: case studies, goal writing, treatment planning,
documentation, patient interaction scenarios, interviewing skills, and transfers skills. These can be oral or written competencies.

This can occur at any time a student is registered for OTA courses and/or Level II fieldwork.

C. Written Assignments/Examinations

1. Written assignments must be submitted to the instructor on or before the due date. Late assignments will result in a grade reduction of 10% per day.

2. Evidence of cheating or plagiarism on examinations, quizzes, or written assignments will result in disciplinary action, and may warrant dismissal from the program. Allegany College of Maryland and the OTA program use turnitin.com (in Blackboard) for the detection of plagiarism. Refer to course syllabi for more information.

3. When the student submits written assignments, all sources used by the student must be properly documented with in-text citations, quotations, and a bibliography, as appropriate.

4. Written assignments are to be neat, clean, and legibly written or typewritten.

D. Didactic and Clinical Session Attendance

1. Students are expected to attend every class and clinical session. Tardiness to class or clinic will not be tolerated. **The classroom door will be closed at the start of class and a late student will not be permitted to enter until the class ends or breaks.**

2. Points are awarded for on-time attendance; lateness or absence results in point deduction. Parking is at a premium on campus; please allow extra time for this factor.

3. It is the student’s responsibility to make up all material missed.

4. All work missed must be completed by the next class session. Additional work/assignments may be required at the discretion of the instructor.

5. Attendance will be taken at each class and will be reflected in the student’s grade for each course.

6. Excused absences include closure of the college, illness of student or a dependent child, or death of an immediate family member (parent, child, sibling, or grandparent). Faculty may request documentation of the death.

7. Absentee letters will be sent to any student who has been absent from 20% of any one course. For example, if a course meets once weekly, three sessions would constitute 20% of the course. If a course meets two times a week, then six sessions would be 20%. (Lecture and lab count as two separate
occurrences). Absenteeism in excess of 20% will result in dismissal from the course, and consequently, the program.

8. Students must report their classroom absence as early as possible by notifying the instructor, using the instructions outlined in the course syllabus. They must report fieldwork absence as early as possible by notifying the assigned clinical rotation site, and the clinical coordinator. Failure to properly notify college or clinical personnel of an impending absence will be considered an unexcused absence.

9. All fieldwork time missed must be rescheduled with the approval of the clinical coordinator and the clinical supervisor so that the student may make up clinical assignments. All make-up time not approved in advance will not be applied toward semester clinical fieldwork hours.

10. Students absent more than two consecutive days because of illness must submit a written physician’s certification indicating that the student is fit and able to resume clinical activities. The program director reserves the right to request a physician certification at any time.

11. If a student misses an exam and has not notified the instructor of his/her absence prior to the exam, a grade of zero will be recorded for the exam. A student with an excused absence who misses an exam must make appropriate arrangements with the instructor for a make-up exam by the end of the first day back; otherwise, a grade of zero will be recorded for the exam. Other arrangements may be made at the instructor’s discretion.

12. **Students should schedule all appointments, medical and other, during times when they are not participating in didactic or clinical experience.**

13. Occupational Therapy Assistant classes and fieldwork take precedence over any outside employment. Arrangements for working must be made so that it does not interfere with meeting the requirements of the program.

E. **Enrollment in Occupational Therapy Courses**

1. New students are selected according to the admissions procedures as outlined in the college catalog, college website, and OTA Program brochure.

2. Students who are selected and invited to enroll in the Occupational Therapy Assistant Program are required to submit the results of a physical examination. The physical examination is to be conducted by the student’s personal physician at the student’s expense. The physical examination results must be in the student's file before the student begins fieldwork. Students are also required to be certified in the American Heart Association’s Healthcare Provider CPR and present a current CPR card prior to beginning fieldwork. Most fieldwork sites are now requiring criminal background checks. Students must have a criminal background check completed before beginning any fieldwork. (In addition, some sites also require fingerprinting.) **Please be advised that our fieldwork sites require receipt of the results of criminal background checks before accepting students for fieldwork. If a student has any criminal history,**
he or she will not be able to complete fieldwork, and as fieldwork is a major part of the OTA curriculum, the student will not be able to complete the program. In addition, a criminal history may prevent the student from becoming licensed to practice occupational therapy. If a student incurs legal charges while in the program, it is his/her responsibility to notify the program director immediately.

F. Withdrawals

1. A student may withdraw due to poor academic performance, illness, or personal reasons. Students who withdraw are not guaranteed readmission. When a student withdraws from the program, an exit interview may be held with the student, his or her advisor, and the appropriate instructor(s).

2. To receive "W" grades, all withdrawals must be completed prior to the scheduled date of the last day to withdraw according to the current academic calendar. Withdrawal from a course does not relieve the student of financial obligations to the college. If a student is dropped after the middle of the semester or fails to officially withdraw, a grade of "F" will be recorded.

3. **Withdrawal Initiated by Students:** Students may withdraw from the program by completing the appropriate form and submitting it to the Registration Office. At the time a student voluntarily leaves the program, he or she may request an exit interview. This interview will be conducted by the student's advisor. At that time, the student's record will be updated to include his or her reason for leaving the program.

4. **Withdrawal Initiated by the Program:** The program may initiate withdrawal of a student from the Occupational Therapy Assistant Program in the following cases:

   - When a student receives a final course grade of less than a “C” in any OTA course or Level I fieldwork, or has missed 20% of any class during the course of a semester, the program may initiate withdrawal of that student from the program. The student is reassigned to “pre-OTA” status, and may be eligible for readmission according to the readmission policy described in section F. The student is not permitted to continue taking subsequent courses in the program until readmission and satisfactory completion of all required courses for that semester are completed.

   - When a student’s actions and/or behavior pose a threat to the physical or emotional well-being of others.

   - When a student fails to meet academic standards, ethical standards, or standards of practice for OTA students.

   - If a student’s emotional or physical health appears such that he or she cannot competently function at the level of his or her student peers. Students must advise faculty and Program Director of any change in health status. (Refer to Section IV. Item F. for physical and mental requirements for the student.)
G. Readmission to the Occupational Therapy Assistant Program

1. A student who did not successfully complete the OTA courses may be considered for readmission on an individual basis by the Program Director and Clinical Coordinator, unless that student was dismissed from the program for threatening or abusive behavior, or for unethical behavior, such as cheating.

2. Individuals who wish to return to the program may be considered for readmission if they initiate the readmission procedure by submitting a new application form and participating in a personal interview with the OTA Program Director.

3. The following factors will be taken into consideration regarding readmission:
   - The student meets the current admissions criteria for the program at the time of readmission.
   - Space is available in the program.
   - The student passes proficiency examinations with a 75% or better, or provides evidence of having passed all appropriate pre-requisite courses.
   - The student complied with all guidelines set forth by the program and the college for withdrawal.
   - If the withdrawal was initiated by the program because of the student’s unprofessional behavior, the student must submit, in writing, the steps he or she has taken to insure that the behavior will not be repeated. Supporting documentation from mental health or other professionals may be required.

4. At least two months prior to the anticipated date of return, the student must submit a letter to the OTA program director requesting readmission to the OTA curriculum. This letter must state 1) the last semester and OTA course in which the student was enrolled; 2) the grade obtained; 3) any reason(s) other than academic for the student’s withdrawal; and, 4) those steps the student has taken to improve his or her potential for success if readmitted to the program. This letter will be reviewed by the program director and a decision concerning readmission will be made by the director. THE STUDENT IS ADVISED THAT HE OR SHE MAY ALSO NEED TO PETITION ALLEGANY COLLEGE OF MARYLAND FOR READMISSION depending on his or her academic status with the college. The following documents will be considered regarding readmission:
   a. Student Exit Interview
   b. College Transcript(s)
   c. Length of Time Absent from Program
   d. Course Outlines (The content of courses successfully completed by the student compared to the current content of those courses.)
   e. Clinical Evaluations
   f. Current Health Record, if pertinent
5. Readmission will be based on evaluation of circumstances and cannot be guaranteed. Acceptance may be delayed dependent on the availability of clinical facilities and instructors.

6. Placement in the program will be determined by evaluation of such factors as changes in the curriculum, length of time out of the program, and specific learning needs of the individual.

7. All students will be governed by the edition of the "Occupational Therapy Assistant Program Student Handbook" under which they were most recently admitted to the OTA program.

8. Students who are accepted for readmission and elect not to return will be considered again on an individual basis.

9. In the case of more than one student requesting readmission, the student's GPA of OTA courses completed or attempted will be the criteria used to determine readmission. In the case of a tie, the application date will be used.

10. A student who once more withdraws from the program after being readmitted will not be eligible to reapply for the third time.

H. Complaint Policy

1. If a student has a complaint against a faculty member, he or she may request a meeting with that faculty member. If the meeting does not bring about a resolution, the student may make a formal complaint, in writing, to the program director, outlining the problem and the steps already taken to resolve the problem.

2. The program director will review the situation and will meet with both the student and the faculty member in order to come to a resolution.

3. If the student still does not feel that the situation has been satisfactorily resolved, he or she should then submit a complaint, in writing, to the office of the Dean of Enrollment, Academic, and Student Services. An appointment will be scheduled with the Dean or designee for further action.

4. In the case of a complaint against the program or the program director, the student may request a meeting with the program director to discuss the issue. If this does not resolve the situation to the student's satisfaction, he or she may follow the procedure outlined in #3 above.

I. Graduation Requirements

The specific program requirements for graduation are:

- Satisfactory completion of all courses in the Occupational Therapy Assistant curriculum as outlined in the current college catalog.
• A grade of "C" or better in any courses required by the Occupational Therapy Assistant Program.

• Satisfactory achievement of all fieldwork competency objectives.

• Satisfactory completion of the minimum required fieldwork hours for each OTA course.

• Completion of all level II fieldwork with a grade of “P”. This includes a minimum of 16 weeks and a maximum of 24 weeks of full time (unpaid) employment. This fieldwork experience MUST be completed within 18 months of completion of academic courses in the OTA program.

• Completion of “Exit Interview” and payment in full of all outstanding bills (Financial Aid, library, book store).

J. Credentialing and Licensure

1. Upon graduation from the program, having successfully completed all course work and fieldwork, students are eligible to sit for the certification exam administered by the National Board for Certification in Occupational Therapy (NBCOT), 12 S. Summit Avenue, Suite 100, Gaithersburg, MD 20877-4150; (301) 990-7979. In order to be employed as an occupational therapy assistant, a student must pass this exam and receive the designation of COTA. The following steps are necessary to take the exam:

   • Complete the online application found at www.nbcot.org.

   • Submit an official final grade transcript to NBCOT (directly from Registration Office).

   • Upon receipt of the Authorization to Test letter from NBCOT, schedule a date and time to take the exam.

2. In addition to certification, a COTA must be licensed to practice in the state in which he or she plans to be employed. At the time the candidate applies to take the NBCOT exam, he or she must also apply for licensure in any or all states he or she intends to seek employment. (See Level II Fieldwork Handbook for State Regulatory Information.)

K. Plagiarism and Cheating

The OTA program requires that all assignments with a research component be submitted to turnitin.com in Blackboard. This is a service that reviews written assignments in order to detect plagiarism. Throughout the OTA program, students will be required to submit written assignments electronically, as indicated by program faculty.

The OTA program maintains a “zero tolerance” policy on cheating. A student caught cheating will be automatically dismissed from the program.
L. Accommodating Disabilities

In compliance with federal 504/ADA requirements, Allegany College of Maryland supports the belief that all “otherwise qualified” citizens should have access to higher education and that individuals should not be excluded from this pursuit solely by reason of handicap. The college is committed to the integration of students with disabilities into all areas of college life. Therefore, support services are intended to maximize the independence and participation of disabled students. Further, the College complies with applicable state and federal laws and regulations prohibiting discrimination in the admission and treatment of students.

Any student who wishes to receive accommodations must register with the Academic Disability Resources Office, providing documentation of the declared disability. Once documentation is received, the Director will establish eligibility for specific accommodations based on the student’s documented functional limitations and the essential functions of each course. Any student who wishes to declare a disability should contact the Access and Resources Coordinator at 301-784-5234 or the Director of Academic Disability Resources at 301-784-5112, TDD 301-784-5001; or, contact wkerns@allegany.edu, jbracken@allegany.edu or http://www.allegany.edu/ssc/disabledstudentservices.shtml to obtain information and assistance.
III: DIDACTIC AND CLINICAL SESSIONS
A. General Information

1. Program scheduling is comprised of two parts: didactic and clinical. Didactic courses are scheduled according to college guidelines. Clinical assignments vary from semester to semester. Students are required to participate in no less than 70 credit hours of instruction and no less than 16 weeks of full-time clinical experience following completion of academic coursework. Level I fieldwork during coursework will be arranged by the Clinical Coordinator. Students will be responsible for providing their own transportation, and where necessary, room and board, for all fieldwork throughout the entire period of the OTA educational program. Travel and temporary relocation are a strong possibility. In addition, certain sites may require the student to be fingerprinted before being approved for fieldwork. This will be completed at the student's expense.

2. Level I fieldwork (fieldwork done in conjunction with academic coursework) will be supervised by the student’s fieldwork site supervisor. Students are not to handle/work with patients/clients unsupervised unless previously approved by the site supervisor and Allegany College of Maryland's Fieldwork Coordinator. Level II fieldwork (after completion of coursework) levels of supervision are determined individually for each site. The student is expected to abide by all rules applicable to a given site.

3. An OTA student may complete a Level I placement in a facility in which they are employed; however, students employed by the clinical affiliate shall accept employment assignments during hours when they are not involved in classroom, laboratory, or clinical assignments. Employed students may not assume the responsibility of supervising other students and, while students are engaged in educational activities, they may not assume the responsibility of supervising other students. In addition, while students are engaged in educational activities, they may not assume the responsibilities of paid staff therapists.

4. An OTA student MAY NOT complete a Level II placement in a facility in which they are employed, or in any facility that is owned or operated by the company by whom they are employed.

5. Students will be assigned to didactic and clinical experience not to exceed 40 hours per week (not including breaks, lunch, travel, or study time).

6. Students may be assigned occasional afternoon, evening, and weekend clinical rotations, depending upon the clinical site schedule. The clinical instructor will give rotation schedules each semester.

7. Students are not assigned clinical rotation on recognized holidays.

8. Students receive vacation time according to the college calendar.

9. Students receive meal periods of not less than 30 minutes when assigned for four or more clinical hours per day.
10. **Students should schedule all appointments, medical and other, during times when they are not participating in didactic or clinical experience.**

11. Students must arrive and leave no later than their assigned starting time. There is no grace period. Students arriving later than their assigned starting time will be considered tardy. Tardiness is reflected in the Clinical Practicum courses as a grade reduction. (See Attendance Policy found in Section II).

12. Students are expected to participate in all scheduled didactic and clinical experiences. Absenteeism is defined as not being present for an assigned educational experience.

13. **OTA classes and clinicals take precedence over any outside job. Arrangements for working must be made so that they do not interfere with meeting the requirements of the OTA Program.**

**B. Fieldwork/ Fieldwork Requirements**

1. **Level I Fieldwork**

   a. Every student is required to attend and complete clinical rotations.

   b. The same guidelines are applied to clinical labs as the didactic and clinical sessions.

   c. In no case shall Level I fieldwork be allowed to substitute for Level II fieldwork.

   d. Prior to beginning fieldwork each semester, students receive a copy of the program's general objectives along with their rotation assignment. These objectives are also included in the back of this handbook. If applicable, site-specific objectives are also distributed at this time.

2. **Level II Fieldwork**

   a. A minimum of sixteen weeks of full-time work as mandated by the facility is required.

   b. Level II fieldwork is designed to provide in-depth experiences in delivering Occupational Therapy services and to develop and expand the repertoire of Occupational Therapy practice.

   c. Fieldwork will be scheduled to include a variety of settings that represent possible areas of practice. The variety will include groups at different stages of the life span, various physical and psychosocial disabilities, and a variety of treatment settings/service models.

   d. All Level II fieldwork must be completed within 18 months of completion of academic coursework.
e. In the fall semester of Phase II, students receive their Level II fieldwork schedule. At this time, they also receive a copy of the Level II Fieldwork Handbook, as well as any site-specific objectives. The program’s general objectives are also contained in the Level II Handbook. All site-specific objectives are filed with the facility contract. These are available for student review at any time.

f. Students are encouraged to explore different areas of the country for Level II Fieldwork opportunities. Requests for out-of-town fieldwork must be submitted no later than October of the third semester in order to allow time for the clinical coordinator to establish a contract with the facility(ies).

3. Fieldwork Requirements

   a. All assignments must be turned in to Clinical Coordinator in written form. All assignments are attached to the Fieldwork Objective sheets that are distributed prior to beginning each rotation.

   b. All assignments are due within one week of completion of fieldwork. Please have the program secretary mark assignments with the date received if the Clinical Coordinator is not available.

   c. All assignments must be shared with, and signed by, the on-site supervisor, with the exception of the journal.

   d. Fieldwork grades are based on assignments as well as clinical performance. Assignments will count for 1/2 of the total points. The other half is comprised of an evaluation that is completed by the fieldwork supervisor, attendance, and professional behavior, which is assessed by the supervisor and others who have contact with the student during fieldwork. (See Appendix for sample grading sheet).

   e. Fieldwork is a crucial part of occupational therapy education. Each student should try to get as much benefit from it as possible. The student’s initiative to learn during fieldwork will be reflected in the grade received for professional behavior. Fieldwork should be taken very seriously. The student’s performance not only reflects on the student as a professional, but on the college and the program as a whole.

   f. **Cell phones are not permitted in clinical areas while you are on fieldwork.** Cell phones should be stored in your book bag or purse.

4. Selection of Sites

   a. Potential fieldwork centers are contacted by the clinical coordinator to discuss interest in becoming a fieldwork site.

   b. Once interest and appropriateness of site is established, the following information is sent to the fieldwork supervisor: fieldwork contract, copy
of course syllabus, suggested objectives for Level I fieldwork, “Guidelines for Occupational Therapy Fieldwork--Level I,” and evaluation sheets.

c. A meeting will then be set up with the supervisor to review objectives, develop additional objectives as appropriate, evaluation sheets, and answer any questions he/she may have about fieldwork.

d. Following this meeting, a determination is made by the clinical coordinator and program director regarding the suitability of the site for meeting the needs of OTA students in a given course or semester.

e. Upon approval, a list is then sent to confirm dates and times students will be coming.

f. Once the fieldwork site is established, ongoing communication and collaboration is conducted through telephone conversations, written correspondence, and/or on-site visits. Supervisors will be encouraged to contact the clinical coordinator as soon as possible regarding any concerns related to students.

g. On-site visits will be conducted at least annually for local sites.

h. Fieldwork contracts are ongoing, but will be reviewed annually.

i. The protocol for assignment of fieldwork placements is dictated by our accrediting body (ACOTE) and is the responsibility of the academic fieldwork coordinator (AFWC). Any communication with a clinical site regarding fieldwork placements may only be initiated by the AFWC, or the student with the approval of the AFWC. Family members or significant others are prohibited from contacting the clinical sites. Failure to abide by this policy may result in a delayed start or termination of a clinical rotation, and could jeopardize the student’s ability to graduate on time, or even at all. Interference in the process by unauthorized persons could ultimately cause a clinical site to terminate a fieldwork contract with the OTA program, resulting in the loss of fieldwork placements for future students.

C. OTA Program Phone Numbers

1. Allegany College of Maryland of MD Occupational Therapy Assistant Department

   -- Rae Ann Smith 301-784-5536
   -- Teresa Waugerman 301-784-5583
   -- Jamie Andres 301-784-5538

DO NOT CALL THE DIRECTOR, CLINICAL COORDINATOR, OR INSTRUCTORS AT HOME. **Voicemail and e-mail are on 24 hours per day.**
2. Specific site information will be given as assignments are made (e.g. phone numbers, and/or directions to the facility.)

D. Expectations

1. As an Occupational Therapy Assistant student, you are expected to perform as follows:
   - Adhere to the Code of Ethics of the American Occupational Therapy Association (See Section IV).
   - Be prepared in theory and practice to complete the clinical focus for the day.
   - Be in appropriate uniform (See Section IV. for Professional Appearance guidelines).
   - Be responsible for the care of assigned clients and related tasks.
   - Behave in a professional manner as outlined in Section IV.
   - Refrain from plagiarism in all course assignments.

2. Grounds for dismissal include, but are not limited to:
   - Inadequate preparation for clinical assignment (e.g. inappropriate dress, incomplete assignments, etc.)
   - Inappropriate verbal or nonverbal communication with clients, staff, instructors, or classmates.
   - Threatening statements or actions against clients, staff, instructors, or classmates.
   - Conduct or performance that would impair or interfere with classroom and clinical assignments (e.g. use of drugs or alcohol).
   - Absence from more than 20% of any course during the clinical phase of the program.
   - Evidence of plagiarism or cheating on examinations, quizzes, or written assignments.

3. If a student is asked by a fieldwork supervisor to leave a fieldwork site because of unsafe or unprofessional behavior, this will result in the student receiving an “F” for the fieldwork, and consequently, for the course to which the fieldwork is attached.
E. Health

All students must receive a 2-step PPD test prior to beginning clinicals in the program. It is the student's responsibility to have this done. *PPDs and physicals must be completed before beginning fieldwork in the first summer semester.*

F. Confidentiality

1. Any and all information concerning clients must be held in the strictest of confidence and may not be divulged. Information concerning clients should not influence one's attitude toward or treatment of clients.

2. Students found guilty of breach of confidentiality will be subject to disciplinary action and/or dismissal.

G. Documents

1. Students may not witness documents.*

2. Students may not sign any documents.*

*If it is the policy of the facility that students sign documents, signatures should be co-signed by the immediate supervisor.
IV: PROFESSIONALISM
Students are expected to maintain a professional bearing throughout their didactic and clinical training. Students will be evaluated on their affective performance as well as their knowledge and skill. **If a student demonstrates unsafe or unprofessional behavior during his or her clinical training, the clinical supervisor will file an incident report with the Clinical Coordinator.** (See Section VIII for sample incident report). The following clinical affective objectives apply to all didactic and clinical experiences in the program.

**A. Student-Client Interaction**

1. The student will consistently display a professional and positive attitude in all dealings with clients.
   a. The student will always identify himself/herself to clients.
   b. The student will display courteous behavior towards the client.
   c. The student will display respect for the client regardless of race, religion, creed, color, or sex.
   d. The student will adhere to the above objectives regardless of the client's condition.

2. The student will maintain confidentiality of all client records and information.
   a. The student will record all information accurately in the client's chart. The client's chart belongs to the facility and will not be removed from the department in which it is kept unless otherwise authorized by the fieldwork supervisor or facility staff.
   b. The student will discuss client information only with other personnel involved in the care of the client.
   c. The student will discuss with the client only information already known to the client.
   d. The student will discuss the client's condition with the clinical instructor only when out of audible range of the client and/or family.

3. The student will display respect for the client's right to privacy.
   a. The student will arrange clothing and bedding to maintain the client's modesty.
   b. The student will knock on the client's door before entering the room.
c. The student will be familiar with the facility's policies regarding clients' rights.

4. The student will demonstrate concern for the protection of the client from injury during procedures.
   a. The student will perform only those procedures in which he or she has been deemed competent by the instructor.
   b. The student will adhere to skill sheet when performing any procedure.
   c. The student will, in accordance with the skill sheets, assess the client's condition in response to therapy.

B. Student-Clinic Personnel Interaction

1. The student will consistently display a professional and positive attitude in all dealings with clinic personnel.
   a. The student will identify him or herself by wearing proper uniform, name badge, and other identification as may be required.
   b. The student will display respect for all facility personnel regardless of race, religion, color, creed, or sex.
   c. The student will read and practice all rules, regulations, and procedures that are established for the department to which he or she is assigned.

2. The student will first discuss with the Allegany College of Maryland instructor any established clinic procedure or any technique observed in the clinic with which he or she does not agree. The student will not discuss or debate any clinic procedure in the presence of a client.

3. The student will demonstrate respect for the clinic by careful and responsible use of the clinic's facilities and equipment.
   a. The student will use only equipment with which he or she is familiar.
   b. The student will notify the clinical instructor of any malfunctioning equipment.

4. It must be emphasized that in the clinical areas, the students are GUESTS of the facility. Any problems between students and facility personnel should be referred DIRECTLY and IMMEDIATELY to the instructor and/or
Program Director, who will mediate the situation. Students are NOT to involve themselves in arguments with or between any facility personnel, physicians, clients, or visitors AT ANY TIME, FOR ANY REASON. Any event in which the facility administration or department administration recommends that the student be dismissed from the clinical area WILL result in dismissal from the course and/or the program if the Program Director sees the conflict as an unresolvable situation.

C. **Student-Student Interaction**

1. The student will consistently display a professional and positive attitude in all dealings with his or her fellow students.
   a. The student will complete, without the aid of another student, all assignments that he or she is expected to complete alone.
   b. The student will perform cooperatively when working in assigned areas with other students.
   c. The student will display courteous behavior toward classmates/peers.
   d. The student will not make threatening gestures or statements toward classmates/peers.

D. **Student-Instructor Interaction**

1. The student will consistently display a professional and positive attitude in all dealings with his or her instructor.
   a. The student will work to the best of his or her ability to complete all assignments.
   b. The student will use established procedures in mediating any differences between him or herself and the instructor.
   e. The student will demonstrate respect for the instructor at all times.
   f. During clinical and class time the student shall not leave the clinical facility or classroom area without notification of, and permission from, the instructor. Failure to adhere to this policy may result in dismissal from the OTA Program.
   g. Rotations and daily assignments are left to the discretion of the instructor. Any student argument or refusal to accept an assignment will be cause for dismissal from clinic and possible dismissal from the program. However, a student may decline an
assignment if the student feels the procedure presents undue risk to the client or if the student believes a particular client's care to be beyond his or her level of competency.

h. All students shall maintain a professional attitude at all times in the clinic, in the laboratory, and in the classroom.

i. A "professional attitude" implies that students will be non-offensive in speech, dress, and dealings with facility personnel, clients, college personnel, and with other students.

j. Dishonesty, abusive language or conduct, swearing, or threats in either the classroom or clinical setting will be just cause for immediate dismissal from the course or program once such action is deemed justified by the Program Director. Such dismissal may or may not be preceded by a verbal or written warning depending on the circumstances, but in all cases will require a conference with the Program Director and involved persons to hear both sides of the case before any such severe action is taken.

E. Professional Appearance in the Clinic Setting

• Name tags must be worn at all fieldwork sites at all times (with or without lab coat). Name tags will be ordered prior to the first semester of the program. The cost is the student’s responsibility.

• The students will purchase a polo shirt with the program's logo that will be worn during clinical rotations. In addition, students will purchase scrubs for classroom and/or clinical attire.

• All clothing should be clean, pressed, neat, and in good condition, daily. Clothing should be odor free, including free of tobacco and/or alcohol odor.

• **Excessive cologne, perfume, body lotion, or aftershave is strictly prohibited in the clinic.**

• Make up should be used in moderation.

• Fingernails should be kept trimmed short and smooth. Long nails that could gouge a client’s skin or that could be broken in the course of work are not acceptable. No brightly colored, flashy polish/designs are permitted. Polished nails must be kept neat. **Many clinics do not permit acrylic nails.**

• Long hair must be tied back during client contact.
Shoes should be quiet, with nonskid soles, clean and nonscuffed. The shoe must be enclosed (no open areas) and the heel less than 2”.

Pants should fit appropriately, loose enough to allow for mobility, but not to present a safety hazard by getting caught in equipment. Pant hems should not drag the floor. Denim jeans, leggings, or skin-tight stretch pants are not acceptable.

Jewelry should be simple and minimal to avoid snagging on clients’ clothing, scratching their skin, or getting entangled in equipment. No dangling earrings, necklaces, loose bracelets or watches, or ornate rings with protruding stones are permitted.

Chewing gum is not permitted.

No form of tobacco usage is permitted in the clinical area, including snuff. In addition, if a student comes into the clinical area smelling strongly of cigarette smoke, he or she may be asked to leave the site.

No visible tattoos are permitted in the clinical area. All tattoos must be covered.

Noticeable body piercing and tattoos are inappropriate. Body piercings may pose a danger to the student and/or clients, especially during transfers. The clinic site may ask the student to remove piercings while on site.

Additional requirements may apply according to the policies of each fieldwork site. Students are responsible to inquire about the facility’s policies and to comply with them. (Some facilities may require that students wear white lab coats. It is the student’s responsibility to purchase a lab coat before the rotation begins.)

Any violation of the professional dress code in the clinical setting will result in the student being dismissed from the clinical site immediately with an unsatisfactory grade for the day and a notation of violation of professional behavior made in the student’s file. The day must be made up at the facility’s convenience. If the facility staff refuse to have the student return, it will result in an immediate clinical failure.

F. Appropriate Classroom Attire

Students will be required wear either program-specific scrubs or khakis and polo shirts to all classes while in the OTA program, with appropriate footwear as noted above.
The following will not be permitted in the classroom:

- Bedroom slippers
- Excessive jewelry
- Strong perfumes, colognes, or lotions

G. **Essential Functions**

Due to the nature of the work required of the students in the OTA program, the applicant must be able to:

- Reach, manipulate, and operate the equipment necessary to work with clients.
- Transfer, manipulate, and move a client as necessary to perform fieldwork and didactic assignments.
- Visually assess client, medical test results, and the working area to appropriately decide the correct action to take for the benefit of the client.
- Clearly communicate, both orally and in writing, with clients, instructors, and staff, to give and receive information relevant to the client.
- Make appropriate judgments in an emergency or when the situation is not clearly governed otherwise.
- Demonstrate emotional and psychological health in interactions with clients, instructors, and peers in didactic and clinical situations.

H. **Code of Ethics** (please see next page)
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 Standard (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 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 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


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Adopted by the Representative Assembly 2010OCApr17.

Note. This document replaces the following rescinded Ethics documents 2010OCApril18: 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).

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V: GENERAL POLICIES
A.  Inclement Weather

1. If severe weather conditions exist, students should listen to radio announcements, or go to www.schoolsout.com, concerning cancellation of Allegany College of Maryland classes. Students may also sign up to have e-SAFE announcements sent to their cell phones or e-mail accounts. Go to www.allegany.edu to enroll.

   b. If the college is closed for the day all Occupational Therapy Assistant classes, clinical labs, and fieldwork assignments are canceled.

   c. If the announcement indicates a delayed opening, students should report to labs and/or classes at the time indicated.

   d. Students will be notified of any exception.

B.  Professional Meetings and Lectures

Students are encouraged to attend various professional meetings and lectures. Students may do so on a voluntary basis. Cost of registration, travel, meals, lodging, and other expenses are paid by the student.

C.  American Occupational Therapy Association Student Membership

Students in the program are required to become members of AOTA at a reduced student rate. A student member receives all of the benefits of AOTA membership which include the American Journal of Occupational Therapy, OT Practice, weekly job placement bulletins, reduced rates for AOTA-sponsored conferences, reduced rates on publications, products, and audiovisual materials.

D.  Communicable Disease Policy

Communicable Disease Policy Precautions to Prevent Transmission of HIV

Medical history and examination cannot identify all patients infected with the human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS), or other blood pathogens. Diseases can be transmitted through exposure to body fluids, including secretions and excretions. The potential risk that health care workers may be exposed to blood and body fluids emphasizes the need to consider ALL patients as potentially infected with transmittable pathogens. All health care workers should adhere rigorously to infection control precautions in order to minimize the risk of exposure to blood and body fluids of ALL patients.

To minimize the transmission of blood-borne pathogens, UNIVERSAL BLOOD AND BODY FLUID PRECAUTIONS should be used in the care of ALL patients.
1. All health care workers should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient.

   Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.

2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.

3. All health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning instruments; during disposal of used needles; and when handling sharp instruments after procedures to prevent needlestick injuries, needles should not be recapped, purposely bent or broken by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal. The puncture-resistant containers should be located as close as practical to the use area. Large-bore reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.

4. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.

5. Health-care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.

6. Pregnant health care workers are not known to be at a greater risk of contacting HIV infection than health care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from prenatal transmission. Because of this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.
Implementation of universal blood and body fluid precautions for all patients eliminates the need for use of the isolation category of "Blood and Body Fluid Precautions" previously recommended by CDC(7) for patients known or suspected to be infected with blood-borne pathogens. Isolation precautions (e.g., enteric, "AFB"(7)) should be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected.

E. Occupational Exposure to Blood-Borne Pathogens

1. The student is required to follow the clinical affiliates' written exposure control plan.

2. The student is highly encouraged to receive the Hepatitis B vaccine and vaccination series as outlined in the Physical Examination Form.

3. If the student is exposed during his/her clinical rotation, he/she must report the exposure to the clinical instructor and follow procedures regarding post-exposure evaluation and follow-up.

4. The student is required to adhere to the warning labels.

5. Students are required to purchase eye protection at their own expense and the clinical affiliate provides protective equipment such as gloves, gowns, laboratory coats, and other required devices at no cost.

6. The clinical affiliate will maintain extensive confidential medical records for individuals receiving an occupational exposure and retain such records for at least the duration of education plus 30 years.

F. Student Health

1. Students who become ill while in the clinic must report to the Clinical Instructor at the site who will determine the proper course of action. The Academic Fieldwork Coordinator should also be notified if a student leaves the clinical setting due to illness.

3. Conditions in the clinical setting may include diseases and conditions that could have an impact on pregnancy in all stages. Students are required to notify the fieldwork coordinator or program director immediately when pregnancy is suspected or confirmed.

4. An updated health care provider’s statement and/or physical is required when any change in a student’s current physical and/or mental status occurs that disrupts the student’s ability to perform the “Allied Health Programs Essential Functions—Professional Technical Standards”. The ability to perform these “Essential Functions” was indicated by the student’s signature when the admission physical exam form was
submitted upon admission to the program.

5. A change in health status that may affect “Essential Functions” could include, but is not limited to a major illness, surgery, injury, pregnancy complications, birth of a child, or hospitalization. The health care provider’s statement must be provided before the student returns to the class/clinical setting. Students are expected to return able to perform “Essential Functions”. A student may be required to complete another physical exam form.

6. Good communication with the Program Director, Academic Fieldwork Coordinator and clinical instructors surrounding a change in health status is imperative to protect the welfare and safety of the student. Students are advised, in the event of a change in health status to consult their health care provider regarding limitations, if any, especially when working in areas of direct client care. **It is the student’s responsibility to provide documentation of any applicable restrictions or limitations as a result of his/her health condition.** If possible, reasonable accommodations may be made that are responsive to the student’s needs.

7. Reinstatement of a student who has withdrawn due to a change in health status will occur under the following conditions:
   - Space is available in the class such that the maximum student capacity is maintained.
   - The students followed the correct procedure for withdrawal from the program.
   - The student has completed all minimum requirements of the program up to the point of withdrawal.
   - The student has initiated the readmission procedure by completing a new application.

8. The final decision regarding readmission rests with the College.

**H. Student and Client Safety**

Students must be alert to potential safety hazards during all clinical interactions with clients, instructors, or other students. Students should follow safety procedures outlined for specific activities (e.g. transfers, physical agent modalities, etc.) during all classroom, lab, and fieldwork experiences. Willful failure to do so may result in dismissal from a fieldwork placement or from the program.
I. **Use of Program Equipment and Supplies**

Students have access to all program equipment and supplies in order to enhance their learning. Much of the equipment owned by the OTA program is very expensive. Students are required to handle all program equipment and supplies with respect and care to prevent damage to the equipment and/or injury to themselves or others. Students who cause damage to program equipment through negligence or improper use will be liable for the expense of repair or replacement of the equipment.

J. **Evacuation in Case of Emergency**

In the event of a fire alarm, students will exit the classroom (AH236), proceed down the stairwell immediately to the left of the classroom, and leave the building via the exit on the southeast side of the building. If students are in the lab (AH 258), they should exit the room via either door and proceed to the main entrance on the west side of the building. If an emergency evacuation occurs while a student is at a fieldwork site, they are expected to follow the evacuation policies of the facility, under the direction of their fieldwork supervisor.

K. **Student Rights, Responsibilities, and Policies**

Refer to the Allegany College of Maryland Student handbook for rules and regulations on the following:

- Code of Student Conduct
- Student Discipline
- Policy Regarding Student Cheating
- Policy Statement on the Release and Confidentiality of Student Records
- Policy on Recognition and Chartering of Student Organizations
- Policy on Communication of Student Information
- Veterans Standards of Progress
- Allegany College of Maryland's Academic Regulation
- Student Grievance Policy

L. **Communications**

1. **Student Mailboxes**: Each student will be assigned a mailbox during his or her first semester of the OTA program. Mailboxes are located in the OTA/PTA office area and should be checked on a daily basis.
2. **Bulletin Boards**: All official notices and memos will be posted on the bulletin board in the hallway outside the OTA classroom. This should be referred to daily. The bulletin board is for departmental matters only and unapproved material will be removed.

3. **Chain of Command**: Any student curriculum-related problems are to be resolved using the procedure set forth in the current Allegany College of Maryland Student Handbook and the OTA Program Student Handbook (see Section II. H.). At no time is the chain of command to be altered or individual offices bypassed.

M. **OTA Office Library Use**

A small library of books, treatment materials, videos, and periodicals are located in Room 234C (Teresa Waugerman’s office) as well as Rooms 233 and 241. A notebook containing an index of materials and sign-out sheet are located in the secretary's area. Materials must be signed out and returned to the program secretary. Materials are not to be placed back on the shelf by the student.

Additional information:

- **AJOT** is the only periodical listed on CINAHL in the campus library. All other periodicals (OT Week, Advance for OT, OT Forum, and others) are indexed in the OTA library only.

N. **Copier Use**

Students are permitted to use the copier on a limited basis (the Print Shop should be utilized if at all possible, especially if you are making more than five copies), for **school-related purposes only**. Any student using the copier must be a member of the SOTA Club and participate in fundraising efforts to support the Club's funding of the copier. If a student chooses not to participate, the charge is 10 cents per copy.

O. **Kitchen and Classroom Use**

Having the kitchen area in the classroom is a luxury. Students are permitted to use the kitchen appliances, but this area must be kept clean at all times. If faculty or staff find this area is not kept clean, the privileges will be taken away.

A “Clean-Up Schedule” is posted in Room 236 with monthly assignments. During your assigned month, you will be responsible for keeping the labs (Rooms 236 and 258) clean and neat. Following classroom demonstrations and labs, **all students will be responsible for clean up.**
P. **Computer Use**

AH 236 contains two PCs and they are equipped with internet access and a printer. *These computers are for school-related use only.*

No food or drinks are permitted in the computer area. When you are finished with the computers, turn off both the monitor and hard drive.

Q. **Activity Requirement**

Each student will be required throughout the course of the program to participate in activities (a total of 20 hours) designed to give them the opportunity to articulate the unique nature of occupation. The activities will be evaluated in person by a member of the OTA faculty. (Please note: Posters, letters, and articles must be reviewed by a faculty member for spelling and grammar before being displayed, mailed, or submitted for publication).

Examples of acceptable activities are:

- Design and update the bulletin board in the department (equal to 2 hours)
- Speak to visiting student groups on campus (1 hour=1 hour)
- Write an article for a local newspaper (equal to 1 hour)
- Participate in a community health fair (1 hour=1 hour)
- Give a presentation to a local high school or community organization (1 hour=1 hour)
- Write a letter to a political representative regarding legislation impacting occupational therapy (equal to 1 hour)
- Volunteer at a community event (benefit, walk, nonprofit event, etc.) (1 hour=1 hour)

Failure to complete 20 hours of activities by the end of the A-term of the spring semester would result in an “I” grade and the student would not be able to commence Level II fieldwork until this requirement was met. Opportunities for promoting the profession are posted regularly on the bulletin board in the hallway outside the OTA classroom.

R. **Cell Phone Policy**

*Cell phones will not be tolerated in class.* If a cell phone rings, or a student is using a cell phone during class (texting included), the student will lose all participation points for that class period. If it happens a second time, the student will be docked one letter grade for that course. In addition, *cell phones are not permitted in clinical areas while you are on fieldwork.* Cell phones should be stored in your book bag or purse.
S. Tobacco Use Policy

The occupational therapy assistant program will adhere to the College Tobacco Use Policy located in the Allegany College of Maryland Student Handbook. Smoking or carrying of any lighted tobacco product or tobacco substitute, and the use of oral tobacco or tobacco substitute products, is prohibited anywhere on the campus, in college vehicles, or at fieldwork sites.

T. Criminal Background Check

See Academic Policies Section E.2. (p.15) Any student with a criminal record will be required to meet with the program director to discuss options.

U. College Central Network

ACM offers a service called College Central Network to students and alumni. Those who register for this service will have access to a wealth of information and helpful resources to get into the workforce. Take advantage of the free resume builder, which walks one through from beginning to end on how to prepare a great resume or upload a current resume to the site. Approved employers can actually view a resume once it is posted. Other features include searching jobs and internships, creating a portfolio, and watching videos on interviewing skills.

To register for this free service, go to www.allegany.edu, click on the Career Services Link. Then click on Student-Sign Up and complete the registration. From there, registered persons can log into CCN and start using all its features.

V. Social Networking Policy

We understand the importance, frequency and ease of students’ communication with fellow students through various means. Past classes have found it helpful to set up a Facebook page to be used for sharing ideas, study tips, and announcements. This is encouraged; however, under no circumstances should social media be used for the following:

- Inappropriate disclosure of confidential information,
- Inappropriate disclosure of personal information and/or photographs,
- Inappropriate and/or unauthorized publications,
- Damage to the College’s reputation in the community,
- Damage to personal relationships,
- Bullying,
- Derogatory comments about classmates, the OTA program, OTA program faculty, fieldwork supervisors or facilities.

Failure to abide by this policy will result in disciplinary action to be determined by the program director and appropriate campus authorities.
VI: STUDENT OCCUPATIONAL THERAPY ASSISTANT CLUB (SOTA)
A. Description

Allegany College of Maryland OTA students are encouraged to join the student OTA Club. This group meets on a regular basis, volunteers for community/campus events, conducts fund raisers for a scholarship, field trips (including the annual AOTA conference), and other workshops to further their education in the field of OT.

B. Purpose

The purpose of the SOTA Club includes, but is not limited to the following:

- Providing funding for the OTA Scholarship
- Providing community education
- Making donations for wheelchairs/equipment for needy individuals in the community
- Providing peer support
- Fieldtrips, Educational experiences/Workshops/Conventions
- Participation in activities such as Special Olympics, Bowl for Kids’ Sake, the March of Dimes Walk, and the National Association for Autism Research Walk, to name a few
- Copier Use
- Expansion of the OTA/PTA Library resources
- Contribution to any other cause/event the club feels necessary
- Expenses related to the OTA Graduation

The Club consists of Members, Officers (President, Vice President, Secretary, Treasurer, and Historian), and a fund-raising committee made up of the President, Treasurer, and 2 members from the class. The role delineations are described in the SOTA Club Binder located in the OTA Office area.
VII: SAMPLE RELEASE FORM
Occupational Therapy Assistant Program
General Release/Waiver Form

By providing my initials next to each statement and by signing below, I acknowledge and agree as follows:

Student Name: ____________________________
ID Number: ____________________________
Date: ____________________________

1. Consent To The Release of Information - I hereby consent to the release of information about my academic status and other information contained in educational records maintained by Allegany College of Maryland to all clinical affiliate institutions of the Allegany College of Maryland Occupational Therapy Assistant program, and to the administrative and professional staff of said clinical affiliate institutions who are in any way connected to the clinical training provided through the College's Occupational Therapy Assistant program. In providing this consent to the release of information, I recognize that I am waiving rights I may have under State and Federal privacy laws.

2. Medical Expense Waiver - Students entering health programs need to be aware, by virtue of the clinical nature of the training, that they may be exposed to infectious disease processes, injury, and their inherent risks. Students enrolled in training programs which involve clinical/practicum experiences are expected to have their own personal health insurance. Allegany College and the clinical agency are not responsible for medical expenses related to disease or injury incurred during training programs. I, the undersigned, understand the above and agree to be responsible for any medical expenses incurred during training at Allegany College or at clinical/practicum sites.

3. Pregnancy Policy - Allegany College of Maryland will not be held responsible for, and is hereby, forever, released from liability for, any death, injury, disease, illness, disability or impairment of either the student or the student’s unborn child or children, due to exposure to conditions and diseases during pregnancy. Information concerning a student’s withdrawal due to pregnancy will be held in strictest confidence.
General Release/Waiver Form

4. Handbook Agreement- I hereby acknowledge receipt of this handbook. I understand that I am responsible for reading it and following the policies and procedures as described herein.

5. Authorization Form- Signing below gives Allegany College of Maryland, and its employees, authorization to provide prospective employers, the AOTA (American Occupational Therapy Association), etc., your name and address, and vital information regarding your status at this institution.

   _____ I do not want any information sent to any of the above institutions.

   _____ Please pass my name on to anyone that requests personal information on to me.

I declare that I have read and understand the above provisions and agree to be bound by them, as indicated by my initials next to each provision and my signature below, and I hereby enter into this agreement and release voluntarily.

Student Signature: ___________________________ Date: __________

Program Director Signature: ___________________________ Date: __________

Vice President of Instructional Affairs: ___________________________ Date: __________
VIII: SAMPLE FIELDWORK FORMS
FIELDWORK VISIT REPORT

FACILITY ____________________ DATE __________

STUDENT ____________________

SUPERVISOR ____________________

LEVEL I _____ LEVEL II _____

CRITERIA

_____ Educational Resources

_____ Multidisciplinary

_____ Supervisory Meeting

_____ Student Conference

_____ Initial Visit

_____ Suggestions for Program

ADDITIONAL COMMENTS:
UNSAFE BEHAVIOR INCIDENT REPORT

[Text content]

STUDENT SHOULD READ AND SIGN THE FOLLOWING:

I have been informed of my unsafe behavior and have received instruction to correct it. I have had the opportunity to ask questions concerning this incident and now understand what is expected of me. I am aware that the school's clinical coordinator will be informed of the incident and that further unsafe behavior may result in termination of the fieldwork experience.

Additional Comments:

Date ___________________  Student's signature ___________________

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UNPROFESSIONAL BEHAVIOR INCIDENT REPORT

_________________ was observed performing the following unprofessional behavior.

The student has been informed of the unprofessional incident. Instruction on the correct behavior was provided to the student by _______________________.

Additional Comments:

Date ______________________  Supervisor’s signature ______________________

STUDENT SHOULD READ AND SIGN THE FOLLOWING:

I have been informed of my unprofessional behavior and have received instruction to correct it. I have had the opportunity to ask questions concerning this incident and now understand what is expected of me. I am aware that the school’s clinical coordinator will be informed of the incident and that further unprofessional behavior may result in termination of this fieldwork experience.

Additional Comments:

Date ______________________  Student’s signature ______________________
Fieldwork Grading Form
OTA 101

Evaluation (15 points)

5 Given Questions (5 points)

5 Additional Questions (10 points)

Journal (5 points)
ALLEGANY COLLEGE OF MARYLAND
OCCUPATIONAL THERAPY ASSISTANT PROGRAM
LEVEL I FIELDWORK STUDENT EVALUATION

STUDENT NAME: ____________________________

FACILITY NAME: ____________________________

DATES OF FIELDWORK: ____________________________

***Indicate the student's level of performance using the scale below.

1 = UNSATISFACTORY
The student does not demonstrate the required level of professional skill.

2 = NEEDS IMPROVEMENT
The student, while beginning to demonstrate the required level of professional skill, needs improvement in either quality or quantity.

3 = SATISFACTORY
The student demonstrates the required level of professional skill.

1. TIME MANAGEMENT SKILLS
Consider ability to be prompt, arrive on time, complete assignments on time. 1 2 3

COMMENTS:
STUDENT NAME: ____________________________________________

FACILITY NAME: __________________________________________

DATES OF FIELDWORK: ____________________________________

***Indicate the student’s level of performance using the scale below.

1 = UNSATISFACTORY  The student does not demonstrate the required level of professional skill.

2 = NEEDS IMPROVEMENT  The student, while beginning to demonstrate the required level of professional skill, needs improvement in either quality or quantity.

3 = SATISFACTORY  The student demonstrates the required level of professional skill.

1. TIME MANAGEMENT SKILLS
   Consider ability to be prompt, arrive on time, complete assignments on time.  
   
   1 2 3

   COMMENTS:
2. ORGANIZATION
Consider ability to set priorities, be dependable, be organized, follow through with responsibilities.

COMMENTS:

3. ENGAGEMENT IN THE FIELDWORK EXPERIENCE
Consider student's apparent level of interest, level of active participation while on site; investment in individuals and treatment outcomes.

COMMENTS:

4. SELF-DIRECTED LEARNING
Consider ability to take responsibility for own learning; demonstrate motivation.

COMMENTS:

5. REASONING/PROBLEM SOLVING
Consider ability to use self-reflection, willingness to ask questions; ability to analyze, synthesize and interpret information; understand the OT process.

COMMENTS:

6. PROFESSIONAL PRESENTATION
Consider if student wore appropriate attire and was neatly groomed.

COMMENTS:
7. INITIATIVE
Consider initiative ability to seek and acquire information
From a variety of sources; demonstrates flexibility PRN.  1 2 3

COMMENTS:

8. OBSERVATION SKILLS
Consider ability to observe relevant behaviors for
Performance Areas of Occupation, Performance Skills,
Performance Patterns, Context, Activity Demands, Client
Factors.  1 2 3

COMMENTS:

9. PARTICIPATION IN THE SUPERVISORY PROCESS
Consider ability to give, receive and respond to feedback;
seek guidance when necessary; follow proper channels.  1 2 3

COMMENTS:

10. VERBAL COMMUNICATION & INTERPERSONAL
SKILLS WITH:
PATIENTS/CLIENTS/STAFF/CAREGIVERS  1 2 3
Consider ability to interact appropriately with
Individuals such as eye contact, empathy, limit
Setting, respectfulness, use of authority, etc; degree/
Quality of verbal interactions; use of body language
and non-verbal communication; exhibits confidence.

COMMENTS:
ADDITIONAL COMMENTS:

STUDENT SIGNATURE: ___________________ DATE: ______

SUPERVISOR SIGNATURE: ___________________ DATE: ______
Occupational Therapy Assistant Program
Level I Student Questionnaire – Supervision

Student Name: ____________________________

Please answer the following questions by checking “yes” or “no” in the box provided.

OT Practice – February 10, 2014

<table>
<thead>
<tr>
<th>Student Questionnaire</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Student was provided a tour of the facility, complete with an explanation of location of common tools utilized.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Student was provided with introductions to the team when the student first arrived.</td>
<td></td>
<td></td>
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<tr>
<td>3. Student was provided a summary and example of the documentation process.</td>
<td></td>
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<tr>
<td>4. Student was oriented to possible client behaviors they might encounter and provide some therapeutic options.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Student was provided a tentative schedule for the entire Level I experience that is responsive to students' interests.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Student was given a break for lunch, and was included in social interactions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Student was provided an orientation or opportunities for students to shadow other disciplines; process with students their observations of similarities and differences.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Student was given feedback early and often, including feedback concerning distracting behaviors; use assessment form provided by the academic program throughout the experience to avoid surprises at the end.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Student was given several minutes for processing after a therapy session and a short time at the end of the day to provide an opportunity for questions and processing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Student was given a list of suggested fieldwork activities and asked the students what they would like to do.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Supervisor gradually increased the challenges for the student by increasing involvement within their abilities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Supervisor designate time throughout the week to discuss the students' progress and learning activities provided; each supervisor should contribute feedback using same evaluation form.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. What did you like about your level I fieldwork?

2. What didn’t you like about your level I fieldwork?

3. What changes would you make to this level I field site for future OTA students?

Additional Comments:
COMMISSION ON EDUCATION

GUIDELINES FOR OCCUPATIONAL THERAPY FIELDWORK - LEVEL I

I. Definition and Purpose

The AOTA Standards describe the goal of Level I Fieldwork "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."

Services may be provided to a variety of populations through a variety of settings. Experiences may include those directly related to occupational therapy, as well as other situations to enhance an understanding of the developmental stages, tasks, and roles of individuals throughout the life span. Day care centers, schools, neighborhood centers, hospice, homeless shelters, community mental health centers, and therapeutic activity or work centers are among the many possible sites. Level I Fieldwork may also include services management and administrative experiences in occupational therapy settings, community agencies, or environmental analysis experiences. Populations may include disabled or well populations, age-specific or diagnosis-specific clients.

Qualified personnel for supervision of Level I Fieldwork may include, but are not limited to, academic or fieldwork educators, occupational therapy practitioners initially certified nationally, psychologists, physician assistants, teachers, social workers, nurses, physical therapists, social workers, etc. The supervisors must be knowledgeable about occupational therapy and cognizant of the goals and objectives of the Level I Fieldwork experience.

II. Objectives

Objectives of Level I Fieldwork may vary significantly from one academic institution to another. These variations occur as a result of differences in individual academic institutional missions, programmatic philosophical base, curriculum design and resources, etc. As a result, the individual academic institutions should provide information regarding the specific didactic relationship and should provide objectives for the experience. Fieldwork educators should determine if the resources of their facilities are adequate to meet the objectives of the educational institution, and then apply the objectives to the fieldwork setting.

Fieldwork objectives should reflect role delineation between professional and technical level students as specified by The Guide to OT Practice. AJOT, Vol. 53, No 3. In the event a facility provides Level I Fieldwork experiences to both levels of students, separate objectives and learning experiences should be utilized, as developed by the academic program faculty. Students should be evaluated using these objectives.

In instances where students will have a prolonged/consecutive fieldwork experience in the same facility, the objectives should also reflect a sequential orientation and move from concrete to conceptual or from simple to more complex learning activities. In the event that the student will rotate through a variety of settings it is recommended that a master list of objectives be developed that demonstrate a developmental learning continuum and indicate which objectives/learning experiences have been provided in previous experiences.

Schedule design of Level I Fieldwork will depend on the type of setting and the curriculum of the academic institution. Options include, but are not limited to: full days for one-half a term; full days in alternating weeks for one term; half days for one term; or one week.
Academic Institution

- Identify course content areas to be enhanced by Level I Fieldwork experiences.
- Develop general goals that clearly reflect the purpose of the experience and level of performance to be achieved.
- Assure that objectives reflect the appropriate role of an OT or OTA student.
- Sequence the objectives from concrete to conceptual or from simple to increasing complexity.
- Identify facilities that may be able to provide the necessary learning experiences.
- Share the objectives with the fieldwork educators and ask them to identify those objectives that could be met in their facility.
- Discuss and coordinate fieldwork administration issues, such as scheduling, work load, report deadlines, etc.
- Collaborate with fieldwork educators to clearly identify the skill levels necessary for successful completion of Level I Fieldwork experience.
- Develop an evaluation form and protocol.

Fieldwork Education Center

- Evaluate administrative aspects of the program to determine the feasibility of providing education experiences of high quality while maintaining the effectiveness of services. Some considerations are providing the necessary supervision, scheduling learning experiences, and staff attitudes toward students.
- Review objectives and learning experiences with academic representatives to assure that they address the Level I Fieldwork objectives of the program.
- Review the evaluation form and associated protocols and seek any necessary clarification prior to its implementation.
- Review the Level I Fieldwork objectives and the evaluation form to determine if the learning experiences can be provided at your fieldwork agency and if they are compatible with the philosophy of the program.
- In collaboration with the academic program faculty, identify, and design, if possible, specific learning activities which will meet Level I objectives.
- Those agencies providing fieldwork for both the professional and technical level student should have different learning experiences designed to clearly reflect role delineation.
The policies in this manual have been revised and supersede all other published Occupational Therapy Assistant policies. These policies become effective with the Summer 2017 semester. The policies have been approved by the following individuals.

Rae Ann Smith, OTD, OTR/L
Occupational Therapy Assistant Program Director
3/24/17

Bill Rocks, Ed.D, Interim Dean of Career Education
3/27/17

Kurt Hoffman, Ed.D
Senior Vice President of Instructional and Student Affairs
3/29/17

Original: 1993
Revised: 2017