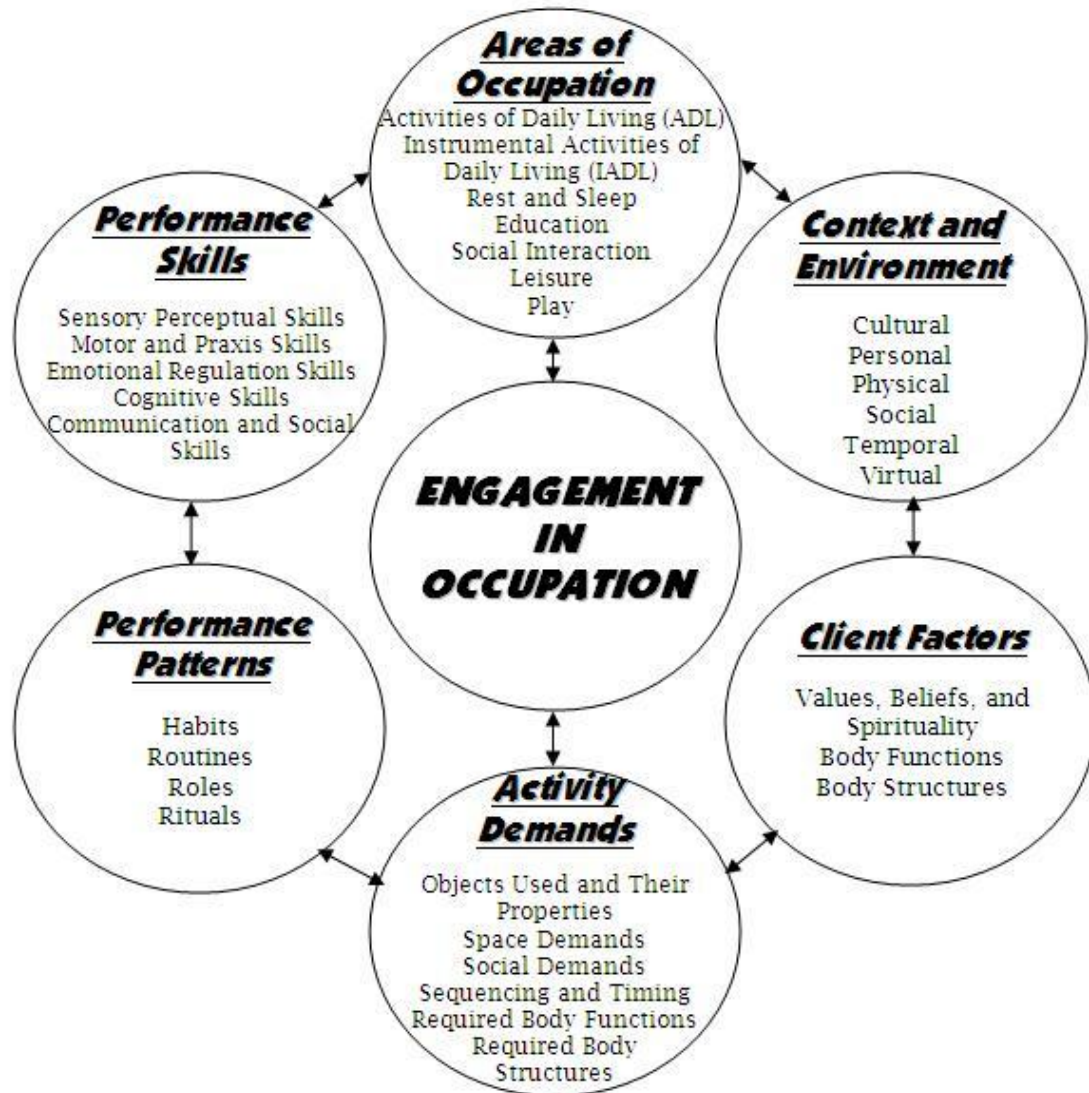


# University of Southern Indiana Occupational Therapy Assistant Program

*Student Handbook 2011-2012: v. 14.2*



## Curriculum Strands

**Professional Integrity** – *ethics, professional conduct, communication, leadership*

**Social Justice** – *diversity, wellness, ethics, service learning*

**Systematic Inquiry** – *clinical reasoning, technology, research, evidence-based practice*

**Partnerships and Collaboration** – *collaboration with occupational therapists, client-centered practice service learning*

**Health** – *wellness and disease prevention*

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## Current Handbook

All students will receive a copy of the current Occupational Therapy Assistant (OTA) Program Student Handbook during the fall semester after admission to the OTA program. After the hard copy of the handbook has been issued, the student is responsible for obtaining and reviewing updated versions of the handbook, which will be available on the Occupational Therapy Assistant website (<http://health.usi.edu/acadprog/ota/index.htm>).

# Occupational Therapy Assistant Program

## *History*

Starting an occupational therapy assistant program has been part of the University of Southern Indiana's College of Nursing and Health Professions' strategic plan since 1991 and also a fundamental goal of the Occupational Therapy Program's Advisory Council. That the subsequent implementation of the occupational therapy assistant program was an integral aspect in the design of the baccalaureate curriculum is evidenced on page 40 of the *Occupational Therapy Program Self Study Report Revised* (1993), "With plans of augmenting the occupational therapy baccalaureate program by adding an occupational therapy assistant program at some time in the future . . ."

The first draft of the occupational therapy assistant curriculum was completed in December 1993 after two revisions in 1994 and early 1995 with Occupational Therapy Program Advisory Council and Fieldwork Supervisors' Council input. The founding director, Dr. Aimee J. Luebben, EdD, OTR/L, FAOTA, wrote *Proposal for an Associate of Science Degree in Occupational Therapy Assisting at the University of Southern Indiana* which was approved by the College of Nursing and Health Professions' Instructional and Student Affairs Committee in the fall of 1995. During the winter and spring of 1996 the proposed occupational therapy assistant curriculum moved through various university committees including Curriculum Committee, Academic Planning Council, and Faculty Senate before being approved by the University Of Southern Indiana Board Of Trustees. Outside the university, *Proposal for an Associate of Science Degree in Occupational Therapy Assisting at the University of Southern Indiana* was approved by the Work Force Development Committee in April 1996 and the Indiana Commission for Higher Education in July 1996.

After the Indiana Commission for Higher Education granted approval for the proposed occupational therapy assistant degree, the occupational therapy curriculum was divided into two programs: Occupational Therapy Program and Occupational Therapy Assistant Program in August 1996. For the Accreditation Council for Occupational Therapy Education, the director wrote *University of Southern Indiana Occupational Therapy Assistant Program's Development Plan* and submitted the document in October 1996. In December 1996 the Occupational Therapy Assistant Program received Developing Program Status from the Accreditation Council for Occupational Therapy Education. On May 15, 1997, the Indiana State Legislature approved occupational therapy assistant curriculum at the University of Southern Indiana and allocated funding.

For the Accreditation Council for Occupational Therapy Education, the director wrote the *Occupational Therapy Assistant Program's Self-Study Report* in July 1997. Two new faculty members, Hahn C. Edwards, MA, MS, OTR/L, Assistant Professor and Advising Coordinator and Mary Metzger Edwards, RN, OTR, Instructor and Fieldwork Coordinator, began working at the University of Southern Indiana on August 1, 1997. The first class of students the OTA Class of 1998, started their sequence of occupational therapy assistant courses on Tuesday, September 2, 1997. Tim Byers, OTR, CHT, was hired to teach a portion of OTA 214: Pathophysiology and Conditions II, in the spring of 1998. Two additional Accreditation Council for Occupational Therapy Education events followed: submission of the *Occupational Therapy Assistant Program's Self Study Report-Revised* in April 1998 and the on-site evaluation June 8-10, 1998.

The associate degree curriculum successfully completed the process for initial accreditation in the 1998-1999 school year. During the on-site visit on June 8-10, 1998, the evaluation team commended faculty "for their energy, enthusiasm, and commitment to excellence in providing an innovative, creative, and supportive learning environment" and commended students' "ability to participate as active, independent learners." In addition, the team recognized various curriculum aspects including the capstone conferences, the Advanced Role Practicum, journaling, portfolios, and the OT/OTA collaboration curriculum strand. The Accreditation Council for Occupational Therapy Education (ACOTE) granted initial accreditation to the associate degree curriculum on August 8, 1998.

Jill Crick, OTR, CHT began teaching a portion of OTA 214: Pathophysiology and Conditions II, in spring 2000. Leadership of the associate degree curriculum changed to comply with new accreditation requirements. In accordance

with new accreditation standard that requires a director to be full-time in a program, Hahn Edwards, MA, MS, OTR was appointed Occupational Therapy Assistant Program Director on February 14, 2001. In November 2001, Susan Ahmad, MS, OTR, accepted the position of Occupational Therapy Assistant Program Director. Brad Menke, OTR, MPA, CHT, and Jennifer Ziegenfus, OTR, were hired to co-teach OTA 214: Pathophysiology and Conditions II, in spring 2002. Amy Vaughn, COTA was hired to teach the pediatric portion of OTA 242: Occupational Performance Components II in spring 2003. Hahn Edwards, MA, MS, OTR returned to teach OTA 344: Occupational Performance Areas II, in summer 2003. The Commission for Higher Education approved the title change of the degree conferred from Occupational Therapy Assisting to Occupational Therapy Assistant in April, 2002.

As part of the continuing accreditation process required for all occupational therapy and occupational therapy assistant programs, the University of Southern Indiana Occupational Therapy Program initiated as Self-Study that was submitted to ACOTE in February, 2003. An on-site evaluation was conducted in May, 2003. Full five year accreditation was granted by the Accreditation Council for Occupational Therapy Education in August, 2003. In December of 2004, Mrs. Mary Edwards resigned her position as instructor and Mrs. Kathleen French, MPH, OTR assumed the role as Assistant Professor and Academic Fieldwork Coordinator. In July, there was a change in Program Director in the Occupational Therapy Program. Until this time the OT and OTA programs had worked independently and had not shared faculty. When Dr. Barbara Williams OTD, OTR assumed the role as Acting Program Director for the Occupational Therapy Program, it was decided that the OT and OTA Programs might utilize faculty and resources more fully by assigning faculty to teach in one or both programs depending upon the faculty members area of expertise. The OT program was unable to fill an open position so Mrs. Elizabeth Wheeler OTR accepted a position to teach in the OTA program so that Mrs. Kathleen French could teach selected courses in the OT program. In the past, Mrs. Ahmad had taught one section of the OT 151 course. She assumed both sections in the fall of 2005. Since the 2005-2006 school year, both faculties have worked to provide an atmosphere to foster and encourage collaboration and cooperation between the students in both programs. In May, 2006, Dr. Barbara Williams accepted the position of Program Director of the Occupational Therapy Program. In fall of 2006 the university approved a curriculum change that reduced the number of credit hours in OTA 241 from 6 hours to 4 hours. The remaining two credit hours were used to create OTA 232. This course teaches the fundamentals of splinting, physical agent modalities, and adaptive technology. These subjects were previously covered in OTA 231 but, as recommended by the USI OTA advisory board, students in a CQI survey, and in compliance with the new ACOTE standards the new course was established. In the spring semester of 2007, Mr. Rick Hobbs, MA, OTR, a tenured faculty member from the OT program assumed teaching the class OTA 231. Mrs. Wheeler left her position as instructor to return to private practice. Ms. Sherri Mathis, DOT, COTA, OTR joined the faculty in 2007. In June 2007 a self-study was submitted to ACOTE and the site visit took place in September 2007. USI was the first program to use the revised Occupational Therapy Assistant program standards. In December 2008 full 10-year accreditation was granted to the program. Mrs. Kathleen French resigned her position in the summer of 2009. Mrs. Mary Kay Arvin, OTD, OTR/L, CHT joined the faculty in September of 2009 as an instructor and Academic Fieldwork Coordinator. Dr. Sherri Mathis completed her doctoral program in May of 2010. Dr. Mary Kay Arvin completed her doctoral program in December 2010.

## ***Vision***

At the University of Southern Indiana, the Occupational Therapy Assistant Program promotes academic and professional excellence by preparing students to become credentialed occupational therapy practitioners at the entry level. At the time of their graduation the student will have acquired an educational founded in liberal arts and sciences and has been exposed to a variety of service models and systems that are commonly used in the current occupational therapy service delivery. The student will have an understanding of the importance of diversity in the delivery of interventions to assigned populations. The student will be articulate in adherence to ethical standards, values and attitudes of occupational therapy practice. The student will verbalize and demonstrate an understanding of the roles and responsibilities of occupational therapists as they relate to occupational therapy assistants. The student will value the role of a lifelong learner and the importance of remaining current in the practice of occupational therapy. Faculty demonstrate leadership in occupational therapy education, scholarship, and service by sharing their expertise through innovative teaching strategies, presentations, publications, creative works, service provision, collaboration, consultation, and political action to enrich the occupational therapy profession. The faculty of the University of Southern Indiana abides by the current code of ethics of the profession of occupational therapy.

## ***Mission Statements for the Occupational Therapy Assistant Program***

- I. Provide knowledge and skills necessary for an entry-level occupational therapy assistant generalist
- II. Through a variety of learning activities provide educational experiences necessary to meet societal needs for service provision.

- III. Promote the education of culturally competent practitioners
- IV. Promote professional development in occupational therapy faculty and occupational therapy practitioners that leads to the value of lifelong learning
- V. Promote excellence in occupational therapy education, scholarship, and service through leadership, collaboration, consultation, and partnerships with service providers.
- VI. Provide support to the community through advocacy for the profession and client population, service activities, organizational involvement, and political action.
- VII. Institute a caring environment in which occupational therapy assistant students, faculty, and community service providers work together to optimize their personal and professional development.

## ***Philosophy***

The faculty members of the Occupational Therapy Assistant Program at the University of Southern Indiana hold the following beliefs about the person, occupational therapy, and education. These beliefs are congruent with the mission of the University of Southern Indiana and serve as the foundation for the curriculum and selection of instructional methods and practices.

Each person is a unique, active, and complex being of worth and dignity. Human behavior consists of a dynamic interaction between the individual, the environment in which he/she exist and the demands of occupation. The individual is holistic in nature and shares with other humans certain performance skills, patterns, and areas of occupation (activities of daily living, work and productive activities, and play or leisure) across a variety of contexts. For each person, engagement in occupation is a unique interplay client factors, activity demands and performance patterns. The engagement in occupation of the individual may be interrupted at any time throughout the lifespan by biological, psychological, social, spiritual, or environmental factors.

Occupational therapy is the art and science of enhancing an individual's overall engagement in occupation by facilitating the development or learning of essential performance component skills, by diminishing or correcting pathology which reduces engagement in occupation, or by promoting and maintaining wellness or balance in areas of occupation. Occupational therapy practitioners use the terms occupation and activity in framing or explaining daily life tasks or pursuits. The term occupation is a term used to describe those activities or pursuits that have a unique purpose and meaning to the individuals life. The term activity differentiates from occupation in that activity describes a more generalized set of tasks or human activities that are goal driven. The focus of occupational therapy is on helping clients develop the functional capacity to live independently, care for personal needs, and participate in work, school or community activities. The term *occupation* is used to indicate the individual's purposeful use of attention, interest, energy, and time to engage and participate in occupational performance areas. The primary focus of the profession is the enhancement of the capacity engagement in occupation, occupational therapy practitioners are concerned with factors that promote, influence, or enhance areas in of occupation as well as with those factors that serve as barriers or impediments to the individual's ability to function across the lifespan.

Education directs and facilitates learning which is valued as a lifelong process promoting competence and scholarship. Learning is the active, continuous process of gaining new knowledge and skills which bring about actual or potential changes in the way of viewing the world. New learning (a function of motivation and readiness) builds on previous levels of knowledge and experience. Learning is facilitated when activities are goal directed, purposeful, and meaningful for the learner. Learning progresses in an orderly fashion beginning with the introduction of knowledge. Comprehension and application are the steps that follow. As the student progresses through the program the process of critical thinking develops. With this in mind, frames of reference emphasizing such perspectives are influential models for our program. The Person-Environment-Occupation Model (Law et al. 1996), the Ecology of Human Performance (Dunn, Brown, & McGuigan, 1994) and the Model of Human Occupation (Kielhofner, 1995) The faculty guide, direct, facilitate, and evaluate learners while encouraging self-direction and development of intellectual curiosity, creativity, clinical reasoning, and self-reflection and an awareness of community involvement. Learning is best achieved in an atmosphere in which individual dignity is respected and a commitment to excellence exists. Graduates will be prepared as an entry level practitioner in an ever changing health care delivery system. The occupational therapy curriculum is based on active learning. Students will integrate knowledge, skills and attitudes by experiential learning or doing.

## ***References***

Dunn, W., Brown, C., & McGuigan, A (1994). The ecology of human performance: A framework for considering the effect of context. *The American Journal of Occupational Therapy*, 48, 595-607.

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Law, M., Coper, B, Strong, S. Steward, D., Rigby, P., & Letts, L (1996). The person-environment-occupation model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy*, 63, 9-23.  
Stubik-Peplaski, C., Paris, C, Boyle, D., Culpert, A.(2006). *Applying the occupational therapy practice framework*. American Occupational Therapy Association Press.

### ***Curriculum Synopsis***

The Occupational Therapy Assistant Program is an integrated didactic and clinical approach built upon a foundation of liberal arts and sciences. A total of 78 semester hours is required to complete the Associate of Science Degree with a major in Occupational Therapy Assistant. Students who select the full-time option will take required courses outside the occupational therapy assistant curriculum first. These 29 hours of courses include 29 hours of specific classes which satisfy 50% of the University Core Curriculum, the general education program at the University of Southern Indiana. Full-time students are required to complete the requisite courses not listed with an OTA prefix first, then enroll in Occupational Therapy Assistant Program coursework to complete the 43 credit hour didactic component and the six credit hour clinical component. In addition to classroom and laboratory hours, the didactic component includes 80 clock hours of integrated Level I practicum experiences. With the 16 full-time work weeks of Level II internship experiences included in the four credit hours of clinical courses, the program has a total of 16 full-time work weeks. The Occupational Therapy Assistant Program is presented in three semesters and one summer; students can complete the Associate of Science Degree with a major of Occupational Therapy Assistant in five semesters and one summer. Students wishing to carry a less than full-time course-load in the occupational therapy assistant portion of the program will be admitted on a case by case basis.

### ***Program Design***

The University of Southern Indiana, the Occupational Therapy Assistant Program (OTA) is divided into two components: occupational therapy assistant courses and courses offered outside the Occupational Therapy Assistant Program. During the first two semesters at the university, the OTA students are required to take classes to fulfill the university core curriculum. As required in the OTA standards, program content must be based on a foundation of the liberal arts and sciences. These classes provide a foundation in the biological, physical, social and behavioral sciences and support an understanding of occupation across the lifespan. These courses are taken before entering into the OTA program. The University Core Curriculum requirements that are listed on page 39-40 of the 2011-2013 University of Southern Indiana Bulletin. According to this bulletin:

"The University Core Curriculum is that portion of the academic work required of all degree-seeking students, regardless of major or minor. Students pursuing bachelor's degrees must complete the entire program. Students pursuing associate degrees must complete approximately half of the program; specific requirements will be determined in conjunction with the programs offering the degrees.

Through the University Core Curriculum, the University of Southern Indiana seeks to encourage in all students the desire and ability to achieve personal growth and contribute meaningfully to society. The University Core Curriculum involves non-specialized, non-vocational learning that views students first as human beings, equipping them to harness their full intellectual, aesthetic, emotional, and physical resources to improve their lives and the lives of those around them. The program is based on the premise that students must know themselves and their world before they can become responsive and responsible leaders. It assumes that students need to think clearly, speak and write well, live according to consistent ideals, understand public issues, and use knowledge wisely.

To fulfill these needs, the University Core Curriculum exposes students to various ways of knowing and invites them to analyze the great ideas and achievements of humanity. Students can acquire an appreciation of their place in the continuum of life by studying not only their own world, but also that of the past, of other cultures, and of nature. They can escape from narrow perspectives and values, and actively participate in shaping their lives, society, and environment. The University can accomplish its primary mission of preparing students to live wisely.

A student's major area of specialized study and the University Core Curriculum complement each other. The former provides knowledge that distinguishes us from one another in our diverse walks of life; the latter provides knowledge and abilities that all educated people share. By joining the two, the university can accomplish its primary mission of preparing students to live wisely.

Since the University Core Curriculum has a diversity of aims, no single course addresses all of them. The program as a whole seeks to achieve the following goals and objectives."

The University Core Curriculum has four components: A. the mind: enhancement of cognitive abilities, B. the self: enhancement of individual development, C. the world: enhancement of cultural and natural awareness, and D. the synthesis: integration and application of knowledge. The non-occupational therapy assistant courses of the Occupational Therapy Assistant Program include nine credit hours of A. the mind (75%), four credit hours of B. the self (50%), and 12 hours of C. the world (45%).

The curriculum for the occupational therapy assistant is based on the premise that student learning requires acquisition of knowledge, skills competencies and attitudes congruent with the profession's philosophy, attitudes and body of knowledge. Student learning is organized along a continuum. The student is introduced to knowledge of information based on the basic premises of the practice of occupational therapy (e.g. theories and frames of reference, function of the body in illness and health, ethics, etc. From mastery of foundational knowledge begins the process of application and analysis of information. As the student progresses along the learning continuum, the learning experiences evolve into the processes of synthesis and evaluation.

The curriculum design for the program approaches the learning process from a functional approach and was initially based on Uniform Terminology III taxonomy. When the Occupational Therapy Practice Framework was adopted by the AOTA, concepts including the engagement of human occupation to support participation in context or contexts were expanded.

The four foundation courses are named after the occupational performance skills (OTA 241 and OTA 242) Occupational Performance Components and areas of occupation (OTA 343 and OTA 344). The engagement in occupation of persons needing occupational therapy services varies with the environment, contexts, performance patterns, demands of the activity and client factors, and extends across the lifespan. Rather than having courses in a specific stage of the lifespan (i.e. children, adolescents, adults and elderly persons) this curriculum looks at areas of occupation, performance skills and patterns across the lifespan. This approach is explored in the four foundation courses. During the OTA 241: Occupational Performance Components I class, development psychological and physical development over the lifespan is taught. Also addressed in this course is an introduction to a variety of frames of reference and its use in treatment of mental illnesses.. In this same class, the function of groups across the lifespan is taught. In OTA 343: Occupational Performance Areas I, Activities of Daily Living and Play/Leisure various life-skills that exist over the lifespan are explored. For example the act of dressing is something to be addressed throughout the lifespan. Rather than having a separate assessment course, the occupational therapy process (screening, assessment, intervention planning, intervention implementation, transition service planning, and discontinuation of service) is integrated into each foundation course.

While there are no diagnosis-based classes, the functional approach used at USI has a strong diagnosis-based component woven into the program. On the contrary, both of the pathophysiology and conditions courses (OTA 213 and OTA 214) are diagnosis based with an emphasis on the translation to function. Using a lifespan approach to teaching pathology, a child who had cerebral palsy becomes an adolescent and an adult with the same diagnosis. The other classes build on the four foundation courses. Specific techniques are emphasized in the Therapeutic Media course (OTA 231). Activity analysis allows students to analyze functional movement patterns and the utilization of crafts as therapeutic media show students the rich heritage from which current occupational therapy has risen. The craft component has been updated to include cost effective media and also those crafts that are most frequently found in occupational therapy clinics today. Orthotics and prosthetics as well as assistive technology and physical agent modalities complete the information provided in Media and Modalities (OTA 232). The Technical Communication course (OTA 221) emphasizes the development of technical level listening, speaking, reading, and writing skills. Occupational Therapy Assistant issues course (OTA 362) provides a focus on issues pertinent to the occupational therapy profession, particularly to certified occupational therapy assistants and OTA 372 Management for Occupational Therapy Assistants management course, encompasses basic management and leadership principles within the role of the occupational therapy assistant.

The two fieldwork level I and level II courses (OTA 297 and 298 and OTA 397 and OTA 398) provide students experiences across three variables: age span, patient/client disposition (chronic versus acute patients/clients), and facility type (institutional versus community based). During the fieldwork experience the student is introduced to view the traditional setting for occupational therapy as well as emerging practice areas.

### **Curriculum Strands**

**Professional Integrity** - *ethics, professional conduct, communication, leadership*

*Social Justice-diversity,, ethics, community advocacy*

**Experiential Learning** - *clinical skill development, research, evidence-based practice*

**Partnerships and Collaboration** - *collaboration with occupational therapists, client-centered practice service learning*

**Health** - *wellness, disease and injury prevention*

In addition to offering specific courses, the design of the Occupational Therapy Assistant Program incorporates the curriculum strand concept that has worked so well in the existing Occupational Therapy Program. The Occupational Therapy Assistant Program has five strands including Professional Integrity, Social Justice, Experiential Learning Partnerships and Collaboration and Health

The first strand involves professional integrity. Students begin the study of ethics in the introductory class OT 151. Professional conduct is introduced in Technical communications (OTA 221) and continued throughout the remainder of the courses. Communication, both written and verbal is the emphasis of the Technical Communication course (OTA 221). Leadership is emphasized in the student OT association (SOTA). As part of the Issues and Management courses (OTA 362 and 372) students discuss and participate in a variety of activities that emphasize the role of the OTA in local, state and national organizations. Students are strongly encouraged in joining the USI Student Occupational Therapy Association (SOTA), the District, and Indiana State association and the American Occupational Therapy Association. Students from the OTA program are highly encouraged to attend local, state and national conferences and an OTA representative is sent to the Association of Student Delegates meeting held in conjunction with the AOTA national conference. Students begin working on documentation skills in the orientation course (OT 151) and continue to practice these skills in other courses including OTA 221 and the foundation courses (OTA 241, OTA 242, OTA 343, OTA 344). Since one of the best documentation learning experiences is in the field, documentation is a primary focus of the two practicum seminars, each of which includes 40 clock hour Level I fieldwork experiences (OTA 297 and OTA 298).

A second strand is Health and Social Justice. Various aspects of diversity are introduced in OT 151 and carried through as a reoccurring theme throughout the program. Diversity is threaded throughout the occupational therapy assistant curriculum during the first semester in OTA 241, OTA 231 and OTA 221 and the other foundation courses (OTA 242, OTA 343, OTA 344). Diversity is also addressed in the university required core curriculum courses. Wellness is introduced in OT 151 and continues throughout the program The AOTA Code of Ethics is introduced in OT 151 and is included in the foundation courses, OTA 297 and 298 and OTA 362 and 372.

The third strand is Experiential Learning. The Technical Communication class (OTA 221) introduces the importance of research and of evidence based practice. In all of the foundation courses, clinical skill development is emphasized. In OTA 241 group dynamics, therapeutic use of self and the frames of reference including the Ecology of Human Performance (Dunn, Brown & McGuigan, 1994 and the Person-Environment-Occupation Model (Law et. Al) and the Model of Human Occupation (Keilhofner, 1995) are introduced. With the beginning of the study of occupation, students begin clinical skill development through presenting group activities and presentations to populations including preschool, school-age children and an adult population of incarcerated adults. Students are required to complete a total of three community activities of their own choice during the fall and spring semesters of the program. During the second semester of the OTA courses, students are introduced to a variety of activities to enhance performance of a variety of clinical skills necessary for the OTA. The student is required to keep a competency portfolio in which he/she is evaluated on the performance of a variety of skills such as range of motion testing, functional transfer techniques, dressing and bathing skills. Other frames of reference and treatment models are introduced throughout the program. Fieldwork experiences (Level I and II) are integral aspects of the curriculum. Students complete Level I experiences as components of two practicum seminars (OTA 297 and OTA 298). Each of these practicum seminars offer student's opportunities to complete 40 clock hours of Level I clinical experiences as well as time to discuss and reflect on their fieldwork experiences

The content for the fourth strand Partnership and Collaboration is initiated in the orientation class (OT 151) with a panel discussion on the roles of responsibilities of occupational therapy personnel including occupational therapists. Students from both OT and OTA programs interact together in the student occupational therapy organization (SOTA) in presenting educational programs, fund raisers and social events. The OT and OTA students together have multiple opportunities to become involved in client-centered service learning projects. Collaborative projects include

participation in health fairs, alcohol awareness programs, and life-skills classes that are presented at the Community Corrections Center of the Vanderburgh County Jail, activities that incorporate collaboration with occupational therapists are also interwoven into other courses.

In the fifth strand Health, the student is first introduced to the concept of wellness in OT 151 with a project in which he/she charts daily life activities throughout a three-week period. The student is then asked to analyze and categorize activities into work, play and leisure and then make a plan for increasing the balance of those activities to hopefully attain a higher level of balance in life activities. This theme of balance is continued in OTA 241 with units on stress management and healthy lifestyles. Students perform a wellness evaluation and are asked to come up with a plan of action regarding lifestyle changes to promote a healthier lifestyle in OTA 241.

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- Stubik-Peplaski, C., Paris, C, Boyle, D., Culpert, A.(2006). *Applying the occupational therapy practice framework*. American Occupational Therapy Association Press.

### ***Accreditation Status***

The Occupational Therapy Assistant Program at the University of Southern Indiana is accredited by Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, PO Box 31220, Bethesda, MD 20824-1220. ACOTE's telephone number c/o AOTA is (301) 652-2682. Graduates of the program will be eligible to sit for national certification examination for the occupational therapy assistant administered by the National Board for Certification in Occupational Therapy (NBCOT). After successful completion of this exam, the individual will be a Certified Occupational Therapy Assistant (COTA). In addition, most states require licensure in order to practice; however, state licenses are usually based on the results of the NBCOT Certification Examination.

### ***Admissions Policy for the Occupational Therapy Assistant Program***

The prospective student must be accepted for admission to USI before completing a separate application to the OTA Program. Student applicants must also show capability of fulfilling clinical practice requirements, eligibility for occupational therapy practitioner credentialing, and evidence of satisfactory health status. Note: A felony conviction may affect a graduate's eligibility to sit for the NBCOT certification examination or attain state practice credentials; contact the program for further information. For the most current admission information, call the program at 812/465-1140, e-mail [otinfo@usi.edu](mailto:otinfo@usi.edu), or visit the Web site, <http://www.health.usi.edu/acadprog/ota/index.htm>.

#### **The program selects students for admission to the OTA Program on the basis of:**

1. Admission to University.
2. Completion of OTA Core Curriculum and minimum GPA of 2.7 on a 4.0 scale.
3. Submission of an application to the OTA Program by January 20 of year planning to be admitted to the fall class.
4. Interview with Occupational Therapists Admission Committee.
5. Submission of a writing sample.
6. The selection of students for admission to the program is based on a combination score that includes the standardized interview with occupational therapists and cumulative GPA. Thirty students with the highest scores will be admitted to the OTA program.

### ***Student Right-to-Know Act***

The University of Southern Indiana publicly discloses statistics pertaining to the University completion rate and transfer rate as mandated by the Student Right-to-Know Act. All colleges nationwide are required to release this information. Refer to the Student Right-to-Know Act webpage

(<http://www.usi.edu/DEPART/INSTIRES/SRTK.ASP>) on the University of Southern Indiana website for the most recent statistics.

### ***Expected Outcome Competencies of Graduates***

These Occupational Therapy Assistant Program outcome competencies are drawn from the following documents:

- American Occupational Therapy Association. (1983). *AOTA fieldwork evaluation for occupational therapy assistant students*. Rockville, MD: Author.
- American Occupational Therapy Association. (1991a). Essentials and guidelines for an accredited educational program for the occupational therapist. *American Journal of Occupational Therapy*, 45, 1077-1084.
- American Occupational Therapy Association. (1991b). Essentials and guidelines for an accredited educational program for the occupational therapist. *American Journal of Occupational Therapy*, 45, 1085-1092.
- American Occupational Therapy Association. (1998). Occupational therapy code of ethics. *American Journal of Occupational Therapy*, 48, 1037-1038.
- American Occupational Therapy Association (2000), Guideline to the Code of Ethics, *American Journal of Occupational Therapy*, 52, 881-884 <http://www.aota.org/general/coe.asp>
- American Occupational Therapy Association. (1993b). Occupational therapy roles. *American Journal of Occupational Therapy*, 47, 1087-1099.
- American Occupational Therapy Association. (1998a). Guidelines to the occupational therapy code of ethics. *American Journal of Occupational Therapy*, 52(10), 881-884.
- American Occupational Therapy Association. (1998b). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, 52(10), 866-869.
- American Occupational Therapy Association. (1999a). Glossary: Standards for an accredited educational program for the occupational therapist and occupational therapy assistant. *American Journal of Occupational Therapy*, 53(6), 590-591.
- American Occupational Therapy Association. (1999b). Guidelines for supervision of occupational therapy personnel in the delivery of occupational therapy services. *American Journal of Occupational Therapy*, 53(6), 592-597.
- American Occupational Therapy Association. (1999c). Standards for an accredited educational program for the occupational therapist. *American Journal of Occupational Therapy*, 53(6), 575-582.
- American Occupational Therapy Association. (1999d). Standards for an accredited educational program for the occupational therapy assistant. *American Journal of Occupational Therapy*, 53(6), 583-589.
- American Occupational Therapy Association. (1999e). Standards for continuing competence. *American Journal of Occupational Therapy*, 53(6), 599-600.
- American Occupational Therapy Association (2006), Standards for an accredited educational program for the occupational therapy assistant. [www.aota.org](http://www.aota.org)

The following competencies are classified into one general category and eight specific categories: (a) Foundational Content Requirements, (b) Basic Tenets of Occupational Therapy, (c) Screening and Evaluation, (d) Intervention and Implementation, (e) Context of Service Delivery, (f) Assist in the Management of Occupational Therapy Services, (g) Use of Research, and (h) Professional Ethics, Values, and Responsibilities. The graduate of the Occupational Therapy Assistant Program at University of Southern Indiana relevant materials will demonstrate knowledge, comprehension application and analysis skills and will be able to demonstrate the ability to synthesize and evaluate activities relevant to the treatment of assigned clients/patients:

### ***General Competencies***

1. Possess basic skills as a direct care provider, educator, and advocate for the profession and the consumer (AOTA, 1999d: P).
2. Demonstrate acquisition of an educational foundation in the liberal arts and sciences, including a focus on issues related to diversity (AOTA, 1999d: P).
3. Demonstrate knowledge, abilities, and attitudes of a generalist, with a broad exposure to the delivery models and systems utilized in settings where occupational therapy is currently practiced and where it is emerging as service (AOTA, 1999d: P).
4. Achieve entry-level competence through a combination of academic and fieldwork education (AOTA, 1999d: P).
5. Work under the supervision of and in cooperation with the occupational therapist (AOTA, 1999d: P).
6. Articulate and apply occupational therapy principles, intervention approaches and rationales, and expected outcomes as these relate to occupation (AOTA, 1999d: P).

7. Demonstrate responsibility of being a lifelong learner and keeping current with best practice (AOTA, 1999d: P).
8. Uphold the ethical standards, values, and attitudes of the occupational therapy profession (AOTA, 1999d: P).

### **B.1.0. FOUNDATION CONTENT REQUIREMENTS**

*Program content must be based on a foundation of the liberal arts and sciences. A foundation in the biological, physical, social, and behavioral sciences supports an understanding of occupation across the life span. Coursework in these areas may be prerequisite to or concurrent with occupational therapy assistant education and must facilitate development of the performance criteria listed below. The student will be able to:*

*B.1.1. Demonstrate oral and written communication skills.*

*B.1.2. Employ logical thinking, critical analysis, problem solving, and creativity.*

*B.1.3. Demonstrate competence in basic computer use, including the ability to use databases and search engines to access information, word processing for writing, and presentation software (i.e., PowerPoint).*

*B.1.4. Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, anatomy, physiology, and biomechanics.*

*B.1.5. Demonstrate knowledge and understanding of human development throughout the life span (infants, children, adolescents, adults, and the elderly). Course content must include, but is not limited to, developmental psychology.*

*B.1.6. Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral and social sciences (e.g., principles of psychology, sociology, and abnormal psychology).*

*B.1.7. Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society (e.g., principles of psychology, sociology, and abnormal psychology).*

*B.1.8. Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations.*

*B.1.9. Demonstrate knowledge of global social issues and prevailing health and welfare needs.*

*B.1.10. Articulate the importance of using statistics, tests, and measurements.*

### **B.2.0. BASIC TENETS OF OCCUPATIONAL THERAPY**

*Coursework must facilitate development of the performance criteria listed below. The student will be able to*

*B.2.1. Articulate an understanding of the importance of the history and philosophical base of the profession of occupational therapy.*

*B.2.2. Describe the meaning and dynamics of occupation and activity including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors.*

*B.2.3. Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support participation in context(s) for the client.*

*B.2.4. Articulate the importance of balancing areas of occupation with the achievement of health and wellness.*

*B.2.5. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.*

*B.2.6. Understand the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance.*

*B.2.7. Exhibit the ability to analyze tasks relative to areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors to implement the intervention plan.*

*B.2.8. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.*

*B.2.9. Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).*

*B.2.10. Explain the need for and use of compensatory strategies when desired life tasks cannot be performed.*

*B.2.11. Apply models of occupational performance and theories of occupation.*

### **B.3.0. OCCUPATIONAL THERAPY THEORETICAL PERSPECTIVES**

*The program must facilitate the development of the performance criteria listed below. The student will be able to:*

*B.3.1. Describe basic features of the theories that underlie the practice of occupational therapy.*

*B.3.2. Describe models of practice and frames of reference that are used in occupational therapy.*

*B.3.3. Analyze and discuss how history, theory, and the sociopolitical climate influence practice.*

### **B.4.0. SCREENING AND EVALUATION**

*The process of screening and evaluation as related to occupational performance and participation must be conducted under the supervision of and in cooperation with the occupational therapist and must be culturally relevant and based on theoretical perspectives, models of practice, frames of reference, and available evidence. The program must facilitate development of the performance criteria listed below. The student will be able to.*

*B.4.1. Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others.*

*B.4.2. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.*

*B.4.3. Gather and share data for the purpose of evaluating client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes:*

- *The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.*
- *Client factors, including body functions (e.g. neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g. cardiovascular, digestive, integumentary systems).*
- *Performance patterns (e.g., habits, routines, roles) and behavior patterns.*
- *Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.*
- *Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy); process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation); and communication and interaction skills (e.g., physicality, information exchange, relations).*

*B.4.4. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.*

*B.4.5. Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.*

*B.4.6. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies.*

*Documentation must effectively communicate the need and rationale for occupational therapy services.*

### **B.5.0. INTERVENTION AND IMPLEMENTATION**

*The process of intervention to facilitate occupational performance and participation must be done under the supervision of and in cooperation with the occupational therapist and must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. The program must facilitate development of the performance criteria listed below. The student will be able to*

*B.5.1. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:*

- *The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.*
- *Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).*
- *Performance patterns (e.g., habits, routines, roles) and behavior patterns.*
- *Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.*
- *Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy); process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation); and communication and interaction skills (e.g., physicality, information exchange, relations).*

*B.5.2. Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.*

*B.5.3. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).*

*B.5.4. Provide training in self-care, self-management, home management, and community and work integration.*

*B.5.5. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular and proprioception), neuromuscular, and behavioral skills*

*B.5.6. Provide therapeutic use of self-including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction*

*B.5.7. Describe the role of the occupational therapy assistant in care coordination, case management, and transition services in traditional and emerging practice environments.*

*B.5.8. Modify environments (e.g., home, work, school, or community) and adapt processes, including the application of ergonomic principles.*

*B.5.9. Articulate principles of and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating systems) used to enhance occupational performance.*

*B.5.10. Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices.*

*B.5.11. Provide training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility, and participate in addressing issues related to driving.*

*B.5.12. Enable feeding and eating performance (including the process of bringing food or fluids from the plate or*

*cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and to initiate swallowing) and train others in precautions and techniques while considering client and contextual factors.*

*B.5.13. Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. Based on the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.*

*B.5.14. Promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.*

*B.5.15. Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.*

*B.5.16. Use the teaching-learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.*

*B.5.17. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.*

*B.5.18. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.*

*B.5.19. Teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks.*

*B.5.20. Demonstrate skills of collaboration with occupational therapists on therapeutic interventions.*

*B.5.21. Understand when and how to use the consultative process where appropriate with specific consumers or consumer groups as directed by an occupational therapist.*

*B.5.22. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.*

*B.5.23. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.*

*B.5.24. Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.*

*B.5.25. Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of practice outcomes.*

*B.5.26. Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.*

*B.5.27. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.*

#### **B.6.0. CONTEXT OF SERVICE DELIVERY**

*Context of service delivery includes the knowledge and understanding of the various contexts in which occupational therapy services are provided. The program must facilitate development of the performance criteria listed below.*

*The student will be able to*

*B.6.1. Describe the contexts of health care, education, community, and social models or systems as they relate to the practice of occupational therapy.*

*B.6.2. Identify potential impacts of social, economic, political, geographic, or demographic factors on the practice of occupational therapy.*

*B.6.3. Identify the role and responsibility of the practitioner to address changes in service delivery policies, to effect changes in the system, and to recognize opportunities in emerging practice areas.*

### **B.7.0. ASSISTANCE WITH MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES**

*Assistance with management of occupational therapy services includes the application of principles of management and systems in the provision of occupational therapy services to individuals and organizations. The program must facilitate development of the performance criteria listed below. The student will be able to:*

*B.7.1. Identify how the various practice settings (i.e., medical institutions, community practice, school systems, etc.) affect the delivery of occupational therapy services.*

*B.7.2. Identify the impact of contextual factors on the management and delivery of occupational therapy services.*

*B.7.3. Identify the systems and structures that create federal and state legislation and regulation and their implications and effects on practice.*

*B.7.4. Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.*

*B.7.5. Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third-party, private-payer) and documentation requirements that affect the practice of occupational therapy.*

*B.7.6. Identify the mechanisms, systems, and techniques needed to properly maintain, organize, and prioritize workloads and intervention settings including inventories.*

*B.7.7. Demonstrate the ability to participate in the development, marketing, and management of service delivery options.*

*B.7.8. Participate in the documentation of ongoing processes for quality improvement and implement program changes as needed to ensure quality of services.*

*B.7.9. Identify strategies for effective, competency-based legal and ethical supervision of non-professional personnel.*

*B.7.10. Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.*

### **B.8.0. PROFESSIONAL LITERATURE**

*Application of professional literature includes the ability to read and understand professional literature and recognize its implications for practice and the provision of occupational therapy services. The program must facilitate development of the performance criteria listed below. The student will be able to:*

*B.8.1. Articulate the importance of professional research and literature and the continued development of the profession.*

*B.8.2. Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist that are supported by research.*

*B.8.3. Identify the skills necessary to follow a research protocol including accurate and confidential collection of data and related documentation.*

### **B.9.0. PROFESSIONAL ETHICS, VALUES, AND RESPONSIBILITIES**

*Professional ethics, values, and responsibilities include an understanding and appreciation of ethics and values of the profession of occupational therapy. The program must facilitate development of the performance criteria listed below. The student will be able to*

*B.9.1. Demonstrate a knowledge and understanding of the American Occupational Therapy Association (AOTA) Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice, and AOTA Standards of Practice and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.*

*B.9.2. Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.*

*B.9.3. Promote occupational therapy by educating other professionals, service providers, consumers, and the public.*

*B.9.4. Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.*

*B.9.5. Identify professional responsibilities related to liability issues under current models of service provision.*

*B.9.6. Identify personal and professional abilities and competencies as they relate to job responsibilities.*

*B.9.7. Identify and appreciate the varied roles of the occupational therapy assistant as a practitioner, educator, and research assistant.*

*B.9.8. Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.*

*B.9.9. Identify professional responsibilities and issues when providing service on a contractual basis.*

*B.9.10. Identify strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.*

*B.9.11. Identify the variety of informal and formal ethical dispute–resolution systems that have jurisdiction over occupational therapy practice.*

*B.9.12. Identify strategies to assist the consumer in gaining access to occupational therapy services.*

*B.9.13. Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., American Occupational Therapy Association, state occupational therapy associations, advocacy organizations).*

Table 1. Occupational Therapy Assistant (OTA) Program Coursework Outline. Typical schedule for the traditional full-time student. Course sequence may vary upon the needs of the student and recommendations of the OTA faculty advisor. Students will be required to complete all prerequisite (core) classes before they are admitted to the OTA program

Fall Semester I (15 hours)		Spring Semester I (13 hours)	
CMST 101	Introduction to Speech (3 hours)	ENG 201	Rhetoric and Composition II (3 hours)
ENG 101	Rhetoric and Composition I (3 hours)	BIOL 122	Anatomy and Physiology II (4 hours)

SOC 121	Principles of Sociology (3 hours)	PSY 201	Introduction to Psychology (3 hours)
BIOL 121	Anatomy and Physiology I (4 hours)	PHIL 201	Introduction to Ethics (3 hours)
OT 151	Orientation to Occupational Therapy (1 hour)	PED	P.E. Activity (1 hour)
HP 211	Medical Terminology (2)		
<b>Fall Semester II (15 hours)</b>		<b>Spring Semester II (15 hours)</b>	
OTA 213	Pathophysiology and Conditions I (3 hours)	OTA 214	Pathophysiology and Conditions II (3 hours)
OTA 241	Occupational Performance Components I (4hours)	OTA 242	Occupational Performance Components II (5 hours)
OTA 221	Technical Communication (3)	OTA 343	Occupational Performance Areas I (5 hours)
OTA 231	Therapeutic Media (3 hours)	OTA 297	Practicum Seminar A (2 hours)
OTA 232	Media and Modalities (2)		
<b>Summer Terms (12 hours)</b>		<b>Fall Semester III (6 hours)</b>	
OTA 372	Management for Occupational Therapy Assistants (3 hours)	OTA 397	Technical Fieldwork A (8 weeks 3 hours)
OTA 344	Occupational Performance Areas II (4 hours)	OTA 398	Technical Fieldwork B (8 weeks 3 hours)
OTA 298	Practicum Seminar B (2 hours)		
OTA 362	Occupational Therapy Assistant Issues (3 hours)		

\*=Program Entry Course

## Course Descriptions

**OT 151: Orientation to Occupational Therapy** (1 hour) This course provides pre-occupational therapy students with a general overview of occupational therapy history, philosophy, and practice. Students gain a beginning understanding of the value of occupation or purposeful activity in daily life, survey the role of occupational therapy with various populations and in a variety of settings; recognize national and state credentialing requirements, identify occupational therapy association functions at all levels, and recognize AOTA standards, ethics, and policies and their effect on occupational therapy practitioner conduct and patient treatment. This class is not required before admission into the OTA Program. However, it is still calculated into the GPA requirements for admission into the OTA program. Pre-requisites: none.

**OTA 213 Pathophysiology and Conditions I** (3 hours) This course provides an overview of the etiology, clinical course, management, and prognosis of congenital and developmental disabilities, acute and chronic disease processes, and traumatic injuries; and examines the effects of such conditions on functional performance throughout the lifespan as well as explores the effects of wellness on the individual, family, culture, and society. Pre-requisites: BIOL 121, BIOL 122, and Admission to OTA program.

**OTA 214 Pathophysiology and Conditions II** (3 hours) Providing a focus in the areas of neurology and orthopedics, this course continues the overview of the etiology, clinical course, management, and prognosis of congenital and developmental disabilities, acute and chronic disease processes, and traumatic injuries by examining the effects of such conditions on functional performance throughout the lifespan and by exploring the effects of wellness on the individual, family, culture and society. Pre-requisites: OTA 213, Admission to OTA program.

**OTA 221 Technical Communication** (3 hours) The emphasis of this course is the development of skills in the areas of listening, speaking, reading, and writing. These skills include: interviewing; self, dyadic, and group interaction; documentation to ensure accountability and reimbursement of services; critical reading of research; public speaking; and participation in meetings. This course introduces the student to medical terminology used in many of the treatment settings. Pre-requisites: ENG 101, ENG 201, SPCH 101, Admission to OTA program.

**OTA 231 Therapeutic Media** (3 hours) The first half of this course includes a multicultural perspective to emphasize the analysis of activities, the performance and teaching of selected tasks and activities, and the grading and adapting of purposeful activity for therapeutic intervention. The focus of the second half of the course is assistive technology including orthotics and prosthetics. Pre-requisites: Admission to OTA program.

**OTA 232 Media and Modalities** (2 hours) The student will be introduced to theory and clinical competencies needed to become proficient in basic splint fabrication skills and the medical conditions associated with each type of splint constructed. The course will also explore the use of assistive devices, adaptive equipment, and an overview of prosthetics, orthotics, and the use of physical agent modalities in treatment. Pre-requisites: Admission to OTA program

**OTA 241 Occupational Performance Components I** (4 hours) This course examines the occupational therapy

process with an emphasis on optimal occupational performance which enhances lifespan role functioning across occupational performance contexts. This course examines the interplay of performance areas and concomitant performance components with a focus on psychosocial skills. Pre-requisites: PSY 201, Admission to OTA program.

**OTA 242 Occupational Performance Components II** (5 hours) This course examines the occupational therapy process with an emphasis on optimal occupational performance which enhances lifespan role functioning across occupational performance contexts. This course examines the interplay of performance areas and concomitant performance components with a focus on sensorimotor and cognitive skills. Pre-requisites: OT 151, OTA 221, OTA 231, OTA 241

**OTA 297 Practicum Seminar A** (2 hours) Along with a 40 clock hour Level I practicum experience, this first practicum course provides students opportunities to discuss fieldwork matters and integrate fieldwork with occupational therapy process and practice issues. Pre-requisites: BIOL 122, PHIL 201, SOC 121, PE Activity Course, OT 151, OTA 213, OTA 221, OTA 231, OTA 241

**OTA 298 Practicum Seminar B** (2 hours) Along with a 40 clock hour Level I practicum experience, this second practicum course provides students additional opportunities to discuss fieldwork matters and integrate fieldwork with occupational therapy process and practice issues. Pre-requisites: OTA 214, OTA 242, OTA 297, OTA 343

**OTA 343 Occupational Performance Areas I** (5 hours) This course examines the occupational therapy process with an emphasis on optimal occupational performance which enhances lifespan role functioning across occupational performance contexts. This course examines the interplay of performance components and their effects on subsequent performance areas, particularly activities of daily living and play or leisure. Pre-requisites: OT 151, OTA 221, OTA 231, OTA 241, or by permission of instructor.

**OTA 344 Occupational Performance Areas II** (4 hours) This course examines the occupational therapy process with an emphasis on optimal occupational performance which enhances lifespan role functioning across occupational performance contexts. This course examines the interplay of performance components and their effects on subsequent performance areas, particularly work and productive activities. Pre-requisites: OTA 343, or by permission of instructor.

**OTA 351 Independent Study** (1-12 hours) This elective course may be customized for the special interest of the student. Students may complete this independent study by participating in faculty approved supervised service delivery, research projects under the direction of faculty, or another faculty approved project. Prerequisites: none.

**OTA 362 Occupational Therapy Assistant Issues** (3 hours) This course will provide opportunities to recognize the necessity of participating in the promotion of occupational therapy through educating professionals, consumers, third party payers, and the public; to assume individual responsibility for planning future professional development to maintain a level of practice consistent with accepted standards; and to understand environmental and policy issues which impact the provision of occupational therapy services. Pre-requisites: OTA 214, OTA 242, OTA 297, OTA343.

**OTA 372 Management for Occupational Therapy Assistants** (3 hours) General management principles such as planning, organizing, staffing, coordinating/directing, controlling, budgeting, marketing, strategic planning are applied to the management of activities service. There is an emphasis on the development of supervisory skills for occupational therapy students, certified occupational therapy assistants, and other personnel. Pre-requisites: OTA 214, OTA 242, OTA 297, OTA343

**OTA 397 Technical Fieldwork A** (3 hours) While working with persons having various levels of psychosocial, sensorimotor, and cognitive performance components, students have opportunities for synthesis, the integration and application of knowledge gained throughout their educational experiences which include general education/liberal arts courses as well as the sequence of occupational therapy coursework. Students will examine the interplay among occupational performance areas, components, and contexts; develop and expand a repertoire of occupational therapy treatment interventions; and employ clinical reasoning and reflective practice skills. Fieldwork A, a Level II internship of at least 8 full-time work weeks in duration, must vary from Fieldwork B to reflect a difference in ages across the lifespan of persons requiring occupational therapy services, in the setting with regard to chronicity (long term versus short term), and in facility type (institutional versus community based). Level I fieldwork shall not be substituted for any part of Level II fieldwork. Pre-requisites: OTA 298, OTA 344, OTA 362, OTA 372.

**OTA 398 Technical Fieldwork B** (3 hours) While working with persons having various levels of psychosocial, sensorimotor, and cognitive performance components, students have opportunities for synthesis, the integration and application of knowledge gained throughout their educational experiences which include general education/liberal arts courses as well as the sequence of occupational therapy coursework. Students will examine the interplay among occupational performance areas, components, and contexts, develop and expand a repertoire of occupational therapy treatment interventions, and employ clinical reasoning and reflective practice skills. Fieldwork B, a Level II internship of at least 8 full-time work weeks in duration, must vary from Fieldwork A to reflect a difference in ages across the lifespan of persons requiring occupational therapy services, in the setting with regard to chronicity (long term versus short term), and in facility type (institutional versus community based). Level I fieldwork shall not be substituted for any part of Level II fieldwork. Pre-requisites: OTA 397.

(\*Program Entry Courses are courses that may be taken before formal acceptance to the OTA Program)

## General Information

### *College Offices*

The offices of the Dean of the College of Nursing and Health Professions, the Occupational Therapy Assistant Program director, and occupational therapy faculty are located on the second floor of the Health Professions Center on the University of Southern Indiana main campus.

### *Status Change*

Changes in name, address, telephone number, parent's or guardian's address are to be reported immediately to both the University Registrar's Office and the Occupational Therapy Assistant Program. A *Change of Name* form must be submitted to the Registrar's Office.

### *Full-Time Working Policy*

Faculty acknowledge that occupational therapy assistant students have commitments such as families and jobs outside of the Occupational Therapy Assistant Program coursework. To allow students flexibility in their lives, occupational therapy assistant courses are arranged in a "blocks of time" format no more than 3 days per week. While full-time employment is not prohibited, students must remember they are enrolled as occupational therapy assistant majors and are expected to perform at that level. If faculty members determine that a work-related commitment may be interfering with occupational therapy training, they may recommend that the student move to a part-time basis for employment.

### *Schedule Flexibility*

Flexibility is an indicator of strong occupational therapy practitioners, and students are expected to demonstrate flexibility. For special projects or speakers, students may be assigned to attend class at times or on days other than those typically scheduled; however, the changes in dates will be reflected in the syllabi students receive on their first day of classes. One example is OT/OTA collaboration projects in which occupational therapy students will spend time on the occupational therapy assistant student schedule and occupational therapy assistant students will spend time on the occupational therapy student schedule.

### *Payment of Tuition*

The Occupational Therapy Program will assist students in pre-registering for courses; however, occupational therapy assistant students are solely responsible for making certain they have paid their tuition each school term. At the University of Southern Indiana, the student who pre-registers is mailed a bill. If students do not pay by the pre-registration deadline, they are dropped from courses and will not receive another bill. Students, who do not pre-register for courses, but instead enroll in courses during registration times, will not receive a bill from the University of Southern Indiana. The student who enrolls in classes during late registration must independently come to campus, complete the correct forms, obtain the appropriate signatures, and pay.

Occupational Therapy Assistant Program majors must pay their tuition bills in order to enroll in each course and receive credit, and also a grade for that class. If students do not pay for classes, they will not be enrolled therefore they must wait to enroll in the course the next time the course is offered. For a student, nonpayment of his or her tuition bill will result in postponing: 1) graduation, 2) eligibility for sitting for the NBCOT (National Board for Certification in

Occupational Therapy) certification examination and 3) gainful employment as an occupational therapy assistant.

### ***Student Identification***

Each student is responsible for obtaining an Eagle Access Card, the University of Southern Indiana identification card which also allows debit capabilities. Eagle Access Cards are required for checking out library books, attendance at student events, and cashing checks. Arrangements for Eagle Access Cards can be made in the University Center.

### ***Student Nametags***

Each student is responsible for obtaining his or her official personalized occupational therapy assistant intern nametag at the Eagle Access Office in the University Center. Student nametags must be worn during all scheduled field trips and while attending scheduled OTA classes. Students may choose to have only their first name and last initial on the nametag.

### ***Email Accounts***

At USI, e-mail addresses are automatically assigned to all students at no extra charge (you may access this account through the USI web page [https://www.usi.edu/webservices/people\\_search/](https://www.usi.edu/webservices/people_search/). If you enter your first and last name as recorded in the Registrar's Office and click the submit button, you will receive a response indicating your campus email address username@mail.usi.edu. The University routinely uses this USI email account for both formal and informal communications with students. You are expected to check your usieagles.org account regularly for University correspondence. In addition, there are times when you will need to know your usieagles.org email address; for example, you will need your usieagles.org address to access MyUSI, Blackboard, or the Rice Library.

### ***Car Policies***

Residents of campus apartments and apartments are required to register their vehicle and will receive a color-coded parking decal. Commuter students are urged to register their vehicle, but will not have a decal; for online vehicle registration, visit [www.usi.edu/security/vehiclereg](http://www.usi.edu/security/vehiclereg). See the current semester schedule or the office of Security for further information about parking regulations. Information concerning registration of cars at clinical sites will be provided by facility clinical instructors.

### ***Tobacco-Free Policy***

Occupational therapy practitioners, as role models and providers of care, must avoid lifestyle factors associated with disease. It is the policy of the University of Southern Indiana to promote and maintain a clean and healthy working and learning environment for students, faculty, staff, and visitors. The University expects the cooperation and commitment of all students, faculty, staff, and visitors in maintaining a smoke-free environment and an environment free from smokeless tobacco waste. Smokeless tobacco consists of the use of snuff, chewing tobacco, smokeless pouches, or other forms of loose-leaf tobacco. For USI's Tobacco-Free Policy visit <http://www.usi.edu/tobaccofree/policy.aspx>

### ***Professional Liability Insurance***

Occupational therapy assistant students completing Level I or II fieldwork experiences must purchase professional liability insurance to cover clinical experiences. For students enrolled full-time in the occupational therapy assistant curriculum, the professional liability fee is attached to the course, OTA 241: Occupational Performance Components I in the first year of the program; and a second professional liability fee is attached to the course, OTA 397: Technical Fieldwork A in the second year.

### ***Health Insurance***

Because many clinical sites require that students have evidence of health insurance coverage, each Occupational Therapy Program student is required to have a health insurance certificate available upon arrival at clinical sites and also to provide a copy of the health insurance certificate for his or her health records in the Occupational Therapy Program Assistant office.

### ***State Criminal History Background Check***

Students will be required to file a criminal history background check with the State of Indiana and submit a copy to the Occupational Therapy Assistant Program prior to beginning fieldwork.

## Course Fees

In addition to fees assessed annually for professional liability insurance, fees are attached to other courses for (1) consumable supplies (OTA 231 and OTA 242) and (2) clinical fees (OTA 297, 298, 397, 398).

## Professional Associations and Memberships

An increasing number of clinical sites are requiring that students show their support of the profession by joining the American Occupational Therapy Association (AOTA) and their state associations. By joining the AOTA you will receive member benefits including, the *American Journal of Occupational Therapy*, which may contain required text for each school term. By joining the Indiana Occupational Therapy Association (IOTA), you will be eligible to participate in monthly continuing education programs sponsored by the Southwestern District of the Indiana Occupational Therapy Association (SWIOTA). Please note: You may limit your selection of potential fieldwork sites unless you provide documentation of your AOTA and IOTA memberships. It is anticipated that all occupational therapy assistant students will join and become active in the University of Southern Indiana Student Occupational Therapy Program.

## Internet Searching

When you look for information from the Internet, you can use search engines, web directories, and metasearch engines. See below for a comparison of features of search engines, web directories, and metasearch engines along with corresponding URLs. To perform the quickest and most productive internet searches, use metasearch engines and follow the searching tips below.

	<u>Popular Search Engines</u>	<u>Web Directories</u>	<u>Metasearch Engines</u>
	# excite.com	# yahoo.com	# dogpile.com
	# lycos.com	# looksmart.com	# metacrawler.com
	# altavista.com	# google.com	# search.com
	# hotbot.com		# sherlockhound.com
	# infoseek.com		
	# northernlight.com		
	# answers.com		
Positive feature	Computer search of URL and several sentences from the first page.	Usually well organized (by subject) and easy to browseCgood for children.	Computer search of multiple single-search engines and web directories at a time.
Negative feature	Searches only one search engine or web directory at a time.	Human search of single directory for general information.	

## Searching Tips

1. Avoid single word searches because you will end up with a huge number of hits.
2. Use quotation marks around key phrases; otherwise, the search engine will look for instances for each word in a phrase and also the words in any order (e.g., occupational therapists will pick up all instances of occupational and all instances of therapists with the intersecting set a much smaller number of hits of occupational therapists).
3. Use all lower case letters for the most hits because searches can be case-sensitive (e.g., "Occupational Therapy" may not pick all instances of occupational therapy).
4. Use asterisk (\*) to indicate a wild card in searching to pick up all forms of a word or phrase (e.g., "occupational therapy" will pick up occupational therapy and occupational therapist).
5. Use a plus sign (+) before a word to indicate you want to include all instances of the key phrase make sure there is a space before, but not after the Cwith the plus-word (e.g., "occupational therapy" +pediatric will pick up instances of occupational therapy or occupational therapists in pediatric settings).
6. Use a minus sign (-) before a word to indicate a word you don't want to be part of the search results, making sure there is a space before, but not after the - (e.g., "occupational therapy" -geriatric will result in instances of occupational therapy in settings other than geriatric).

## CPR Certification

Students are required to have current CPR certification to begin the OTA program and complete any fieldwork experience (Level I or II). Fieldwork packets (including evaluation forms, objectives, etc.) will not be released to a student unless he or she has a current CPR certificate on file in the Occupational Therapy Program office. Students are to arrange their own CPR training; often groups of students contract for the training with a USI College of Nursing and Health Professions faculty member for a fee paid by each student. Make certain the CPR course includes training in both infant and adult. A training course that offers a two-year certificate may provide coverage for CPR training across professional curriculum.

### ***Graduation Application***

During the semester preceding graduation, occupational therapy assistant students are responsible for completing two graduation forms (*Formal Application for Graduation* and *Diploma Form*), available from the Occupational Therapy Program. See *University of Southern Indiana Bulletin* for additional information.

### ***APA Style Requirements***

Unless notified of the use of different style guidelines, the Occupational Therapy Program uses the most recent version of the American Psychological Association (APA) publication guidelines. A copy is available for student utilization in the University of Southern Indiana Rice Library and for purchase at the University of Southern Indiana bookstore.

### ***Authorship***

The primary purpose of any student's work conducted for academic credit is to increase knowledge and comprehension. In many cases, the academic work of students conducted with the guidance of faculty is a significant contribution worthy of publication and/or presentation. A policy for authorship is necessary to (a) ensure that scientific findings and/or applicable creative works are publicly presented and/or published and (b) ensure that appropriate individuals and organizations are credited for their work via authorship or acknowledgement.

Authorship is warranted for individuals providing substantive intellectual contribution to the conceptual or methodological basis of a work. Any potential author has the right to review a manuscript and/or abstract prior to submission for publication and/or presentation, and must have the opportunity to refuse authorship. Individuals should be notified and allowed the opportunity to refuse acknowledgement.

Acknowledgement, at the end of papers or during presentations, is warranted for individuals providing any other substantive assistance to a work, including the duties of research assistant or data collector. Individuals should be notified and allowed the opportunity to refuse acknowledgement.

The student shall be recognized as first author for all publications or presentations involving his or her research or project **EXCEPT** under one of the following conditions:

1. If the student does not submit the manuscript for publications or presentation of the research or project within one year of final approval and the faculty member deems the research or project to be of merit. The faculty member then has the prerogative to submit the manuscript as first author with the student recognized as second author.
2. If the student and faculty member mutually agree that the faculty member will serve as first author and the student will be recognized as second author to expedite submission for possible presentation and/or publication.
3. If presentations and/or publications are prepared which involve student assistance in generating and/or analyzing data relative to a faculty member's research area, but the focus differs from the foundation of the student's research project. The faculty member may serve as first author and the student will be recognized via acknowledgement or authorship.

This agreement and student handbook sections are based on the authorship policy developed by the Graduate Program in Occupational Therapy at the Medical College of Ohio in Toledo.

### ***Temporary Credentials***

For students wishing to practice in Indiana, the Occupational Therapy Assistant Program will write official letters to assist students in obtaining temporary credentials to provide occupational therapy services between graduation ceremonies and receipt of passing results on the NBCOT examination. Each student will receive a letter after (a) submitting all fieldwork documentation (the academic fieldwork coordinator having previously processed as satisfactory), (b) attending all classes of the last course and completing all assignments satisfactorily, (c) resolving all incomplete grades, and (d) submitting evidence of good standing status in the university (e.g., payment of outstanding parking tickets, library fines, etc.). Since Illinois and Kentucky no longer accept these official letters, students who want to work in these states must wait until their associate in occupational therapy assistant degree is posted to their transcripts and complete the required paperwork.

Please note: a felony conviction will affect your eligibility to take the national certification examination and also state credentialing (e.g., license, certificate, registration). If you are currently charged with or have been convicted of a felony, please notify the Occupational Therapy Assistant Program immediately. In addition, if you have had credentials (e.g., license, registration, certificate) in another field (e.g., PTA) denied, revoked, suspended, or subject to probationary conditions, your eligibility to take the national certification examination may be in jeopardy. Please contact the Occupational Therapy Assistant Program if you have questions.

### ***NBCOT Examination Registration***

Each student is responsible to complete the registration process to sit for the *Certification Examination for the Certified Occupational Therapy Assistant COTA*. After receiving the initial mailing, each student must work with the Office of the Registrar for completion of appropriate forms.

### ***Americans with Disabilities Act (ADA) Statement***

Disability resources are offered through the Counseling Center to help students overcome or compensate for obstacles related to a physical, emotional, or learning disability. Some of the resources available to students include: accessible textbooks, test accommodations, referral to the Academic Skills Center/peer tutoring labs, sign language interpreter services, note-taker supplies, resource literature, and referral to community agencies. Staff assist faculty by distributing information through group educational presentations and individual consultations, and by coordinating with other offices to ensure provision of reasonable and appropriate accommodations to student with disabilities.

To qualify for accommodation assistance, students must first register to use the disability resources in the Counseling Center, Orr Center Room 1051, phone 812/464-1867, <http://www.usi.edu/cou/>.

Students who have successfully registered with the Counseling Center are asked to meet privately or call the course faculty as early in the semester as possible to discuss any requested accommodations. To help insure that accommodations will be available when needed, students are encouraged to contact course faculty at least 7 days prior to the actual need for the accommodation

## **Essential Functions of the Occupational Therapy Assistant**

### ***Physical Performance Standards***

Table 2: Physical Performance Standards

	Never	Sometimes 1-30 %	Frequently 31-75%	Always 76-100%	Frequency is % of day	Job essential	
						Yes	No
<b>SPEECH</b>							
Speak with clarity				X	X	X	
Communicate with clarity				X	X	X	
<b>HEARING</b>							
Conversation				X	X	X	
Telephone		X			X	X	
<b>SIGHT</b>							
Natural or corrected				X	X	X	
Depth perception				X	X	X	
Color vision				X	X	X	
<b>MOBILITY</b>							
Lift, push or pull 75 lbs.			X			X	
Shoulder				X	X	X	
Arm				X	X	X	
Neck				X	X	X	
Standing			X		X	X	
Move about facility				X	X	X	
Bending				X	X	X	
Crawl, stoop or crouch		X					X
Kneeling			X				X
Running		X				X	
Walking			X		X	X	
Climbing							
Stairs		X					X
Other		X					X
<b>REACHING</b>							
Overhead			X		X	X	
In front of body			X		X	X	
Down			X		X	X	
<b>GRASPING</b>							
Overhead			X		X	X	
In front of body			X		X	X	
Down			X		X	X	
<b>SITTING</b>							
<b>SMELLING</b>							
		X					X
<b>TASTING</b>							
	X						X
<b>FINE MOTOR CONTROL</b>							
Hands				X	X	X	
Fingers/Tactile				X	X	X	
Wrist				X	X	X	
<b>COORDINATION</b>							
Eye/hand/foot			X		X	X	
<b>ALLERGIES</b>							
Tolerance to Latex			X		X		X

### *Cognitive/Mental Factors*

	Job Essential	
	Yes	No
<b>REASONING</b>		
Deal with abstract and concrete variables, define problems, collect data, establish facts, and	X	

draw valid conclusions.		
Interpret instructions furnished in oral, written, diagrammatic, or schedule form.	X	
Deal with problems from standard situations.	X	
Carry out detailed, simple to complex written or oral instructions.	X	
Carry out simple to complex instructions.	X	
<b>MATHEMATICS</b>		
Simple skills—add, subtract, multiply and divide whole numbers and fractions, calculate time, simple measurements, percentages and norms.	X	
<b>READING</b>		
Complex skills—Comprehend medical records, documents, evaluations, manuals, journals, instructions in use and maintenance of equipment, safety rules and procedures.	X	
<b>WRITING</b>		
Complex skills—Patient documentation using behavioral objectives, technical terminology and functional outcomes for reimbursement.	X	
Simple skills—Complete English sentences with correct medical terminology for medical record documentation.	X	
<b>REPORTING</b>		
Orally reports at team conferences, staffing, family conferences and family education sessions.	X	
<b>PERCEPTION</b>		
Spatial—Ability to evaluate and treat visual perceptual skills in the areas of: visual discrimination, figure-ground, spatial relations, position in space, form consistency, visual memory and visual sequential memory.	X	
Form—Ability to perceive pertinent detail in objects, models, or in pictorial or graphic material.	X	
<b>CLERICAL</b>		
Ability to perceive pertinent detail in verbal or tabular material: to observe the difference in copy, to proofread words and numbers, and to avoid perceptual errors in arithmetic computations.	X	
<b>DATA</b>		
Synthesizing	X	
Coordinating	X	
Analyzing	X	
Compiling	X	
Computing	X	
Copying	X	
Comparing	X	
<b>PERSONAL TRAITS</b>		
Ability to comprehend and follow instructions	X	
Ability to perform simple and repetitive tasks.	X	
Ability to maintain a work pace appropriate to a given work load	X	
Ability to relate to other people beyond giving and receiving instructions.	X	
Ability to influence people	X	
Ability to perform complex or varied tasks	X	
Ability to make generalizations, evaluations or decisions without immediate supervision.	X	
Ability to accept and carry out responsibility for direction, control and planning	X	
Ability to adapt approach to individual needs of clients.	X	
Ability to conduct self in accordance with professional ethics	X	
Ability to maintain poise and flexibility in stressful or changing conditions.	X	

### ***Environmental Factors***

	Job function	
	Yes	No
Work indoors	X	
Work outdoors	X	

Exposure to extreme hot or cold temperature		X
Working at unprotected heights.		X
Being around moving machinery.	X	
Exposure to marked changes in temperature/humidity.		X
Exposure to dust, fumes, smoke, gases, odors, mists or other irritating particles.	X	
Exposure to excessive noises.		X
Exposure to solvents, grease, or oils.	X	
Exposure to slippery or uneven walking surfaces.	X	
Working in confined spaces.	X	
Using computer monitor.	X	
Working with explosives.		X
Exposure to vibration.		X
Exposure to flames or burning items.	X	
Works around others.	X	
Works alone.	X	
Works with others.	X	
<b>SAFETY EQUIPMENT (REQUIRED TO WEAR)</b>		
Safety glasses	X	
Face mask/face shield	X	
Ear plugs		X
Hard hats		X
Protective clothing	X	
Protective gloves	X	
Exposure to blood and OPIM	X	

(Adapted from a Milwaukee Area Technical College document)

If you have any questions or wish to discuss further the essential functions required of an occupational therapy assistant call Susan Ahmad at (812) 465-1178

University of Southern Indiana is an Affirmative Action/Equal Opportunity Institution and complies with all requirements of the Americans with Disabilities Act

## Health Information

### *Medical Evaluation, Immunization, and Record Keeping*

Please see "Medical Evaluation, Immunizations, and Record Keeping" in the Infection Control Program section that follows.

### *Disability Resources*

Disability resources are offered through the Counseling Center to help students overcome or compensate for obstacles related to a physical, emotional, or learning disability. Some of the resources available to students include: accessible textbooks, test accommodations, referral to the Academic Skills Center/peer tutoring labs, sign language interpreter services, note-taker supplies, resource literature, and referral to community agencies. Staff assist faculty by distributing information through group educational presentations and individual consultations, and by coordinating with other offices to ensure provision of reasonable and appropriate accommodations to student with disabilities.

To qualify for accommodation assistance, students must first register to use the disability resources in the Counseling Center, Orr Center Room 1051, phone 812/464-1867, <http://www.usi.edu/cou/>. Students who have successfully registered with the Counseling Center are asked to meet privately or call the course faculty as early in the semester as possible to discuss any requested accommodations. To help insure that accommodations will be available when needed, students are encouraged to contact course faculty at least 7 days prior to the actual need for the accommodation.

## ***Pregnancy and Change of Health Status***

Student pregnancy or a change in health status is to be reported to the program director. The pregnant student must provide to the Occupational Therapy Assistant Program and also to pertinent clinical sites copies of a physician's release to begin or continue Level I and Level II fieldwork experiences. After an injury, surgery, or other hospitalization, the student must also provide to the Occupational Therapy Assistant Program and also to pertinent clinical sites copies of a physician's release to begin or continue Level I and Level II fieldwork experiences. A copy of a physician's release must be provided to the Occupational Therapy Assistant Program after the student experiences an illness or injury that will restrict participation in any of the fieldwork or classroom activities (e.g. lifting restrictions which may affect the ability to learn and/or perform patient lifting and transfer techniques.)

## ***Personal Injury***

Students who become injured in the Health Professions Center classrooms, offices, or student housing must report the incident immediately. An *Injury and Illness Report* form, available from the Occupational Therapy Assistant Program support staff or under the following Infection Control section, must be completed. Students, who become injured in the clinical setting, are to report the incident immediately to their instructor and complete an agency and College of Nursing and Health Professions incident report. The College incident report will be submitted to the Dean's office.

## **Zachary Law Compliance Policy**

To comply with the state and federal regulations, potential and current students and faculty of the College of Nursing and Health Professions clinical programs within the College of Nursing and Health Professions, will be required to have a criminal records check relating to sexual and violent offenses against children.

The clinical programs of the College of Nursing and Health Professions are:

1. Dental Assisting
2. Dental Hygiene
3. Nursing
4. Occupational Therapy Assistant
5. Occupational Therapy
6. Radiologic Technology and Imaging Sciences
7. Respiratory Therapy

In accordance with the state of Indiana's revisions of Zachary's law made in January of 2003, the College of Nursing and Health Professions will verify if the student or faculty member is registered with his or her state registry for convicted sexual and violent offenders against children, and will continue to do so at least annually for as long as the student remains in the program. Due to varying state applications nationwide, it is possible that some out-of-state students will be required to provide certified documentation of a criminal background check conducted by the student's respective state as related to sexual offenses against children. This process will also continue annually for as long as the student or faculty member remains in the clinical program.

Should the student's name appear in the Indiana Registry or his or her respective state's registry, the student will be denied admission/progression in the College of Nursing and Health Professions clinical program. Current students shall be dismissed from the College of Nursing and Health Professions clinical programs. If the listing is the result of an error, it will become the student's responsibility to correct the error before admission/progression in the College of Nursing and Health Profession program will be permitted.

Should a faculty's name appear in the Indiana Registry or his or her respective state's registry, the faculty will be denied employment in the College of Nursing and Health Professions. Current faculty shall be dismissed from employment in the College of Nursing and Health Professions. If the listing is the result of an error, it will become the faculty's responsibility to correct the error before employment in the College of Nursing and Health Profession program will be permitted.

## **Zachary Law Compliance Procedures**

The College of Nursing and Health Professions will notify current students of the required criminal background check in one or more of the following ways.

1. Information will be provided during an on-campus class session

2. List-serves, distribution lists and Blackboard course announcements.
3. Program Web-Pages
4. Student Handbooks

The College of Nursing and Health Profession's will notify prospective students of the required criminal background check in one or more of the following ways.

1. Program recruitment and information materials
2. Advising sessions as appropriate
3. Program Web-Pages

The College of Nursing and Health Profession's will notify prospective faculty of the required criminal background check in one or more of the following ways.

1. Written and/or oral communication with faculty candidates prior to offer of employment

The College of Nursing and Health Profession's procedure for criminal background checks is as follows:

1. Every prospective student, faculty member, or current student in a selected program will be informed of the school's policy to perform a background check pertaining to convictions for sexual and violent offenses against children.
2. For as long as a student or faculty member remains in a selected College program, his or her status will be verified annually with the said state registry.
3. The Program Director of the selected College programs will be responsible for verifying each student and faculty's status with his or her state's sexual and violent offender registry and maintaining appropriate documentation.
4. The Dean of the College of Nursing and Health Professions will be responsible for verify the status of all Program Directors.
5. Criminal Check reports will be contained in the student/faculty's health data file.
6. Should a student or faculty member appear in a state registry, he or she will be either denied access if a new student to College of Nursing and Health Professions clinical programs, or be dismissed from the program if a current student.
7. If the listing with the state registry is an error, it is the student's responsibility to correct there error, and admittance to the select programs in the College of Nursing and Health Professions will be denied until the student's removal or confirmation of removal can be officially documented.

For further questions regarding this policy, please contact the College of Nursing and Health Professions at (812)-464-1708.

## **Health Professions Center Policies, Procedures, and Guidelines**

Portions of the Health Professions Center are shared by many groups; therefore, students must abide by policies established by the University of Southern Indiana regarding the use of this facility.

### ***Phone Calls***

Students will not be excused from class for phone calls except for emergencies. The student who abuses this privilege will be counseled the first time and will receive a *Course Deficiency Report* for the next abuse of this privilege.

### ***Personal Cellular Phones and Pagers***

Students may carry cellular phones and pagers; however, these devices must be turned off during class. Under no circumstances will student texting on the cellular phone be tolerated during any class activity. Leaving class to respond to personal calls should be limited to emergencies only. The student who abuses this privilege will be counseled the first time and will receive a *Course Deficiency Report* for the next abuse of this privilege.

### ***Eating and Drinking Policies***

Eating and drinking are not permitted in the second floor Charles E. Day Learning Resource Center. Drinks in containers that close are allowed in the Occupational Therapy Lab (HP 2111 and HP 2112). Classroom table surfaces must be clean at the end of each day's scheduled classes or the privilege of bringing liquids into the OT lab will be revoked for the entire cohort of students. Consumption of food is not allowed during class. Students who bring their lunches are required to eat in designated areas in the lower level of the HP building.

### ***Professionalism***

Students must present with professional appearance. Attire suitable for usual occupational therapy practice is necessary. Students must dress appropriately for coursework involving presentations, guest speakers, lab activities, site visits, and field trips. Guidelines for appropriate dress include khaki pants, polo shirts, closed-toe and closed-heel shoes, and student name tags. Khakis are to be an appropriate length that do not drag the floor and should sit at the natural waist. Polo shirts should be plain or have the USI OTA Program logo and should not be form-fitting. Student may also wear plain-colored scrubs.

### ***Lockers***

Each student may request and use one locker in first floor locker room (to the left rear when facing the elevator) during the time students are on campus. Students are responsible for obtaining locks and abiding by the rules of the locker room. See the Occupational Therapy Program support staff in HP 2068 to be issued a locker.

### ***Learning Resource Center***

#### **Policies**

The Charles E. Day Learning Resource Center may be reached at 465-1153. Students using the Day Learning Resource Center must sign in and out in the log book located on the ledge at the Audiovisual Secretary's desk. The Day Learning Resource Center has been designed to promote a learning environment for individual and small group study. Students are asked to maintain an atmosphere conducive for studying. Headphones are available for use when viewing media in the learning carrels. The doors to the individual Audiovisual study rooms and the Clinical Skills Room are to be kept closed when in use. Media software, hardware, and lab equipment may not be removed from the Learning Resource Center without written permission.

The Day Learning Resource Center is authorized for use by University of Southern Indiana College of Nursing and Health Professions faculty and students. Children, friends, family members and other University of Southern Indiana students are not permitted in the Day Learning Resource Center. Eating and drinking are not permitted in the Day Learning Resource Center.

#### **Procedures**

Hours for the Day Learning Resource Center are posted, and use of Day Learning Resource Center facilities and equipment is on a first come, first serve basis. During peak hours of operation, students may be asked to observe a two hour time limit on their use of equipment and software. Only one program at a time should be taken from media cabinets so that other students may have access to copies not in use. Sound rooms should be used for viewing media in groups; booths should be used for viewing media individually. When viewing media software, please sign-out the software with the Learning Resource Center staff. Please leave all skills lab area in order when finished; return equipment to designated spaces in cabinets, make-up beds, bag all used linen, dispose of trash, etc. If a problem arises when using equipment, please ask for assistance.

#### **Facilities and Equipment Available for Independent Student Use**

1. Learning carrels equipped with IBM personal computers interfaced to printers
2. Individual or small group audiovisual study rooms
3. Clinical Skills Room
4. Media software (CAI, IVD, videotapes, audiotapes)
5. Videotape players
6. Audiotape players
7. Clinical equipment/models for skills practice

## Occupational Therapy Assistant Program Facilities

### *Occupational Therapy Lab*

Rooms 2111 and 2112 of the Health Professions Center have been designated as the Occupational Therapy Lab, to be utilized only for classes, labs, meetings in the Occupational Therapy Programs. If occupational therapy students wish to reserve the lab during a time when scheduled classes are not in session, they must confirm with the Occupational Therapy Assistant Program director or support staff. Occupational therapy students may bring hot beverages or soft drinks into HP 2111 and HP 2112 as long as the container has a lid or cap.

### *Occupational Therapy Assistant Program Library*

The Occupational Therapy Assistant Program library is located in room HP 2111. With the consent of faculty or support staff, students may check out materials owned by the Occupational Therapy Assistant Program. Students must sign-out as well as sign-in books in the presence of Occupational Therapy Assistant Program support staff or faculty in the large blue sign out binder with sign out sheets located in the Occupational Therapy Assistant Program support staff area (HP 2068). Whenever possible, the students should utilize books located in the Rice Library.

### *Occupational Therapy Program Equipment*

The Occupational Therapy Program owns many pieces of equipment, videotapes, CD-ROMs, assessment instruments, tools, etc. Students have the privilege to check out equipment owned by the Occupational Therapy Program with the consent of faculty or staff. In the presence of Occupational Therapy Program support staff or faculty, students may sign-out as well as sign-in items in the Equipment Sign-out Notebook in the Occupational Therapy Program support staff area (HP 2068). During the time the item is signed out to the student, that student is responsible for replacing any item that is not returned. Faculty and or support staff members will revoke a student's sign-out privilege for any misuse of the system.

### *Job Postings*

Potential employers submit job posting requests to the Occupational Therapy Program. All job postings are available on the University of Southern Indiana Career Services webpage.

## Attendance, Preparation, and Assignments Policies

### *Attendance*

Absences and tardiness jeopardize the student's ability to achieve the objectives of the course. Unlike many academic classes, in a professional program much of the information presented in a particular class session is competency-based. After receiving new material, students apply new theoretical approaches, practice new skills, etc., until they are deemed "competent" by the instructor. The material may never again be presented. Absence from that particular class causes that student to miss the opportunity of achieving that specific professional competency.

To keep a record of the content of each class session and student attendance, faculty in the Occupational Therapy Assistant Program use sign-in sheets. On these sheets, each student signs-in at the beginning of the class. Students are responsible for notifying their instructor, or support staff in advance of any class that they will be missing. This may be done by calling the instructor's office number, the OTA Administrative Assistant at (812) 465-1140. Students are responsible for making up material they have missed because of absence or tardiness. If a student must leave class early, he or she must have the permission of the instructor. A student who is ill or must be absent from a clinical experience (Level I practicum or Level II affiliation) must notify his or her fieldwork educator in accordance with the policies of the facility. The Occupational Therapy Assistant Program has adopted a policy which delineates the effects of absences on grades. Please see Table 3 for specifics.

Table 3. The Effects of Absences on Course Grades

Number of Absences	Percentage of Grade Decrease	Maximum Percentage of Grade	Maximum Possible Letter Grade
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		Possible	Possible
1	0%	100%	A
2	8%	92%	B+
3	12%	88%	B
4	16%	84%	C+
5	20%	80%	C
6	24%	76%	D

### ***Preparation***

Students must prepare for class and lab activities and also for clinical experiences. Preparation for class includes completing reading assignments, assigned group activities, etc. Students who are unprepared for class will be counseled and issued a *Course Deficiency Report*.

### ***University Midterm Deficiency Letter***

The letter written by the registrar notifying a student that he or she is failing or earning a "D" grade at midterm in a course is equivalent to one *Course Deficiency Report*.

### ***Assignments***

Written assignments are essential to meeting course objectives and must be submitted to faculty by the announced date. If problems are noted with written assignments, the student will be counseled and issued a *Course Deficiency Report*. Failure to submit written assignments on time will result in the student being given a "0" for the assignment.

## **Student Progression, Suspension, and Removal Policies**

### ***Progression***

To progress in the Occupational Therapy Assistant Program, the student must:

#### **1. General Information**

- a. Achieve at least a grade of C for each University Core Curriculum and maintain a minimum GPA of 2.7 is required for admission to the OTA Program
- b. Achieve a Pass rating for each occupational therapy assistant course that is evaluated with Pass/No Pass rating options.
- c. The student will not be allowed to progress through the program if he/she achieves a grade below a C in any of the OTA classes.
- d. A student achieving a GPA score of less than 2.7 in any semester during the OTAS program will be placed on academic probation.
- e. A student that receives a GPA score of less than 2.7 for a second semester will be dismissed from the program.

#### **2. Course Specific Term-to-Term Progression Information**

- a. All classes scheduled for the Fall semester must be successfully completed prior to beginning OTA classes in the spring semester
- b. Before the beginning of the OTA classes in the fall semester
  - i. Submission of all required health forms, completed appropriately.
  - ii. Submission of evidence of Hepatitis B vaccination information.

1. Documentation that the student has had the first Hepatitis B injection, if the student is just starting the series.
  2. Documentation of post-vaccination testing if the student has completed the Hepatitis B series at least one month prior.
- iii. Receipt of official personalized occupational therapy assistant intern nametag.
  - iv. Submission of current CPR certificate for photocopying
  - v. Submission of current health insurance certificate if required by fieldwork site.
  - vi. Submission of Indiana criminal history background check.
  - vii. Achieve at least a grade of C in ENG 101: Rhetoric & Composition I, ENG 201: Rhetoric & Composition II, SPCH 101: Introduction to Speech, BIOL 121: Anatomy & Physiology I, BIOL 122: Anatomy & Physiology II, PSY 201: Introduction to Psychology, PHIL 201: Introduction to Philosophy, SOC 121: Principles of Sociology, PE activity course, OT 151: Orientation to Occupational Therapy, OTA 213: Pathophysiology and Conditions I, OTA 221: Technical Communications, OTA 231: Therapeutic Media, OTA 232: Media and Modalities, and OTA 241: Occupational Performance Components
  - viii. Maintain an overall GPA of 2.7 in all required core classes
- c. Before second Level I fieldwork experience (OTA 298: Practicum Seminar B)
- i. Completion of fieldwork Level I (Practicum A) with a grade of passed
  - ii. Submission of all required paperwork for first Level I fieldwork experience.
  - iii. Submission of evidence of immunization updates:
    1. Documentation of the annual testing for tuberculosis if at least one year has passed from the time of the initial immunization.
  - iv. Submission of Indiana criminal history background check if your initial submission of Indiana criminal history background check is one year or longer.
  - v. Achieve at least a grade of C and maintain a composite GPA of 2.7 in ENG 101: Rhetoric & Composition I, ENG 201: Rhetoric & Composition II, SPCH 101: Introduction to Speech, BIOL 121: Anatomy & Physiology I, BIOL 122: Anatomy & Physiology II, PSY 201: Introduction to Psychology, PHIL 201: Introduction to Philosophy, SOC 121: Principles of Sociology, PE activity course, OT 151: Orientation to Occupational Therapy, OTA 213: Pathophysiology and Conditions I, OTA 214: Pathophysiology and Conditions II; OTA 221: Technical Communications, OTA 231: Therapeutic Media, OTA 241: Occupational Performance Components I; OTA 242: Occupational Performance Components II; OTA 297: Practicum Seminar A; OTA 343: Occupational Performance Areas I, OTA 344: Occupational Performance Areas II
- d. Before first Level II fieldwork experience (OTA 397: Technical Fieldwork A)
- i. Achieved a pass grade for both Level I fieldwork experiences.
  - ii. Submission of all required paperwork for both Level I experiences.
  - iii. Submission of documentation that the student has had the third Hepatitis B injections, if the student is just starting the series.

- iv. Submission of evidence of immunization updates:
  - 1. Documentation of the annual testing for tuberculosis if at least one year has passed from the time of the initial immunization.
- v. Submission of current CPR certificate for photocopying if the initial submission of the CPR certificate was one year or more.
- vi. Submission of current health insurance certificate if required by fieldwork site.
- vii. Submission of Indiana criminal history background check if your initial submission of Indiana criminal history background check is one year or longer
- viii. Achieve at least a grade of C in ENG 101: Rhetoric & Composition I, ENG 201: Rhetoric & Composition II, SPCH 101: Introduction to Speech, BIOL 121: Anatomy & Physiology I, BIOL 122: Anatomy & Physiology II, PSY 201: Introduction to Psychology, PHIL 201: Introduction to Philosophy, SOC 121: Principles of Sociology, PE activity course, OT 151: Orientation to Occupational Therapy, OTA 213: Pathophysiology and Conditions I, OTA 214: Pathophysiology and Conditions II; OTA 221: Technical Communications, OTA 231: Therapeutic Media, OTA 241: Occupational Performance Components I; OTA 242: Occupational Performance Components II; OTA 297: Practicum Seminar A; OTA 298: Practicum Seminar B; OTA 343: Occupational Performance Areas I; OTA 344: Occupational Performance Areas II; OTA 362: Occupational Therapy Assistant Issues; OTA 372: Management for Occupational Therapy Assistants (or permission of instructor)
- e. Before second Level II fieldwork experience (OTA 398: Technical Fieldwork B)
  - i. Achieve a pass grade for first Level II fieldwork experience.
  - ii. Submission of all required paperwork for first Level II experience.
  - iii. Submission of completed health form updates, if your most recent submission of health forms and or health form updates is one year or more.
    - 1. Documentation of the annual testing for tuberculosis.
  - iv. Submission of current CPR certification, if your certification expires prior to or during the time of your second Level II fieldwork experience.
  - v. Submission of current health insurance certificate if required by fieldwork site and if your initial submission of health forms is one year or longer.
  - vi. Submission of Indiana criminal history background check if your initial submission of Indiana criminal history background check is one year or longer
  - vii. Achieve at least a grade of C in ENG 101: Rhetoric & Composition I, ENG 201: Rhetoric & Composition II, SPCH 101: Introduction to Speech, BIOL 121: Anatomy & Physiology I, BIOL 122: Anatomy & Physiology II, PSY 201: Introduction to Psychology, PHIL 201: Introduction to Philosophy, SOC 121: Principles of Sociology, PE activity course, OT 151: Orientation to Occupational Therapy, OTA 213: Pathophysiology and Conditions I, OTA 214: Pathophysiology and Conditions II; OTA 221: Technical Communications, OTA 231: Therapeutic Media, OTA 241: Occupational Performance Components I; OTA 242: Occupational Performance Components II; OTA 297: Practicum Seminar A; OTA 298: Practicum Seminar B; OTA 343: Occupational Performance Areas I; OTA 344: Occupational Performance Areas II; OTA 362: Occupational Therapy Assistant Issues; OTA 372: Management for Occupational Therapy Assistants, OTA 398: Technical Fieldwork A or permission of instructor

- f. No part of fieldwork level I (Practicum A or B) may be substituted for level II fieldwork sites. Before graduation
  - i. Achieve a pass grade for the second Level II fieldwork experience (OTA 397: Technical Fieldwork A or OTA 398: Technical Fieldwork B).
  - ii. Submission of all required Level II fieldwork paperwork for the second required Level II fieldwork experience (OTA 397: Technical Fieldwork A or OTA 398: Technical Fieldwork B).
  - iii. Submission of acceptable assignments for the seminars connected with OTA 397: Technical Fieldwork A and OTA 398: Technical Fieldwork B.
  - iv. Changing of all incomplete grades to letter grades or achieve at least a grade of C<sub>+</sub> at the registrar's office.
  - v. Submission of evidence that the University of Southern Indiana considers the student has completed all the requirements. For example, the student has no unpaid parking tickets or library fines, or other university "holds."
- g. Fieldwork Level II B must be completed within 18 months of completion of the didactic portion of the OTA program

### 3. Course Deficiency Report

- a. In the Occupational Therapy Assistant Program, the *Course Deficiency Report* will be issued to the student by the faculty when any behavior is observed that places the student at risk for failure and/or entry into the Occupational Therapy Assistant Program suspension or removal process. The *Course Deficiency Report* serves as written notice to the student that he or she is on probation and provides required stipulations to continue in the occupational therapy assistant curriculum. At this time, a *Course Deficiency Report* may be issued for (a) abuse of phone message and cell phone/pager policies, (b) excessive tardiness for class, (c) excessive absences from class, (d) tardiness of written assignments, (e) lack of preparation for class activities, (f) unfitness to continue preparation for the occupational therapy profession, (g) unsafe practices, and (h) unsatisfactory performance (i) failure to successfully complete the College of Nursing and Health Professions OSHA and HIPPA exams in the assigned time-frame. Additionally, a university midterm deficiency letter equates to one *Course Deficiency Report*.

If a third *Course Deficiency Report* is issued to one student in the same semester, his or her progression in the curriculum will be reviewed by the faculty. Further progression in the Occupational Therapy Assistant Program will be contingent upon the approval of the faculty. Since the *Course Deficiency Report* indicates the student is having difficulty with the academic components of the occupational therapy curriculum, he or she must relinquish outside obligations related to the occupational therapy profession, including offices and duties in the student cohort organization and in Student Occupational Therapy Association (SOTA). If a pattern in *Course Deficiency Report* issued to one student is seen, his or her progression in the curriculum will be reviewed by the faculty. Further progression in the Occupational Therapy Assistant Program will be contingent upon the approval of the faculty.

### Grading Scale

The grading scale for the Occupational Therapy Assistant Program is uniform across programs and courses. Generally, classes have multiple measures of assessing learning and the final course grade is based on the percentage of total points each student achieves. If the course instructor chooses to use myUSI Blackboard for posting of grades, the student should be aware that Blackboard postings are not official grades. Please see Table 8 for the grading scale of the Occupational Therapy Program.

Absences and tardiness also effect grades and ratings of clinical experiences. For specifics, please refer to Table 3: The

Effects of Excused Absences on Course Grades" listed under the section entitled "attendance."

Table 4. Occupational Therapy Assistant Program Grading Scale

Percentage	Letter Grade
93% - 100%	A
90% - 92%	B+
85% - 89%	B
82% - 84%	C+
77% - 81%	C
69% - 76%	D
0% - 68%	F

### ***Academic Leave of Absence***

A student may apply to the director of the Occupational Therapy Assistant Program for a leave of absence. An authorized leave permits the student to return to the Occupational Therapy Assistant Program at the designated time without the necessity of formal program reapplication and admissions processing. If a leave of absence is granted, the student must report to the office of director of the Occupational Therapy Assistant Program by the date specified. If the student does not return by the date of expiration of the leave of absence, the student will be considered to have withdrawn from the Occupational Therapy Assistant Program.

### ***Student Probation***

Occupational Therapy Assistant Program students who do not achieve the course grades or cumulative GPA of a 2.7 on the 4.0 grading scale will be placed on academic probation. Students receiving a grade below C (2.0 on a 4.0) will not be allowed to progress until the grade is increased to a C (2.0). Students who have not been allowed to progress in the OTA program may, at the discretion of the OTA faculty be allowed to re-enroll when the course is offered again. Students on academic probation are expected to consult regularly with their advisors and program directors and to utilize support services provided by the university. After any semester of academic work, a student placed on academic probation may be advised to withdraw by the faculty.

### ***Student Suspension or Removal***

A student may be suspended (termination of student status for a period of time) or removed (permanent termination of student status) from the Occupational Therapy Assistant Program for one or more of the following conditions:

#### **1. Academic Dishonesty**

This section is liberally lifted from pages 20-23 of Eastern Kentucky University's Student Handbook for Occupational Therapy Majors (Spring 1998). Students are expected to maintain and promote academic honesty. Failure to do so is a violation, referred to as academic dishonesty. Students are required to report to faculty any knowledge of violations of academic honesty. Confirmed incidents of academic dishonesty will become part of the Occupational Therapy Assistant's Program student records and will be provided to other university academic units upon request. Academic dishonesty includes, but is not limited to the following examples.

- a. Unauthorized Assistance includes providing information for another student to falsely present as his or her own words or allowing another student to assist you when assistance is not appropriate. Some examples are copying past papers and assignments, taking an examination for someone else or permitting another to take an exam, and accepting or offering payment for in-kind service(s) information.
- b. Unauthorized Access is obtaining material or information intended to provide the student with an unfair advantage or permitting another student to take unfair advantage. Some examples are stealing or buying examinations; copying answers from someone else during an exam or in-class assignment; permitting someone to copy answers during an exam or in-class assignment; stealing, buying, selling, or distributing all or parts of unauthorized material; and committing any other incidents of cheating as defined in the *University of Southern Indiana Bulletin*.

- c. Unauthorized Material is using material or information intended to provide the student with an unfair advantage. Some examples are utilizing unauthorized notes during exams that are not designated as open-notes or open-book evaluations; forging or altering material or information; preventing others from having fair access to public material or information; and plagiarizing as defined by the *University of Southern Indiana Bulletin*. Please note: Although many people believe copyright laws protect original ideas, copyright laws protect only human original expression that is "fixed" (not facts or ideas). Fixed indicates the original expression is a "tangible medium of expression" such as videotape, drawings, written on paper (includes not only books and periodicals but class handouts), and websites, etc. Fixed original expression that does not have the symbol 8 is also protected by copyright laws.
- d. Unauthorized Collaboration is giving or receiving information to or from others on take home examinations or other out-of-class assignments or in-class assignments that specify individual work, not group work, is required.
- e. Falsifying Data is intentionally obtaining facts, figures, findings, conclusions, or results in a manner not in accordance with generally accepted procedures. Some examples are inaccurate documentation, fabricating information, and false claims related to assignments.
- f. Intentional Misrepresentation of Self is a student providing information that does not represent him or her. Some examples are falsifying accomplishments on applications for student awards, honors, or jobs; providing false claims regarding community service; and representing himself or herself as an occupational therapy assistant while still a student.
- g. Unreported Knowledge of Academic Dishonesty is a student who knows of any incidence of academic dishonesty of another student and does not report the instance to faculty.

## 2. Unfitness

The faculty reserves the right to suspend or remove any student whose personal integrity, health or behavior demonstrates unfitness to continue preparation for the occupational therapy profession.

## 3. Unsafe Practice

The student who is considered by a fieldwork educator, academic fieldwork coordinator, or faculty to be an unsafe practitioner may be suspended or removed from the program.

## 4. Unsatisfactory Performance

The student whose progress in meeting program objectives is judged unsatisfactory may be suspended or removed from the program.

## 5. Interference in Fieldwork Arrangements

A student may be suspended or removed from the Occupational Therapy Assistant Program if he or she, or a family member, or anyone working on the student's behalf (outside of the Occupational Therapy Assistant Program) interferes with any fieldwork arrangement.

## 6. A Second No Pass Rating in a Repeated Practicum Course

A No Pass rating in the practicum aspect of a course (i.e., OTA 297: Practicum Seminar A, or OTA 298: Practicum Seminar B) from both the facility's fieldwork educator and academic fieldwork coordinator will result in the student's removal from the occupational therapy assistant curriculum.

## 7. A Second No Pass Rating in a Repeated Level II Fieldwork Course

With a No Pass rating (OTA 397: Technical Fieldwork A or OTA 398: Technical Fieldwork B or Level I Fieldwork OTA 297: Practicum A or OTA 298: Practicum B), results in removal from the occupational therapy assistant curriculum. The student may retake only one Level I or Level II fieldwork course one time.

### **8. No Pass Rating during one Level I Fieldwork**

No pass rating during one Level I Fieldwork (OTA 397 or OTA 298) and another No Pass Rating during a Level II fieldwork (OTA 397 or OTA 398). constitutes two No Pass Ratings which will result in suspension or removal from the occupational therapy assistant curriculum.

### ***Academic Dishonesty Process***

The academic dishonesty process consists of two different routes: (1) resulting in a letter grade of F or 0 points given to a test or assignment or (2) resulting in a letter grade of F given for the course. A faculty member who suspects academic misconduct related to academic dishonesty will follow these steps:

#### **Route 1**

1. Resulting in a letter grade of F or 0 points given to a test or assignment.
  - a. Notify the student of the charge; the student can respond.
  - b. Determine the academic misconduct merits a letter grade of F.
  - c. A letter grade of F is assigned for the test or assignment.
  - d. A report of the incident and outcome is sent to the Dean of the College of Nursing and Health Professions.
  - e. A report of the incident and outcome is sent to the Dean of Students.
  - f. The student may appeal to the Occupational Therapy Assistant Program director.

#### **Route 2**

2. Resulting in a letter grade of F given for the course.
  - a. Notify the student of the charge; the student can respond.
  - b. Determine the academic misconduct merits a letter grade of F.
  - c. Review incident with the Occupational Therapy Assistant Program director.
    - i. If the Occupational Therapy Assistant Program director agrees that the misconduct merits a letter grade of F for the final course grade:
      - A. A letter grade of F is assigned for the final course grade.
      - B. A report of the incident and outcome is sent to the College of Nursing and Health Professions.
      - C. A report of the incident and outcome is sent to the Dean of Students.
      - D. The student may appeal to the Dean of the College of Nursing and Health Professions.
    - ii. If the Occupational Therapy Assistant Program director disagrees that misconduct merits

a letter grade of F for the final course grade:

- A. A letter grade of F is assigned for the test or assignment.
- B. A report of the incident and outcome is sent to the College of Nursing and Health Professions.
- C. A report of the incident and outcome is sent to the Dean of Students.
- D. The student may appeal to the Occupational Therapy Assistant Program director.
- E. See Academic Rights and Appeal Policies of this handbook.

### ***Student Suspension or Removal Process***

The suspension or removal process consists of the following steps:

1. The Occupational Therapy Assistant Program director notifies the student and Dean of the College of Nursing and Health Professions of the intention to suspend or remove the student from the occupational therapy assistant major.
2. The student meets with the Dean of the College of Nursing and Health Professions to respond to the Occupational Therapy Assistant Program director's charges.
3. The Dean of the College of Nursing and Health Professions concurs with the Occupational Therapy Assistant Program director.
4. The student is removed or suspended from the occupational therapy assistant major.
5. The student can appeal suspension to the Vice President for Academic Affairs.

### ***Withdrawal***

1. The option of withdrawing from a course and receiving a grade of "W" is possible within the withdrawal period listed on the academic calendar each semester.
2. See University of Southern Indiana guidelines for the procedure that must be followed regarding withdrawal. Students who do not follow the required university procedure to withdraw officially from a course will receive an "F" grade.

### ***Incomplete Grade***

An "incomplete" grade at the close of an academic semester must be approved by the Occupational Therapy Assistant Program. An incomplete will be used only when extenuating circumstances have resulted in the student's being unable to complete course requirements by the end of the semester. In rare instances in which this occurs, the following policies are in effect:

1. A grade of incomplete will not be used to allow for remedial work; student work must be at the passing level.
9. All University of Southern Indiana policies regarding incomplete are applicable to occupational therapy courses. Please refer to the *University of Southern Indiana Bulletin*.
10. Students will receive a date by which the incomplete grade must be removed. A student, who is unable to complete the class tasks to have the incomplete grade removed by the date given, must understand that he or she must drop out of that year's occupational therapy class and wait until the next year's class to resume the study of occupational therapy since all courses are taken sequentially by all students admitted to a specific year's class. The student is encouraged to explore all other alternatives before requesting an incomplete in any class.

## Fieldwork Policies

### *Fieldwork Experiences*

Fieldwork experiences are scheduled clinical internships during which time students have the opportunity to observe and apply knowledge of occupational therapy. Occupational therapy assistant students shall complete the two traditional fieldwork levels (Level I and Level II). All fieldwork experiences are completed under the supervision of a fieldwork educator. Generally, for all fieldwork experiences, student appearance, attire, and conduct must be appropriate to comply with the high standards of the profession and with the requirements of the clinical instructor. In addition, students must comply with the following.

1. Students must report to their fieldwork educators in the assigned clinical site in accordance with the policy of the agency.
2. All information related to persons receiving services is confidential. Confidential information **WILL NOT** be discussed after leaving the clinical agency or classroom.
3. For confidentiality, the client's name must not be placed on information. One initial or a fictitious name (identified as fictitious) of a person receiving services may be used for written assignments.
4. Students shall abide by all policies and procedures of the facilities to which they are assigned. At all times, students must remember they are ambassadors of the Occupational Therapy Assistant Program at the University of Southern Indiana.

### *Level I Fieldwork*

Called "practicum" experiences in the Occupational Therapy Assistant Program at the University of Southern Indiana, Level I fieldwork experiences are part of practicum seminars. Level I practicum experiences are designed to enrich the didactic coursework through directed participation in selected aspects of the occupational therapy process. For Level I fieldwork, fieldwork educators **MAY** be certified occupational therapy assistants, occupational therapists (without a minimum duration of practice time), or other health care practitioners. Please note that for Level I practicum experiences, fieldwork educators are **NOT** required to be occupational therapy practitioners.

1. Students must report to their clinical instructors in the assigned clinical site in accordance with the policy of the agency.
2. All information related to persons receiving services is confidential. Confidential information will NOT be discussed after leaving the clinical agency or classroom.
3. For confidentiality, the client's name must not be placed on information. One initial or a fictitious name (identified as fictitious) of a person receiving services may be used for written assignments.
4. Students shall abide by all policies and procedures of the facilities to which they are assigned. At all times, students must remember they are ambassadors of the Occupational Therapy Assistant Program at the University of Southern Indiana.

Students are responsible for their copies of Level I fieldwork practicum forms. Students are also responsible for their Level II internship packets which they receive prior to each Level II internship when they have completed all the requirements. Lost forms will be replaced by the Occupational Therapy Program at a cost of \$5.00 for each Level I practicum and \$20.00 for each Level II packet. Copies of selected forms are not available at a reduced rate.

After the requisite health records forms have been completed and checked in with Occupational Therapy Assistant Program support staff. Students are responsible for making health record copies that are required by any Level I or Level II fieldwork site. **It is recommended that the student make one or more copies of all health records prior to submitting them to the OTA program.**

Level I fieldwork shall not be substituted for any part of Level II fieldwork.

### ***Level I A Practicum***

Level I A Practicum is a 40 clock hour experience to be completed as part of OTA 297: Practicum Seminar A. For this experience, the fieldwork coordinator places each student in a site and notifies the student of the placement, and the student negotiates the times with the site. Students are responsible for completion of all paperwork for this clinical experience (student evaluation of the site, timesheet, and all written assignments).

The fieldwork educator at the site is responsible for completing the evaluation of the student. The evaluation of the student cannot be completed until all written assignments are submitted to the fieldwork educator. The fieldwork educator will write comments, suggestions, corrections, criticism, etc. on assignments. The original assignments (with the fieldwork educator's feedback) must be submitted to the fieldwork coordinator at the same time as the evaluation of the student, student evaluation of the fieldwork site, and timesheet. Students may rewrite assignments and submit the revisions; however, the original assignments with the fieldwork educator's comments must be turned in to the fieldwork coordinator. The student will not have completed the fieldwork practicum until all paperwork has been submitted to and processed by the fieldwork coordinator.

### ***Level I B Practicum***

Level I B Practicum is a 40 clock hour experience to be completed as part of OTA 298: Practicum Seminar B. For this experience, the fieldwork coordinator places each student in a site and notifies the student of the placement, and the student negotiates the times with the site. Students are responsible for completion of all paperwork for this clinical experience (student evaluation of the site, timesheet, and all written assignments).

The fieldwork educator at the site is responsible for completing the evaluation of the student. The evaluation of the student cannot be completed until all written assignments are completed and submitted to the fieldwork educator. The fieldwork educator will write comments, suggestions, corrections, criticism, etc. on assignments. The original assignments (with the fieldwork educator's feedback) must be submitted to the fieldwork coordinator at the same time as the evaluation of the student, student evaluation of the fieldwork site, and timesheet. Students may rewrite assignments and submit the revisions; however, the original assignments with the fieldwork educator's comments must be turned in to the fieldwork coordinator. The student will not have completed the fieldwork practicum until all paperwork has been submitted to and processed by the fieldwork coordinator. The student must finish the second Level I prior to beginning Level II internship. If the student has not completed the practicum (including paperwork requirements and submission to fieldwork coordinator), the student will not progress in the program since courses must be taken sequentially.

### ***Level II Fieldwork***

In the Occupational Therapy Assistant Program at the University of Southern Indiana, Level II fieldwork is called *internship* (designated as OTA 397: Technical Fieldwork A, OTA 398: Technical Fieldwork B) and termed *affiliation* in many other occupational therapy assistant programs. Level II fieldwork is designed to in-depth experiences in delivering occupational therapy services and to develop and expand a repertoire of occupational therapy practice. For Level II fieldwork, fieldwork educators **MUST** be certified occupational therapy assistants or occupational therapists who have practiced a minimum of one year. To pass the Level II fieldwork experiences, each occupational therapy assistant student must be practicing at the level of an entry-level certified occupational therapy assistant by the end of each clinical.

### ***Level II Fieldwork Assignments***

To ensure fairness and work with students needs a variety of options may be utilized for selection and placement of Level II fieldwork. Level II fieldwork sites should reflect a range of treatment settings, for example, pediatric to geriatric or acute to chronic. Generally a partial or complete lottery method of assigning OTA students to Level II fieldwork sites is utilized. Another method of assignment may be done by matching student requests for location and types of experiences with the most appropriate sites available by the OTA Fieldwork Coordinator. Regardless of how assignments are made, at times special considerations may occur. Three examples include (a) pre-approval for lottery, (b) academic fieldwork coordinator veto, and (c) Administrative Placement.

### ***Pre-approval for Lottery***

Recently, some fieldwork educators have requested that students have pre-approval to enter the lottery for their specific sites. In some cases, a facility requests a group interview of interested students. Following a facility interview, the

fieldwork educator works with the academic fieldwork coordinator to determine which students will be granted pre-approval to enter the lottery for that specific site. In other cases, a facility requests faculty to select an appropriate student. To select an appropriate student for a particular site, faculty may request interested students to complete a group interview, individual interview, or written essay. During the lottery, only pre-approved students may select a site that requests pre-approval.

### ***Academic Fieldwork Coordinator Veto***

The academic fieldwork coordinator shall have the power to veto a facility selection if she determines the site is not appropriate, for any reason, for the student who made the selection during the lottery. Prior to lottery, the academic fieldwork coordinator may choose to meet privately with students in order to veto one or more facilities.

### ***Administrative Placement***

The academic fieldwork coordinator reserves the option of removing students and/or sites from the lottery. In most cases students will be notified prior to the lottery that they will not participate. At times the academic fieldwork coordinator may have to remove a student during the lottery to make an academic placement. For example a student holding the number 1 selection in the first lottery selects a mental health internship for her first internship will removed from the second lottery if the only site available to her (since she will be last to choose) is a mental health site. Administrative Placement consists of a student-site match proposed by the academic fieldwork coordinator and approved by other faculty members.

### ***Level II A Internship***

(OTA 397: Technical Fieldwork A) consists of a minimum of 8 full-time work weeks. When the student has completed the necessary requirements, he or she will receive a packet with the *AOTA Fieldwork Evaluation for Occupational Therapy Assistant Students (OTA FWE)*, student evaluation of the site, midterm evaluation sheet, envelope, certificate of professional liability insurance, and medical/CPR information. Students cannot start this clinical experience without official records of appropriate immunizations and other required medical information in addition to other documentation (e.g., current CPR certification). Students are responsible for their requisite medical records. It is advised that the student make copies of the records prior to submitting them to the OTA program.

All attendance policies of the Occupational Therapy Assistant Program pertain to students enrolled in the course, OTA 397: Technical Fieldwork A. Within the Level II fieldwork experience, students must make up any duration of time missed beyond one day which includes holidays and/or sick days. Students are not permitted to take vacation during Level II fieldwork; taking a vacation during Level II fieldwork will result in a No Pass rating for the course, OTA 397: Technical Fieldwork A. The student who has to enroll in OTA 397: Technical Fieldwork A a second time because of a No Pass rating earned the first time may be required to wait for an additional Level II fieldwork placement because this student is now out of original class sequence. A student who repeats this course will undergo Administrative Placement for the next Level II fieldwork site. This student is neither eligible to assist in establishing a new fieldwork site for this experience or any subsequent Level II experiences nor eligible for a fieldwork site that is new to the Occupational Therapy Assistant Program. For additional information, please see Table 9 for the effects of receiving one or more No Pass ratings for OTA 397: Technical Fieldwork A.

### ***Level II B Internship***

(OTA 398: Technical Fieldwork B) consists of a minimum of 8 full-time work weeks. When the student has completed the necessary requirements, he or she will receive a packet with the *Fieldwork Evaluation for Occupational Therapy Assistant Students (OTA FWE)*, student evaluation of the site, midterm evaluation sheet, envelope, postcard, certificate of professional liability insurance, and medical/CPR information. Students cannot start this clinical experience without official records of appropriate immunizations and other required medical information in addition to other documentation (e.g., CPR certification).

All attendance policies of the Occupational Therapy Assistant Program pertain to students enrolled in the course, OTA 398: Technical Fieldwork B. Within the Level II fieldwork experience, students must make up any duration of time missed beyond one day which includes holidays and/or sick days. Students are not permitted to take vacation during Level II fieldwork; taking a vacation during Level II fieldwork will result in a No Pass rating for the course, OTA 398: Technical Fieldwork B. If a student has to enroll in OTA 398: Technical Fieldwork B a second time because of a No Pass rating earned the first time, he or she may be required to wait for an additional Level II fieldwork placement

because for each class of students the academic fieldwork coordinator holds reservations for Level II fieldwork experiences for specific times. A student who repeats this course will undergo Administrative Placement for the next Level II fieldwork site. This student is neither eligible to assist in establishing a new fieldwork site for this experience or any subsequent Level II experiences nor eligible for a fieldwork site that is new to the Occupational Therapy Assistant Program. For additional information, please see Program Director or Academic Fieldwork Coordinator for the effects of receiving one or more No Pass ratings for OTA 398: Technical Fieldwork B.

### ***Enrollment in Academic Coursework During Level II Fieldwork Experiences***

Although each Level II affiliation is an intense experience requiring the student to spend long hours at the fieldwork site and often extra time after the work day is over, preparing for the next day, some students enroll in academic courses in addition to the Level II fieldwork course. The student who wishes to enroll in courses other than OTA 351: Independent Study in addition to OTA 397: Technical Fieldwork A or OTA 398: Technical Fieldwork B must successfully complete the following process.

1. Submit to the academic fieldwork coordinator a written plan of action called *Balancing Level II Fieldwork with Additional Academic Courses* with the headings:
  - a. Courses. Provide a listing of courses for the entire College term (semester or summer sessions). Be sure to list for each course: discipline, number, course name, credit hour, and university.
  - b. Strategies for Success. Describe the proposed strategies to be successful in both Level II fieldwork and additional course(s).
  - c. Contingency Plan. Discuss what will happen if the proposed strategies to be successful in both Level II fieldwork and additional course(s) fail.
2. Schedule a meeting with the academic fieldwork coordinator to discuss the written plan of action.
3. Sign the written plan of action that has been accepted and signed by the academic fieldwork coordinator.

One copy of the signed plan of action will be sent to the fieldwork educator at the student's fieldwork site and a second copy will be retained in the student's files.

### ***Fieldwork Absences***

During practicum and internship experiences, attendance is mandatory for continuity of care. Excessive absences may result in No Pass ratings in the clinical experience from the fieldwork coordinator at the University of Southern Indiana even if the facility's clinical instructor passes the student.

### ***Fieldwork Locations***

Final acceptance into the Occupational Therapy Assistant Program was based on the student's willingness to (a) participate in the lottery system for the selection of Level II fieldwork experience sites and (b) leave the Evansville area, if necessary, for one or both 8-week Level II fieldwork experiences. The final decision for each clinical experience is the discretion of the academic fieldwork coordinator.

### ***Transportation***

Students are required to provide their own transportation to and from any agency or institution included in curriculum requirements.

### ***Relation of Fieldwork Completion to Didactic Work***

For full compliance with these standards, all students in the Occupational Therapy Assistant Program at the University of Southern Indiana shall complete all fieldwork within an 18 month period following completion of academic didactic preparation.

## ***Housing***

Fieldwork experiences (Level I practicum and Level II internships) are integral aspects of the educational program of the Occupational Therapy Assistant Program at the University of Southern Indiana. Students must make their own arrangements for and finance their housing needs. The financial assistance budget for occupational therapy assistant majors has been adjusted to provide the additional funds required for fieldwork requirements. Errors and Incidents During Fieldwork Experiences

It is the College policy that all incidents occurring during fieldwork experiences be reported for the purpose of generating and maintaining a record of such incidents. This information is considered confidential and is retained only for the period of time a student is enrolled in the Occupational Therapy Assistant Program.

While on fieldwork experiences, students who participate in or observe an incident involving students must take responsibility for notifying the appropriate persons. A student responsible for or a witness to an incident shall make out an agency incident report as appropriate.

## ***National Criminal History Background Check***

Students will be required to file a criminal history background check and submit a copy to the Occupational Therapy Assistant Program prior to beginning of coursework.

## **Academic Rights and Appeal Policies**

The *University of Southern Indiana Bulletin* is published biannually. The student is responsible for reading and understanding the contents. Students are specifically requested to read the following areas:

1. Academic rights and responsibilities.
2. Freedom of inquiry and expression.
3. Policy and procedure for academic and nonacademic student discipline.
4. Policy regarding cheating and plagiarism.

## ***Academic Grievance Process***

The academic grievance process shall provide an opportunity for the student who believes an academic decision has been prejudiced or capricious to appeal that decision. The University of Southern Indiana College of Nursing and Health Professions Grade Appeal Policies and Procedures includes the following progression of steps:

1. A student who considers that an academic decision has been prejudiced or capricious shall confer promptly with the faculty member (e.g., instructor, clinical instructor, academic fieldwork coordinator) involved.
2. If the matter is not resolved with the faculty member (e.g., instructor, clinical instructor, academic fieldwork coordinator) involved, the student shall confer with the Occupational Therapy Assistant Program director.
3. If the action outlined above does not produce mutually satisfactory results, the student shall in writing notify the Dean. This should be done within five days of the meeting with the Occupational Therapy Assistant Program director. A summary of the basis for a potential appeal shall accompany the notice. The Dean or a designate will meet with the student within five days of receiving a summary of the facts related to the controversial decision. The Dean will meet with parties involved in the student disputed decision and attempt to resolve the problem.
4. If the previous actions outlined above do not produce mutually satisfactory results, the student may initiate the formal academic grievance procedure. Information is available from the Vice President of Student Affairs.

### ***Family Educational Rights and Privacy Act (FERPA)***

The University of Southern Indiana College of Nursing and Health Professions adheres to standards set forth in the Family Educational Rights and Privacy Act (FERPA) of 1974 (sometimes called the *Buckley Amendment*). A copy of the Act is available at <<http://www.clhe.org/3a2-1.htm>>. According to Section 99.5 of FERPA, "when a student becomes an eligible student, the rights accorded to, and consent required of, parents under this part transfer from the parents to the student" [Authority: 20 U.S.C. 1232g (d)]. "Eligible student," according to Section 99.3, "means a student who has reached 18 years of age or is attending an institution of postsecondary education" [Authority: 20 U.S.C. 1232g (d)]. Personal information about students or graduates of the University of Southern Indiana College of Nursing and Health Professions is protected under the tenets of FERPA. Therefore, Occupational Therapy Program faculty and support staff will not provide information to parent(s) or guardian(s) of a student unless:

1. The student's written consent to release information to his or her parent(s) or guardian(s) is on file in the Occupational Therapy Program office
2. The student is present with his or her parent(s) or guardian(s) during a meeting or on another phone extension or conference call speaker system for a telephone call.

For additional information, please contact the University of Southern Indiana College of Nursing and Health Professions office for specifics.

## **Student Organizations and Participation**

Students are encouraged to participate actively in class, Occupational Therapy Assistant Program, College of Nursing and Health Professions, and University of Southern Indiana organizations. To serve as officers in class or Occupational Therapy Program organizations (including representatives to national or state organizations), students must be in good standing (i.e., if students are placed on probation of any kind including *Course Deficiency Reports*, they must relinquish their offices and duties).

### ***SOTA: Student Occupational Therapy Association***

In the fall of 1992, the Occupational Therapy Student Occupational Therapy Association (SOTA) at the University of Southern Indiana was established in accordance with University of Southern Indiana rules and regulations regarding student clubs, associations, etc. This group elects officers, and representatives (and alternates) to the following organizations: the Assembly of Student Delegates (ASD) of the American Occupational Therapy Association (AOTA), the Indiana Occupational Therapy Association (IOTA), and the Council on Education (COE). The directors of Occupational Therapy Program and Occupational Therapy Assistant Program are the faculty advisors to this group.

### ***University of Southern Indiana Student Organizations***

Occupational therapy assistant students are encouraged to participate in the University of Southern Indiana Student Association and other organizations and activities. Information regarding student organizations is available in a manual in the Health Professions Center Learning Center upon request. This manual contains current copies of all organization bylaws, College outline for activities and projects, and various forms necessary to initiate any activity or projects.

### ***Fundraising and Other College Activities***

Student involvement in fundraising or any activities identified with the University of Southern Indiana Occupational Therapy Program must have the approval of the Dean of the College of Nursing and Health Professions. Proposal and final project forms for fundraising and other College activities are available in the Learning Center. A formal written plan must be submitted to the Dean's office 30 days prior to implementation of the plan. The proposal must be signed by the organization's faculty advisor before submission to the Dean. Upon completion of the project/activity a final report must be submitted. This information is maintained in a fundraising file to assist students in selecting future projects or activities.

### ***Program and College Committees***

Students are invited to attend and participate in committee activities of the Occupational Therapy Assistant Program and College of Nursing and Health Professions. Information about meetings will be announced and posted.

## Faculty and Staff Information

### *College of Nursing and Health Professions*

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#### **Administrative Associate**

Yvonne Beavin  
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# COLLEGE OF NURSING AND HEALTH PROFESSIONS

## INFECTION CONTROL POLICY

REVISED January, 2011

### **Introduction**

Protecting health professions students from exposures to pathogenic microorganisms is a critical component of the clinical education environment. Clinical situations present the possibility for contact with blood, body fluid, or biological agents which pose infectious disease risk, particularly risk associated with the hepatitis B virus, hepatitis C virus, the human immunodeficiency virus, and tuberculosis.

Medical histories and examinations cannot identify all clients infected with pathogens. Therefore, the concept of **STANDARD PRECAUTIONS** is to be practiced with all clients during treatment and post-treatment procedures. Standard precautions encompass the standard of care designed to protect health care providers and clients from pathogens that may be spread by blood or any other body fluid, excretion, or secretion. Clients must be protected from disease transmission which can occur via contaminated hands, instruments, and other items. Use of appropriate infection control procedures will minimize this risk of transmission.

Guidelines for reducing risk of disease transmission have been issued by many health related organizations. The *Bloodborne Pathogens Standard* issued through the Federal Occupational Safety and Health Administration along with recommendations from the Centers for Disease Control and Prevention, (CDC), provide the basis for the University of Southern Indiana College of Nursing and Health Professions *Infection Control Policy* developed by the College of Nursing and Health Professions Infection Control and HIPAA Committee.

The policies and procedures contained in the *Infection Control Policy* are designed to prevent transmission of pathogens and must be adhered to by all students and faculty in the College of Nursing and Health Professions when participating in clinical education experiences where the potential for contact with blood or other potentially infectious materials (OPIM) exists. These experiences include clinical practice on peers. The goal of the *Infection Control Policy* is to provide procedures and guidelines to be used by students to prevent transmission of infectious diseases while participating in clinical/laboratory activities while enrolled as a student in the College of Nursing and Health Professions.

Exposure to infectious diseases is an integral part of practicing as a health care professional. All students must recognize and accept this risk in order to complete their education and participate fully in their chosen career. Students may not refuse to care for a client solely because the client has an infectious disease or is at risk of contracting an infectious disease such as HIV, AIDS, HBV, HCV, or TB. *PROFESSIONAL STANDARDS OF INDIVIDUAL DISCIPLINES MAY NECESSITATE EXCEPTIONS TO THE PRECEDING STATEMENT.*

All information regarding a client's medical status is considered confidential and shall be used for treatment purposes only. No information about the client's medical status will be disclosed or reported without the client's express written consent, except in those cases as stipulated by law.

The curriculum of each program in the College of Nursing and Health Professions includes information regarding the etiology, symptoms, and transmission of infectious diseases, as well as specific methods of preventing disease transmission to be utilized in various clinical sites. This information will be provided to the student prior to initiation of clinical experiences.

Information contained in the *Infection Control Policy* will be reviewed with students on an annual basis or more often if changes in content occur.

The College of Nursing and Health Professions Infection Control and HIPAA Committee will review the *Infection Control Policy* annually and will make revisions as additional information becomes available that impacts content. The Committee will also evaluate exposure incidents to determine the need for modification of the *Infection Control Policy* policies/procedures.

## **I. Medical Evaluation, Immunizations, and Record Keeping**

- A. All students admitted to a program in the College of Nursing and Health Professions are required to undergo comprehensive medical evaluation prior to enrolling in professional courses.

## B. Vaccine Recommendations

- Adapted from Immunization Coalition [www.immunize.org](http://www.immunize.org)

### Healthcare Personnel Vaccination Recommendations

Vaccine	Recommendations in brief
<b>Hepatitis B</b>	Give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give IM. Obtain anti-HBs serologic testing 1–2 months after dose #3.
<b>Influenza</b>	Give 1 dose of influenza vaccine annually. Give inactivated injectable influenza vaccine intramuscularly or live attenuated influenza vaccine (LAIV) intranasally.
<b>MMR</b>	For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give SC.
<b>Varicella (chickenpox)</b>	For HCP who have no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.
<b>Tetanus, diphtheria, pertussis</b>	Give all HCP a Td booster dose every 10 years, following the completion of the primary 3-dose series. Give a 1-time dose of Tdap to HCP of all ages with direct patient contact. Give IM.
<b>Meningococcal</b>	Give 1 dose to microbiologists who are routinely exposed to isolates of <i>N. meningitidis</i> . Give IM or SC.

*Hepatitis A, typhoid, and polio vaccines are not routinely recommended for HCP who may have on-the-job exposure to fecal material.*

#### Hepatitis B

Healthcare personnel (HCP) who perform tasks that may involve exposure to blood or body fluids should receive a 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals. Test for hepatitis B surface antibody (anti- HBs) to document immunity 1–2 months after dose #3.

- If anti-HBs is at least 10 mIU/mL (positive), the patient is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the patient is unprotected from hepatitis B virus (HBV) infection; revaccinate with a 3-dose series. Retest anti-HBs 1–2 months after dose #3.
- If anti-HBs is positive, the patient is immune. No further testing or vaccination is recommended.
- If anti-HBs is negative after 6 doses of vaccine, patient is a non-responder.

**For non-responders:** HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood.<sup>1</sup> It is also possible that non-responders are persons who are HBsAg positive. Testing should be considered. HCP found to be HBsAg positive should be counseled and medically evaluated.

**Note:** Anti-HBs testing is not recommended routinely for previously vaccinated HCP who were not tested 1–2 months after their original vaccine series. These HCP should be tested for anti-HBs when they have an exposure to blood or body fluids. If found to be anti-HBs negative, the HCP should be treated as if susceptible.<sup>1</sup>

#### Influenza

All HCP, including students in these professions, and volunteers, should receive annual vaccination against influenza. Live attenuated influenza vaccine (LAIV) may only be given to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (TIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed persons (e.g., stem cell transplant patients) when patients require protective isolation.

#### Measles, Mumps, Rubella (MMR)

HCP who work in medical facilities should be immune to measles, mumps, and rubella.

- HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity (HCP who have an “indeterminate” or “equivocal” level of immunity upon testing should be considered nonimmune) or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday, separated by 28 days or more, and at least 1 dose of live rubella vaccine).

#### Varicella

It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, history of varicella or herpes zoster based on physician diagnosis, laboratory evidence of immunity, or laboratory confirmation of disease.

### **Tetanus/Diphtheria/Pertussis (Td/Tdap)**

All adults who have completed a primary series of a tetanus/diphtheria-containing product (DTP, DTaP, DT, Td) should receive Td boosters every 10 years. HCP of all ages with direct patient contact should be given a 1-time dose of Tdap, with priority given to those having contact with infants younger than age 12 months.

### **References**

[www.immunize.org](http://www.immunize.org) • [www.vaccineinformation.org](http://www.vaccineinformation.org)

- C. All students and faculty who have client contact are required to be immunized or provide documentation of laboratory confirmation of disease or immunity against varicella, mumps, measles, rubella. All students and faculty who have client contact are required to be immunized against tetanus, pertussis and diphtheria, and to receive annual influenza immunization.
- D. All HCPs should receive baseline TB screening upon admission into the College of Nursing and Health Professions, using two-step TST or a single BAMT to test for infection with *M. tuberculosis*.

After baseline testing for infection with *M. tuberculosis*, HCPs should receive TB screening annually (i.e., symptom screen for all HCWs and testing for infection with *M. tuberculosis* for HCPs with baseline negative test results).

HCPs with a baseline positive or newly positive test result for *M. tuberculosis* infection or documentation of previous treatment for Latent Tuberculosis Infection (LTBI) or TB disease should receive one chest radiograph result to exclude TB disease. Instead of participating in serial testing, HCPs should receive a symptom screen annually. This screen should be accomplished by educating the HCP about symptoms of TB disease and instructing the HCP to report any such symptoms immediately to the occupational health unit. Treatment for LTBI should be considered in accordance with CDC guidelines.

- E. Record Keeping
  1. All records related to a student's medical status will be maintained by the student's program administrator.
  2. The records will be maintained separately from all other student records.
  3. The records will be maintained in a secured and confidential manner and will not be disclosed or reported without the student's express written consent.
  4. Student workers will not have access to student or faculty medical records.

## **II. HIV Positive, HBV, or HCV Chronic Carrier Students and Faculty**

- A. Students and faculty are encouraged to know their HIV, HbsAG, and anti-HCV status and report positive status to the Dean and the Infection Control and HIPAA Committee of the College of Nursing and Health Professions. Such individuals should consult with their health care provider to assess the risks of clinical practice to their health and to others. The health care provider should make written recommendations related to the student's education experience. The Dean and the Infection Control and HIPAA Committee will review each case individually and, if indicated, will recommend appropriate modifications of the clinical experiences.

- B. All information regarding a student's medical status will be considered confidential and will not be disclosed or reported without the student's express written consent.
- C. A student's HIV, HBV and/or HCV status will not determine a student's opportunity to be admitted or progress in a program. The HIV, HBV, and/or HCV status will be considered only as it relates to: (1) the student's ability to safely carry out the normal assignments associated with the course of study and (2) the student's long term health.

### III. Tuberculosis Exposure/Conversion

A student or faculty who is exposed to tuberculosis or whose negative PPD test converts to positive, will be referred to the Vanderburgh County Public Health Department for evaluation.

### IV. Exposure Potential

- A. All students in the College of Nursing and Health Professions participating in clinical activities have the potential for skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (contained in the following list) and will adhere to policies and procedures contained in the *Infection Control Policy*. Adherence is required without regard to the use of personal protective equipment.

#### B. Other Potentially Infectious Materials (OPIM)

- semen
- vaginal secretions
- cerebrospinal fluid
- synovial fluid
- pleural fluid
- pericardial fluid
- peritoneal fluid
- amniotic fluid
- breast milk
- saliva/sputum
- body fluids visibly contaminated with blood
- any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- HIV containing cells or tissues cultures
- HIV, HBV, or HCV containing culture medium or other solutions
- blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV

### V. Percutaneous/Mucous Membrane Exposure to Blood or Other Potentially Infectious Materials (Exposure Incident)

- A. Any percutaneous (needlestick, cut, human bite, splash to non-intact skin, etc.) or mucous membrane (splash to eye, lips, or mouth) exposure to blood, blood products, or other body fluids is to be reported ***immediately***, (within 2 hours of the incident), by the student to the clinical instructor so that appropriate post-exposure procedures can be initiated. A delay in reporting/treatment of the incident may render recommended HIV post-exposure prophylaxis, (PEP), ineffective. If a delay occurs, (defined as later than 24-36 hours after the incident), it is advised that expert consultation for HIV/PEP be sought. **The clinical instructor will complete the agency incident report, the University Injury or Illness Report, and the College of Nursing and Health Professions Student Exposure Incident Report, and Acknowledgement of Refusal if applicable.** The completed college report and the university report will be submitted to the College of Nursing and Health Professions Infection Control and HIPAA Committee for review. The University report will be forwarded by the College of Nursing and Health Professions Infection Control and HIPAA Committee to appropriate University personnel. The clinical instructor will also notify the course coordinator and program administrator of the exposure incident.

- B. After a percutaneous or mucous membrane exposure to blood or body fluids, the student is to follow CDC and clinical site policy for immediate post-exposure wound cleansing/infection prophylaxis such as cleansing the affected area with antimicrobial soap, irrigation of the eyes or mouth with large amounts of tap water or saline.
- C. The source client, if known, should be tested serologically for evidence of HIV, HbsAg and anti-HCV. HIV consent must be obtained from the source client prior to testing.
- D. HIV/AIDS Procedure
1. If the source client is seronegative for HIV and has no clinical evidence or risk for HIV infection or AIDS, no further follow-up is indicated.
  2. If the source client is diagnosed with AIDS, is seropositive for HIV, or refuses to be tested, as soon as possible following the exposure, the student will be referred for baseline serologic testing for evidence of HIV. The student will also be referred to a designated faculty member for post-exposure counseling about the risk of infection, prevention of transmission of HIV during the follow-up period, and the need for appropriate follow-up medical care.
  3. The exposed student will have follow-up HIV testing at 6 weeks, 3 months, 6 months, and 12 months post-exposure.

TYPE OF EXPOSURE	SOURCE MATERIAL	ANTIRETROVIRAL PROPHYLAXIS
Percutaneous	-Blood <ul style="list-style-type: none"> <li>▪ Highest risk</li> <li>▪ Increased risk</li> <li>▪ No increased risk</li> </ul>	Recommend Recommend Offer
	-Fluid containing visible blood, other potentially infectious fluid, or tissue	Offer
	-Other body fluid	Not offer
Mucous membrane	-Blood	Offer
	-Fluid containing visible blood, other potentially infectious fluid, or tissue	Offer
	-Other body fluid	Not offer
Skin	-Blood	Offer
	-Fluid containing visible blood, other potentially infectious fluid, or tissue	Offer
	-Other body fluid	Not offer

***Provisional Public Health Service recommendations for chemoprophylaxis after exposure to HIV, by type of exposure and source material – 2001***

- E. Hepatitis B Procedure  
The following chart outlines the CDC recommendations for hepatitis B post-exposure prophylaxis following percutaneous exposure.

EXPOSED PERSON	SOURCE CLIENT HBsAg POSITIVE	SOURCE CLIENT HBsAg NEGATIVE	SOURCE CLIENT UNKNOWN
Unvaccinated	Administer HBIG* X 1 and HB vaccine	Initiate HB vaccine	Initiate HB vaccine
Previously vaccinated Known responder	Test exposed person for anti-HBs 1. If inadequate, HB vaccine booster dose 2. If adequate, no treatment	No treatment	No treatment
Previously vaccinated Known non-responder	HBIG X 2 or HBIG X 1 plus 1 dose HB vaccine	No treatment	If known high risk source, may treat as if +
Previously vaccinated Response unknown	Test exposed person for anti-HBs 1. If inadequate, HBIG X 1, plus HB vaccine booster dose 2. If adequate, no treatment	No treatment	Test exposed person for anti-HBs 1. If inadequate, HB booster 2. If adequate, no treatment

\* ***The Centers for Disease Control and Prevention recommend that HBIG, when indicated, be administered as soon as possible after exposure, and within 24 hours if possible.***

#### F. Hepatitis C Procedure

The following chart outlines the CDC recommendations for hepatitis C post-exposure prophylaxis following percutaneous exposure.

EXPOSED INDIVIDUAL	SOURCE CLIENT
Perform baseline testing for anti-HCV and alanine aminotransferase (ALT) activity	Perform testing for anti-HCV
Perform follow-up testing at 4-6 months for anti-HCV and ALT activity	

For additional information related to management of exposure incidents refer to:

[http://www.cdc.gov/oralhealth/InfectionControl/faq/bloodborne\\_exposures.htm](http://www.cdc.gov/oralhealth/InfectionControl/faq/bloodborne_exposures.htm)

#### **National Clinicians' Post-exposure Prophylaxis Hotline**

[http://www.nccc.ucsf.edu/about\\_nccc/pepline/](http://www.nccc.ucsf.edu/about_nccc/pepline/)

#### **Needlestick Reference**

<http://www.mercydurango.org/srvcsmedical/Needlestick!%20Help%20Files.pdf>

#### **Immunization Action Coalition**

[www.immunize.org](http://www.immunize.org) & [www.vaccineinformation.org](http://www.vaccineinformation.org)

## VI. METHODS OF REDUCING POTENTIAL FOR EXPOSURE TO PATHOGENS

### A. STANDARD PRECAUTIONS

Standard precautions refer to the prevention of contact with blood, all body fluids, secretions, and excretions except sweat, and must be used with every client. Exposure of non-intact skin and mucous membranes to these fluids must be avoided. All body fluids shall be considered potentially infectious materials.

## B. **ENGINEERING AND WORK PRACTICE CONTROLS**

Engineering and work practice controls shall be used to eliminate or minimize exposure to blood or OPIM. An example of an engineering control would include the use of safer medical devices, such as sharps with engineered sharps injury protection and needleless systems. Where potential exposure remains after institution of these controls, personal protective equipment shall also be used. The following engineering controls will be utilized:

1. Hand washing is a significant infection control measure which protects both the student and the client. Students will wash their hands before donning gloves and immediately or as soon as feasible after removal of gloves or other personal protective equipment. Students will wash hands and any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact with blood or OPIM. No nail polish or artificial fingernails are allowed during clinical activities. Jewelry has the potential to harbor microorganisms. Refer to individual program handbooks for specific guidelines regarding wearing jewelry during clinical activities.
2. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in treatment areas or any other area where there is a reasonable likelihood of exposure to blood or OPIM.
3. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or OPIM are present.
4. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
5. Mouth pipetting/suctioning of blood or OPIM is prohibited.
6. **Sharps Management**  
Sharps are items that can penetrate skin and include injection needles, scalpel blades, suture needles, irrigation cannulas, instruments, and broken glass. It is recommended that the clinician select the safest medical device and/or technique available to help reduce needlesticks and other sharps injuries. The use of needles should be avoided where safe and effective alternatives are available.
  - All disposable contaminated sharps shall be disposed of immediately or as soon as feasible in closable, puncture resistant, leak proof on sides and bottom, and labeled containers. The container must be maintained in an upright position and must not be overfilled.
  - Sharps disposal containers must be readily accessible and located in reasonable proximity to the use of sharps
  - Containers containing disposable contaminated sharps are not to be opened, emptied, or cleaned manually or in any other manner which could create a risk of percutaneous injury.
  - Contaminated needles and other contaminated sharps shall not be bent, sheared, recapped or removed unless no alternative is feasible or is required by a specific procedure. If recapping is necessary, a one handed technique or mechanical recapping device must be used.
  - Reusable contaminated sharps shall be placed in leak proof, puncture resistant, labeled containers while waiting to be processed.
  - Sharps containers must be closed before they are moved.
  - HCP are not to reach by hand into containers of contaminated sharps.
  - Contaminated broken glass should be picked up using mechanical means such as a brush and dust pan, tongs, or forceps.
  - Whenever possible, sharps with engineered sharps injury protection or needleless systems should be used.

7. Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container must be closed before being stored, transported, or shipped. If outside contamination of the primary container occurs, or if the specimen could puncture the primary container, the primary container shall be placed within a secondary container which prevents leakage, and/or resists puncture during handling, processing, storage, transport, or shipping.
8. Equipment Sterilization
  - Reusable heat stable instruments are to be sterilized by acceptable methods.
  - Heat sterilization equipment will be monitored for effectiveness and records will be maintained.
9. Equipment which may be contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary. Equipment which has not been fully decontaminated must have a label attached with information about which parts remain contaminated.

### C. PERSONAL PROTECTIVE WEAR

1. Personal protective equipment such as gloves, gowns, laboratory coats, face masks, eye protection or face shields, resuscitation bags, pocket masks or other ventilation devices shall be used whenever there is the potential for exposure to blood or OPIM.
2. Personal protective equipment must not permit blood or OPIM to pass through to or reach the student's clothes, skin, eyes, mouth, or other mucous membranes.
3. All personal protective equipment must be removed prior to leaving the treatment area. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

#### Gloves

Gloves shall be worn in the following situations:

- when it can be reasonably anticipated that hands may contact blood, OPIM, mucous membranes, or non-intact skin.
- when performing vascular access.
- when handling or touching contaminated items or surfaces.

#### Disposable gloves

- shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- shall be replaced if excessive moisture develops beneath the glove.
- shall not be washed or decontaminated for re-use.
- if contaminated, must be covered by over gloves when handling non-contaminated items (e.g. client charts)

#### Utility gloves

- may be decontaminated for re-use if the integrity of the glove is not compromised.
- must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

#### Masks

- Masks shall be changed between clients.
- Masks shall be changed when excessive moisture develops beneath the surface.

#### Eye Protection

- goggles or glasses with solid side shields, or chin length face shields, shall be worn whenever splashes, spray, spatter, aerosols, or droplets of

blood or OPIM may be generated and eye, nose or mouth contamination can be reasonably anticipated.

#### **Protective Body Clothing**

- Appropriate protective clothing such as gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in potential exposure situations.
- Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.
- Protective body clothing must be changed when visibly contaminated with blood or OPIM or if they become torn or punctured.

### **D. HOUSEKEEPING**

1. Equipment and Environmental and Working Surfaces
  - Contaminated work surfaces shall be decontaminated after completion of procedures using a tuberculocidal chemical disinfectant having an Environmental Protection Agency (EPA) registration number. Decontamination must occur between clients, immediately or as soon as feasible when surfaces are contaminated, or after any spill of blood or OPIM.
  - Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and surfaces are to be removed and replaced as soon as feasible when they become contaminated. Protective coverings do not replace decontamination with tuberculocidal chemical disinfectant.
  - Reusable bins, pails, cans, and similar receptacles are to be regularly inspected for contamination with blood or OPIM and decontaminated as needed.

### **E. INFECTIOUS WASTE MANAGEMENT**

1. Infectious waste is defined as:
  - contaminated disposable sharps or contaminated objects that could potentially become contaminated sharps
  - infectious biological cultures, infectious associated biologicals, and infectious agent stock
  - pathological waste
  - blood and blood products in liquid and semi-liquid form
  - carcasses, body parts, blood and body fluids in liquid and semi-liquid form, and bedding of laboratory animals
  - other waste that has been intermingled with infectious waste
2. Infectious waste must be placed in labeled containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
3. Containers must be closed prior to moving/removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If the outside of the container becomes contaminated it is to be placed in a second container which must have the same characteristics as the primary container.

### **Definitions of Terms/Abbreviations**

#### **AIDS**

Acquired Immune Deficiency Syndrome

A disabling or life threatening illness caused by HIV (human immunodeficiency virus).

It is the last stage on the long continuum of HIV infection and is characterized by opportunistic infections and/or cancers.

#### **Anti-HBs - Hepatitis B Surface Antibody**

The presence of anti-HBs (hepatitis B surface antibodies) in an individual's blood indicates immunity to hepatitis B disease. This is the test used to indicate that a person has had a serologic response to hepatitis B immunization and has developed antibodies to the infection.

**Anti-HCV – Hepatitis C antibody virus**

Indicates past or present infection with hepatitis C

**CDC**

Centers for Disease Control and Prevention

The branch of the U.S. Public Health Service whose primary responsibility is to propose, coordinate and evaluate changes in the surveillance of disease in the United States.

**Delayed Report**

Not reporting an exposure incident until 24 hours or more hours following the exposure.

**Exposure Incident**

A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**HBIG Hepatitis B Immune Globulin**

A type of vaccine administered in the event of an exposure to hepatitis B disease. The administration of this preparation confers a temporary (passive) immunity or raises the person's resistance to hepatitis B disease.

**HBsAg - Hepatitis B Surface Antigen**

A surface antigen of the hepatitis B virus. Indicates potential infectivity.

**HCP**

Health Care Personnel

**HIV - Human Immunodeficiency Virus**

The organism that causes AIDS.

**LTBI – Latent Tuberculosis Infection****OPIM - Other Potentially Infectious Materials**

Materials other than human blood that carry the potential for transmitting pathogens.

**Standard Precautions**

Treating all clients as if they are infected with a transmissible disease.

**Universal Precautions**

Treating all clients as if they are infected with a transmissible bloodborne disease.



# UNIVERSITY OF SOUTHERN INDIANA

## Management of Exposure Incidents

Any percutaneous (needle stick, cut, human bite, splash to non-intact skin, etc.) or mucous membrane (splash to eyes, lips, or mouth) exposure to blood, blood products, other body fluids, or air borne exposures must be reported immediately by the student to the clinical faculty so that appropriate post-exposure procedures can be initiated. The Public Health Services (PHS) recommends that treatment should be recommended to healthcare workers who experience occupational high-risk exposures. Please see the College of Nursing and Health Profession's Infection Control Manual for further information.

### Management of Exposure Incidents Checklist

For exposures other than air-borne exposures: The affected area was cleansed with antimicrobial soap. Water was run through glove if puncture was suspected. Eyes: The eyes were irrigated for one minute. Mouth: The mouth cleansed with tap water for fifteen minutes.

Injury or Illness Report completed.

Student Exposure Incident Report completed.

Clinical Facility's Incident Report completed.

Exposed student provided a copy of the Student Exposure Incident Report and sent by clinical faculty for treatment. (Refer to clinical site policy for exposure incident treatment.) *[For TB exposures, students will receive notice of exposure to suspected or active cases of TB through either the employee health department of the clinical facility where they were exposed or, in cases of active TB, through the county health department. Instructions for follow-up are provided by the notifying department.]*

Source Patient Management: The source client, if known, should be serologically tested for evidence of HIV, HbsAg, and anti-HCV. Please circle one:

Source patient known and tested    Source patient known and refused testing    Source patient unknown

Clinical faculty signature \_\_\_\_\_ Date: \_\_\_\_\_

The completed Injury or Illness Report, Student Exposure Incident Report and exposure check list returned to Clinical Coordinator within 24 hours or as soon as possible.

Clinical Coordinator signature \_\_\_\_\_ Date: \_\_\_\_\_

Postexposure management/counseling completed. Students have the right to be counseled about exposure by university faculty if desired. Please Circle One:

Counseling completed                      Counseling denied

University Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE INJURY OR ILLNESS REPORT

### 1. Completion of Forms

- A. Employee and Student Worker injury or illness will be completed by security and or student health services if first aid or medical treatment is needed. If first aid or additional medical treatment is not needed, this form is completed by the department head or supervisor and forwarded to human resources. The form should be completed and returned to Human Resources within 24 hours of occurrence.
- B. Student and Visitor (non-employee) injury or illness reports will always be completed by security and or Student Health Services.
- C. Acknowledgement of refusal to seek management of exposure incident must be completed if the person in question refuses to seek management of exposure incident.

### 2. Timeliness of Reporting

Any accidents or injuries which are reported late, i.e., not within a few hours of the occurrence, should be reported directly to the department head or supervisor, whom will then be responsible for completing the entire injury or illness report. The form should then be sent to Human Resources within 24 hours of the occurrence.

### 3. Distribution of Field Injury or Illness Reports

- A. Employee and Student Worker reports with sections A and B completed are to be sent (in whole) to Human Resources. Human Resources will then distribute copies to Security, Purchasing, Student Health Services, the Department Head or Supervisor, and the Vice President for business Affairs, while retaining a copy in Human Resources.

After the Department Head/ Supervisor receives the report from Human Resources with sections A and B completed, the Department Head/Supervisor should review the injury/accident situation, complete section C on the report, and return it to human resources.

- B. Student and Visitor reports retained in Student Health Services (if not Originating in this department, the report should be sent there.) Copies are distributed by Student Health Services to the Security and Purchasing departments.



University of Southern Indiana  
College of Nursing and Health Professions

## ACKNOWLEDGEMENT OF REFUSAL TO SEEK MANAGEMENT OF EXPOSURE INCIDENT

Any percutaneous (needlestick, cut, human bite, splash to non-intact skin, etc.) or mucous membrane (splash to eye, lips, or mouth) exposure to blood, blood products, body fluids, or airborne pathogens is to be reported immediately by the student to the clinical faculty so that appropriate post-exposure procedures can be initiated. The Public Health Services, (PHS), recommends that treatment should be recommended to healthcare workers who experience occupational high-risk exposures. Please refer to the College of Nursing and Health Professions Infection Control Policy.

**I understand that I have been advised to seek prompt management of an exposure incident. At this time, I am refusing referral to a healthcare professional for recommendation regarding the need for evaluation and the need for chemoprophylaxis.**

Date of exposure incident: \_\_\_\_\_

Time of exposure incident: \_\_\_\_\_

Institution where incident took place: \_\_\_\_\_

Summary of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Advising Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

**University of Southern Indiana  
College of Nursing and Health Professions  
Student Exposure Incident Report**

**Exposed Student Information:**

Program:

- Dental Assisting                       Nursing                                       Radiologic Technology  
 Dental Hygiene                         Occupational Therapy                 Respiratory Therapy  
 Diagnostic Medical Sonography    Occupational Therapy Assistant

Student name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date incident occurred: \_\_\_\_\_ Time incident occurred: \_\_\_\_\_ Time reported: \_\_\_\_\_

Has the student completed the hepatitis B vaccination series?     yes     noIf yes, dates of vaccination: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_Post-vaccination HBV antibody status, if known:  positive     negative     unknown

Date of last tetanus vaccination: \_\_\_\_\_

Date of last tuberculin test: \_\_\_\_\_

**Exposure Incident Information:**

Agency/site where incident occurred (include specific unit): \_\_\_\_\_

Type of incident:

- needle stick  
 instrument puncture  
 bur laceration  
 injury from other sharp object \_\_\_\_\_  
 blood/other body fluid splash or spray  
 human bite  
 other \_\_\_\_\_

Area of body exposed: \_\_\_\_\_

Type of body fluid/tissue/airborne pathogen exposed to: \_\_\_\_\_

Describe incident in detail: \_\_\_\_\_

What barriers were being used by the student when the incident occurred?

- gloves       mask       eye wear       gown       other \_\_\_\_\_

**Source Patient Information:**Review of source patient medical history:                       yes                       no

Verbally questioned regarding:

- History of hepatitis B, hepatitis C, or HIV infection                       yes     no  
 High risk history associated with these diseases                       yes     no  
 Patient consents to be tested for HBV, HCV, and HIV                       yes     no

Referred to (name of evaluating healthcare professional/facility): \_\_\_\_\_

Incident report completed by: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Post-exposure management/counseling:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Comments:

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Counselor signature: \_\_\_\_\_

University Injury of Illness Report Completed:

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Clinical Instructor signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Student Acknowledgment:**

I have reviewed and confirm the accuracy of the information contained in this report. I acknowledge that I have been referred for medical evaluation and the need to receive additional medical evaluation for the presence of HIV infection at 6 weeks, 3 months, 6 months, and 12 months following the occurrence of this exposure incident. I authorize the release of the information related to this exposure incident for treatment, payment activities, and healthcare operations according to the policies contained in the College of Nursing and Health Professions HIPAA documents.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**TO BE COMPLETED BY THE COLLEGE OF NURSING AND HEALTH PROFESSIONS INFECTION CONTROL COMMITTEE**


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Corrective action needed: \_\_\_\_\_

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Has this action been taken?  yes  no  
 Is further investigation needed?  yes  no

Comments:

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Signature: \_\_\_\_\_ Date \_\_\_\_\_

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*Revised July 2005/May 2007/August2007*

# INJURY OR ILLNESS REPORT

Employee

Date of Report \_\_\_/\_\_\_/\_\_\_\_\_

Student Worker

Time \_\_\_\_\_  a.m.  p.m.

Student

( See reverse side for instructions)

Visitor

Name of Injured \_\_\_\_\_  Male  Female

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ SSN \_\_\_\_\_

Name(s) Witness \_\_\_\_\_

Telephone Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

=====

## **Statement of Injured Person or Witness**

(If injured person or witness is unavailable, information is to be completed by individual completing report.)

Date of Accident \_\_\_/\_\_\_/\_\_\_\_\_ Time \_\_\_\_\_  a.m.  p.m.

Location of Accident \_\_\_\_\_

Summarize how injury, illness, or exposure occurred \_\_\_\_\_

Kind of Injury \_\_\_\_\_

Part of Body Affected (Specific part of the body, i.e., left wrist, right leg) \_\_\_\_\_

Describe any contributing factors or objects \_\_\_\_\_

Signature of injured person or witness \_\_\_\_\_

=====

## **To be Completed by first Aid Provider**

Symptoms and complaints of the injured person \_\_\_\_\_

Describe the nature and extent of the injury \_\_\_\_\_

Treatment, recommendations, and referral \_\_\_\_\_

Signature of First Aid Provider \_\_\_\_\_

=====

*To be Completed by Supervisor for Employee Injury/ Illness  
(attach additional information if necessary.)*

Evaluation of how accident occurred/ contributing factors \_\_\_\_\_

Possible preventive actions \_\_\_\_\_

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## **For Human Resources Only**

Lost Time  Yes  No Number of days \_\_\_\_\_ Anticipated release \_\_\_\_\_

Work Restrictions \_\_\_\_\_

Medical Treatment \_\_\_\_\_

=====

Employee and Student Worker reports to Human Resources Department Student and Visitor Reports to Student Health Services  
Must be completed within 24 hours of the accident.

