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Medical Evaluation, Immunizations, and Record Keeping

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Welcome

On behalf of the Occupational Therapy Program, we welcome you into the MSOT curriculum at the University of Southern Indiana. As you begin this transforming adventure, you will soon cease to view the world and your existence in quite the same light as you did before starting this curriculum. We believe you will find that occupational therapy is not just a profession, but a way of life.

Undoubtedly, the biggest change for you will be the curriculum design, for the focus of the MSOT curriculum is the learner not the teacher. Since an “accumulator” would not be an asset to the occupational therapy profession, Occupational Therapy Program faculty has carefully chosen innovative learning strategies. According to Mortimer J. Adler (1982):

All genuine learning is active, not passive. It involves the use of the mind, not just the memory. It is a process of discovery, in which the student is the main agent, not the teacher.

Learning by discovery can occur without help, but only geniuses can educate themselves without the help of teachers. For most students, learning by discovery must be aided. That is where teachers come in—as aids in the process of learning by discovery, not as knowers who attempt to put the knowledge they have in their minds into the minds of their pupils, (pp. 50-51).

Table 1. Student Role: Shifts in Learning

<table>
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<tr>
<th>Teacher-Based Learning</th>
<th>Student-Based Learning</th>
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<tr>
<td>1. From listener, observer, and note taker</td>
<td>1. To active problem solver, contributor, and discussant</td>
</tr>
<tr>
<td>2. From low to moderate expectations of preparation for class</td>
<td>2. To high expectations, frequently having to do with reading and preparing questions or other assigned work in advance</td>
</tr>
<tr>
<td>3. From a private presence in the classroom</td>
<td>3. To a public presence in the classroom</td>
</tr>
<tr>
<td>4. From attendance dictated by personal choice</td>
<td>4. To that having to do with professional and community expectations</td>
</tr>
<tr>
<td>5. From competition with peers</td>
<td>5. To work collaboratively with peers</td>
</tr>
<tr>
<td>6. From responsibilities and self-definition associated with learning independently</td>
<td>6. To those associated with learning interdependently</td>
</tr>
<tr>
<td>7. From seeing teachers and texts as the sole sources of authority and knowledge</td>
<td>7. To seeing peers, oneself, and the thinking of the profession and community as additional and important sources of authority and knowledge</td>
</tr>
</tbody>
</table>

In the process of taking responsibility for your own learning you may experience some changes. We have adapted Jean MacGregor’s (1990) discussion of substantial student role shifts into Table 1.

With your entry into the occupational therapy profession, your world is no longer black and white. In fact, one of our goals is to make gray your favorite color. For your success in the occupational therapy field, you must become intimate with ambiguity. If you are seeking recipes delineating treatment for specific medical diagnoses, you might want to reconsider your options: becoming an occupational therapist, trained to think critically and work autonomously, may not be a good match for your needs. You must
realize that the *Occupational Therapy Cookbook* does **NOT** exist. Just as every student is different, each person receiving occupational therapy services varies.

In the past, “book-smart” students have struggled with the change in learning expectations provided in Table 1. If you are book-smart and want to succeed in the program, you will need to adapt to the learner-centered curriculum, learn to think, and give up your search for the one resource that will tell you what to do. In the USI MSOT occupational therapy curriculum, much of the knowledge you will learn must be revisited and updated as you practice in the future.

Not only are you expected to think in this MSOT curriculum, within a short period of time—you will have to think on your feet. Be warned: thinking may hurt . . . but you will become accustomed to the “pain.” The heavy emphasis we place on thinking is congruent with the University Core Curriculum (the newest iteration of general education at the University of Southern Indiana) designation of critical thinking as an overarching goal. What is defined at the University of Southern Indiana as *critical thinking* is called *clinical reasoning* by the occupational therapy profession. In addition to procedural reasoning, you will learn to utilize other types of clinical reasoning. Conditional reasoning, oftentimes the most difficult for occupational therapy majors and some therapists, is the primary way expert occupational therapists deal with the ambiguity of the world. If you practice your conditional reasoning skills while in the program, you will have a head start in using conditional reasoning in your occupational therapy practice.

Reflection is another key element of the Occupational Therapy Program. On the days you are not in the classroom, you are still expected to exhibit occupations indicative of an occupational therapy major—reflecting, reading, writing, working on group assignments, completing clinical experiences, etc. You will notice that reflection heads the list. We realize this curriculum is fast-paced so be sure to take some time to sit back and just think about what you have been doing. Later, you will learn to use this way of thinking about thinking (termed “metacognition” by some) to become what Donald Schön (1983) calls a reflective practitioner.

Over the years we have seen a characteristic pattern of students who successfully complete the program and become strong practitioners. The successful occupational therapy major is the student who:

- Engages actively in every minute of the program;
- Applies information synthesized from multiple sources;
- Generalizes previously learned knowledge to new situations;
- Makes connections between content units, courses, previous knowledge, and future information;
- Displays strong people skills;
- Follows oral and written directions;
- Demonstrates strong professional communication skills;
- Works collaboratively in groups;
- Shows tolerance of others, of ambiguity, and of frustration;
- Is flexible;
- Shows creativity;
- Demonstrates courage and risk-taking capability;
- Develops professionally through self-awareness;
- Improves professional skills through outside feedback;
- Exhibits enough time management abilities;
- Demonstrates suitable organizational skills;
- Determines the quantity and quality of his or her own work;
- Embraces lifelong learning; and above all,
- Has a visible, consuming passion for the occupational therapy profession.

The remainder of this student handbook, which was compiled to present information and policies relevant to you as an occupational therapy student, has been designed to help you move effectively
through the MSOT curriculum. Since you are responsible for knowing and understanding the policies and procedures found in this handbook, please ask for clarification if you have any questions about the information. We also welcome your suggestions for inclusion of additional information that would be helpful to you. The faculty reserves the privilege of revising policies and procedures found in this handbook at any time deemed advisable. As soon as written revisions are available, you are responsible for the new information, which will be posted on the program website.

Before closing, congratulations on your selection of fields! You have chosen very wisely. The occupational therapy profession is a dynamic, energetic field. With a long history and strong foundation in the human services field, occupational therapy is a well-respected discipline with many opportunities available for growth, advancement, and achievement. Your new profession is almost limitless.

References

Program Background

History
In 1991 the Indiana Commission for Higher Education updated a study of occupational therapy programs in Indiana’s public institutions. Evansville was identified as a large metropolitan area in Indiana without accessible state supported baccalaureate occupational therapy education. Following consultation with area occupational therapy practitioners, other healthcare providers, and the Indiana Commission for Higher Education, administrators at the University of Southern Indiana initiated and received approval from the Indiana State Legislature in the spring of 1991 for the establishment of a baccalaureate occupational therapy program in Evansville. A Director was hired on part-time basis in January 1992 and moved to full-time employment in March 1992.

During the spring 1992 semester, the first course, which in time evolved into the orientation course (OT 151), was held on Monday nights. Selected in March 1992, the pioneer cohort of occupational therapy students (the Class of 1994) started classes on July 14, 1992. Sara Harpe, MS, OTR/L, hired to teach on a part-time basis for the 1992-93 school year, started teaching in August 1992 and Janet Raisor, OTR, was hired as the academic fieldwork coordinator in October 1992. In the spring 1993, Elizabeth Yazell, OTR, CHT and Kimberly Whitmore, MHA, OTR, CHT were hired to teach the second media course. Until the completion of the Health Professions Building on campus, the Occupational Therapy Program was housed in the Health Sciences Building on the Deaconess Hospital Complex, approximately seven miles east of the University of Southern Indiana.

The baccalaureate level curriculum (65 credit hours including a minimum of 1060 clock hours of internships), was based on Uniform Terminology for Occupational Therapy (Third Edition). An initial accreditation site visit took place in October 1993, by the team that became the Accreditation Council for Occupational Therapy Education.

On December 4, 1993, the University of Southern Indiana baccalaureate degree program became the 84th occupational therapy program to receive accreditation status from the Accreditation Committee of the American Occupational Therapy Association. The program was also accredited on February 21, 1994 by the Committee on Allied Health Education and Accreditation (CAHEA), an American Medical Association committee which no longer accredits occupational therapy educational curricula. On March 1, 1994, the baccalaureate occupational therapy program received accreditation status from the
Accreditation Council for Occupational Therapy Education (ACOTE), the sole accreditation agency for occupational therapy education.

The baccalaureate degree curriculum successfully completed the process for continuing accreditation in the 1998-1999 school year. Following the yearlong self-study process, the Occupational Therapy’s Self-Study Report was written in July 1998. On November 2-4, 1998 during the on-site visit, the evaluation team commended faculty “for their creative teaching methods and learning activities, sense of commitment to the program and availability to students, resulting in an exemplary learning environment”; recognized graduates: for presenting as “competent and thoughtful therapists”; and commended students “for their enthusiasm and self-directed learning behaviors.” The Accreditation Council for Occupational Therapy Education granted continuing accreditation to the baccalaureate degree curriculum on December 5, 1998.

The University of Southern Indiana (USI) began formulating a proposal for the Master of Science degree in occupational therapy (MSOT) during the 1998 fall semester. Created to permit a seamless transition from the existing Bachelor of Science (BS), the MSOT allowed students who are not occupational therapists opportunities to complete the BS, followed immediately by completion of the MSOT program. The initial MSOT was designed to address roles listed in the first paragraph of the Preamble of the Standards. In particular, the MSOT curriculum was developed to address “[t]he rapidly changing and dynamic nature of contemporary health and human service delivery systems” by targeting three roles: direct care provider (called advanced generalist practitioner in the MSOT curriculum), educator, and researcher. The MSOT curriculum expanded a clinical experience once featured in the undergraduate curriculum—the Advanced Role Practicum (ARP). Until implementation of the MSOT curriculum made the clinical experience obsolete, the ARP was a 40-hour clinical experience (in OT 461) for which students selected and developed a hands-on experience in one of four roles: advanced practitioner, educator, researcher, or administrator. Of the four ARP roles, the MSOT included experiences in three roles: advanced generalist practitioner, educator, and researcher.

Finalized in 1999, the MSOT proposal began the approval process at the institutional and state levels. At USI, the proposal was approved by the Graduate Council in March 2000, by the Academic Planning Council in July 2000, and by the Board of Trustees in fall 2000. Following the January 2001 submission of the proposal to the Indiana Commission for Higher Education, the MSOT degree was approved by the Indiana Commission for Higher Education on March 9, 2001. To comply with the occupational therapy profession’s change in entry-level to post-baccalaureate degree and to begin the process for the next accreditation cycle (scheduled for the 2004-2005 school year), the existing USI BS, as a stand-alone program, ceased to exist at the end of the 2003-2004 school year. Beginning with occupational therapy majors enrolling in 2003, students matriculated through both BS and MSOT degrees in a curriculum design known in the occupational therapy profession as a combined BS/MS program. On May 9, 2004, the last BS-only students were graduated. Students in the first cohort to enroll in the combined BS/MSOT degree curriculum started taking MSOT courses on May 9, 2005.

After submission of the 2005 Self Study Report, the on-site visit took place in September 2005. The Accreditation Council for Occupational Therapy Education (ACOTE) again granted continuing accreditation status to the combine baccalaureate/master’s degree curriculum. Listed as major strengths of this program in ACOTE’s formal report are “the faculty of the occupational therapy program are recognized for their high degree of commitment to the ongoing development of the students and the curriculum. This is evidenced by the ongoing integration of clinical practice, community service, research and student mentoring, as well as, the students are complimented on their professional deportment and dedication to their program, their studies and the field of occupational therapy. It is obvious they represent strength to the future of the profession.”
The years brought changes in the occupational therapy faculty. In the 1993-1994 school year, Sara Harpe, MS, OTR/L moved to a full-time position and Candace Foster, MOT, OTR and Linda Kinkade, OTR were hired for the psychosocial and media courses respectively. Rick Hobbs, MA, OTR, who had been providing guest lectures since the inception of the program, moved to a half-time position in the 1994-1995 school year and Linda Kinkade, OTR added the psychosocial course to her teaching load. That same year, Janet Kilbane, MEd, OTR was hired to teach the cognition course in the fall and then assumed fieldwork coordination in the spring. Deb Woods, OTR was hired to co-teach the work class with Rick Hobbs and Kimberly Whitmore began teaching the second media course alone. In the 1995-1996 school year, Rick Hobbs and Janet Kilbane moved to full-time positions. Jody Kissel, OTR, CHT was hired to teach the orthopedics component of the second pathophysiology course and Kimberly Whitmore to co-teach the work course with Rick Hobbs. For the 1996-1997 school year, new faculty included David Larres, BA, BS, OTR who co-taught the work class and Ginger Whitler, BS, BS, OTR, CTRS who was hired to teach the first media course. In 1998, Rick Hobbs volunteered to revamp the first media course and Ruth Burris, OTR was hired on a part time basis to assist Aimee Luebben in the teaching of the first pathophysiology course, the communications class, the orientation course, and the evaluation class. For the 1999-2000 school year Ruth Burris, OTR was hired on a full-time basis. Tim Byers, OTR, CHT and Monie Freeman, OTR were hired to teach the second media course in 2001. In 20022003 school year, Brad Menke, OTR, MPA, CHT was hired to teach the orthopedics component of the second pathophysiology class and Barbara Williams, MS, OTR was hired on a part time basis to teach the work course and the first pathophysiology course and the communications class. In 2003-2004, Barbara Williams was moved to a full-time position as instructor to continue teaching those classes as well as some of the new graduate level coursework. Also, during that year, Brad Menke, OTR, MPA, CHT began teaching the orthopedics component of the second pathophysiology course in addition to the second media course. In August 2004, Barbara Williams earned her doctorate in occupational therapy and was hired as an assistant professor. In 2005, several modifications were made to the Occupational Therapy Program’s staff. Barbara Williams, DrOT, OTR was appointed Acting Director and assumed additional administrative responsibilities. Kathleen French, MHA, OTR, assistant professor in the Occupational Therapy Assistant Program assumed responsibility of the psychosocial and professional issues courses. Susan Ahmad, MS, OTR, director of the Occupational Therapy Assistant Program taught the orientation course as well as the activities of daily living course. Jody Kissel, OTR, CHT returned to teach the orthopedics component of the second pathophysiology course. Graduate courses were assumed by Rick Hobbs, MA, OTR, Janet Kilbane, MEd, OTR, and Aimee Luebben, EdD, OTR.

Additional modifications in teaching responsibilities took place in 2006. Barbara Williams, DrOT, OTR/L was named Director of the Occupational Therapy Program. The second media and modalities course was taught by Mary Kay Arvin, OTR, CHT and she was assisted by Elizabeth Wheeler, OTR, an instructor in the Occupational Therapy Assistant Program. Susan Ahmad, MS, OTR assumed teaching responsibilities for the work course as Kathleen French, MS, OTR transitioned to also teaching graduate courses in the Occupational Therapy Program. In 2007, Sherri Mathis, OTR/L, COTA, was hired as an instructor and assisted the OT Program with teaching the initial applied pathophysiology course and the undergraduate evaluation course. Sherri became an assistant professor with the OT Program and received her doctorate in 2010. Janet Kilbane, OTD, OTR received her doctorate in 2012. In 2013, Kristi Hape, OTD, OTR, was hired as an assistant professor to teach in the MSOT curriculum. December 2013 saw the departure of Barbara Williams, DrOT, OTR/L, Sherri Mathis, OTR/L, COTA, and Kristi Hape, OTD, OTR. Janet Kilbane, OTD, OTR was hired as Interim Program Chair January 2014. Thomas Litney, OTD, OTR/L was hired as an adjunct to teach 2 courses. An extensive faculty search in spring 2014 led to hiring 3 new faculty. Janet Kilbane, OTD, OTR became the Occupational Therapy Program Chair July 1, 2014. Thomas Litney, OTD,
OTR/L was appointed Academic Fieldwork Coordinator on July 1, 2014. Jessica Wood MOT, OTR/L and Jessica Mason, MSOTR were hired as faculty August 1, 2014. Jessica Wood completed her doctorate degree in May, 2017 and Jessica Mason completed her doctorate degree in August, 2017.

Dr. Rick Hobbs, DHSc, OTR/L served as interim chair of the program from January to July, 2017 upon the retirement of Dr. Janet Kilbane. During this period, Lindsey Boots, OTD, OTR and Karen Dishman, MSOT, OTR served as adjunct faculty in the OT Program. Mary Kay Arvin, OTD, OTR, CHT assumed the position of OT Program Chair on July 1, 2017. Dr. Thomas Litney resigned from the faculty in December 2017. Dr. Jessica Mason accepted the position of Academic Fieldwork Coordinator on December 18, 2017. In the spring of 2018, Lindsey Boots, OTD, OTR and Karen Dishman, MSOT, OTR served as adjunct faculty for a second year.

**Vision**

At the University of Southern Indiana, the Occupational Therapy Program promotes academic and professional excellence by preparing students, distinguished for their strong clinical skills and high levels of professionalism, to become credentialed occupational therapy practitioners at the entry level. At the time of graduation, the student will have been exposed to a variety of service models and systems commonly used in current occupational service delivery. The student will understand the importance of diversity in occupational therapy practice and be able to articulate adherence to ethical standards, values, and attitudes of occupational therapy practice. Finally, the student will value the role of lifelong learning and remaining current in practice. All of these goals are achieved as faculty demonstrate leadership in occupational therapy education, practices, 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.

**Mission Statement**

I. Provide an innovative occupational therapy department that exceeds professional standards of excellence. II. Educate occupational therapy practitioners to meet societal needs for service provision. III. Promote professional development in occupational therapy faculty and occupational therapy practitioners while valuing life-long learning. IV. Promote excellence in occupational therapy education, scholarship, and service through leadership, collaboration, consultation, and partnerships with service providers and other health care professionals. V. Provide support to the community through advocacy service activities, organizational involvement, and political action. VI. Institute a caring environment in which occupational therapy practitioners, students, faculty, and community service providers work together to optimize their personal and professional development. VII. Promote the education of culturally competent practitioners through learning experiences that address diversity.

**Philosophy**

The faculty members of the Occupational Therapy 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 individual is a unique, active, and complex being of worth and dignity. Human behavior consists of a dynamic interaction among the individual, the environment, and the demands of occupation. The individual is holistic in nature and consideration must be given to performance skills, patterns, and areas
of occupation that expand across a variety of contexts. For each person, engagement in occupation is a unique interplay of client factors, activity demands, and performance patterns. Occupational engagement of the individual may be interrupted at any time throughout the lifespan by biological, psychosocial, spiritual, or environmental factors.

Occupational therapy is the art and science of enhancing an individual’s overall occupational performance by facilitating the development or learning of essential performance skills, by diminishing or correcting pathology which reduces occupational engagement, or by promoting and maintaining wellness or balance in areas of occupation. The term occupation is used to indicate the individual’s purposeful use of attention, interest, energy, and time to engage and participate in daily life. Since the primary focus of the profession is the enhancement of occupational engagement, occupational therapy practitioners are concerned with factors that promote, influence, or enhance occupational performance as well as with those factors that serve as barriers or impediments to the individual’s ability to function across the lifespan. The OT Program at USI considers client-centered care and holistic practice critical components to occupational therapy. With this in mind, frames of reference emphasizing such perspectives are influential models for our program. The Person-Environment-Occupation Model (PEO) (Law et al., 1996), the Ecology of Human Performance (EHP) (Dunn, Brown & McGuigan, 1994) and the Model for Human Occupation (MOHO) (Kielhofner, 1995) each recognize the importance of considering the person, contextual factors or environment, and the role of occupation in daily life. These three components are interdependent and require equal consideration in effective occupational therapy practice.

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 to 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. The faculty guide, direct, facilitate, and evaluate learners while encouraging self direction and development of intellectual curiosity, creativity, clinical reasoning, self-reflection, and awareness of community involvement. Learning is best achieved in an atmosphere in which individual dignity is respected and a commitment to excellence exists. The development of higher order cognitive skills is enhanced by a liberal art’s educational foundation and by the careful selection of teaching strategies and learning assignments within the occupational therapy curriculum. Graduates will be prepared as entry level practitioners in an ever-changing health care delivery system.

References:

Curriculum

Synopsis
For the first ten years of existence, the four-year baccalaureate degree (124 credit hours) in occupational therapy was divided into two components: a curriculum model known as 2 plus 2 years: 2 years of prerequisite courses followed by 2 years of occupational therapy coursework. To comply with the occupational therapy profession’s change in entry-level to post-baccalaureate degree, the existing USI baccalaureate (occupational therapy major)—as a stand-alone degree program—ceased to exist at the
end of the 2003-2004 school year. The last BS-only students were graduated on May 9, 2004, and USI was classified as a combined BS/MSOT degree program, according notification from ACOTE on May 24, 2004. Since students must graduate from an ACOTE-accredited program to take the Certification Examination for the Occupational Therapist Registered®, USI occupational therapy graduates were eligible for the certification exam only after earning the BS with an occupational therapy major followed by the MSOT.

After an accreditation site visit in September of 2012, the decision was made to change the OT Program from a BS/MSOT Program to a MSOT Program.

With implementation of the MSOT curriculum, the USI Occupational Therapy Program is now a six-semester program completed in approximately 2 years and fully integrates the OT Program Strategic Plan. With proof of completion of the baccalaureate degree, students begin the competitive selection process for entry into the Occupational Therapy Program. Upon successful completion of the competitive selection process, students who accept the invitation from the Occupational Therapy Program to begin taking 600-level occupational therapy courses declare the occupational therapy major.

**Design**

With the purpose of preparing graduates for employment in shifting practice arenas of health care, education, industry, and community programs, the MSOT curriculum design consists of three components: (1) building the foundation, (2) developing the generalist, and (3) expanding the role. The obtainment of a bachelor’s degree and other prerequisite courses comprise the first component that build the foundation for professional study and provide a breadth and depth of knowledge in the liberal arts and sciences. The MSOT curriculum, which is interwoven with four curriculum strands (professional integrity, health and social justice, systematic inquiry, and partnerships and Collaboration) is designed to develop the generalist and then to expand the role of advanced generalist practitioner. Please see the curriculum design in the next table.

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**Curriculum Design**

**Components:**

- 36 - hours: Developing the Generalist
- 39 - hours: Expanding the Roles

**Curriculum Strands:**

1. Professional Integrity
2. Health & Social Justice
3. Systematic Inquiry
4. Partnership & Collaboration

**Prerequisite Courses: Building the Foundation**

Baccalaureate degree completion will assist in developing the following:

- The Mind: Enhancement of Cognitive Abilities (English, communications, and mathematics)
- The Self: Enhancement of Individual Development (ethics, arts, health/fitness)
- The World: Enhancement of Cultural and Natural Awareness (history, developmental psychology, sociology, anatomy and physiology, western culture, and global communities)
- The Synthesis: Integration and Application of Knowledge
Other required prerequisite courses include:

- BIOL 121 Anatomy & Physiology I
- BIOL 122 Anatomy & Physiology II
- PSY 201 Introduction to Psychology
- PSY 261 Lifespan Developmental Psychology
- PSY 322 Abnormal Psychology
- HP 115 Medical Terminology
- HP 225 Pharmacology & Therapeutics
- EXSC 383 Kinesiology
- HP 302 Biostatistics

**Educational Objectives**

The USI OT Program will prepare students to:

- Demonstrate the entry-level proficiencies of an occupational therapist, with an ability to practice in dynamic services delivery systems addressing the needs of individuals, populations, and other entities.
- Recognize and value the role played by occupation and related concepts in influencing an individual's health and wellness.
- Know, value, and capably apply elements of theoretical approaches, frameworks, and practice models during evaluations, interventions, and when establishing and evaluating outcomes.
- Recognize, understand, and utilize the synergy of person, occupations, and contexts in facilitating occupational performance (Law et al., 1996) with individuals of diverse lifespans, cultures, ethnicities, and/or other diversities.
- Engage in active learning—understanding, valuing, and utilizing appropriate ways of knowing and reasoning.
- Recognize the impact of pathology on an individual’s structure and/or function and recognize how related impairment might contribute to activity limitations and/or participation restrictions (World Health Organization, 2001).
- Know, value, and practice behaviors of professional integrity encompassing the ethical standards and practice standards of the profession.
- Understand and value the roles and contribution of the various professionals and other individuals with whom an OT may collaborate in varying setting.
- Embrace the dynamics of person, occupations, and contexts interactions (Law et al., 1996) as applied to an individual developing the personal and professional aptitudes of an occupational therapy practitioner—understanding, developing, and utilizing the needed skills, potential occupations, and contextual elements influencing effective, ethical practice.


**Curriculum Component I. Building the Foundation**

**Baccalaureate Degree**

The academic approach was the primary method of curriculum design for the Occupational Therapy Program’s first component, building the foundation, which is comprised primarily of the baccalaureate degree.
This portion of the academic work requires all degree-seeking students gain the desire and ability to achieve personal growth and contribute meaningfully to society. This equips students 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.

Critical thinking is defined as “the ability to analyze and critically evaluate information.” Students who complete a baccalaureate degree should learn to analyze information presented in numerical, written, spoken, and visual formats. They should develop higher-order cognitive skills such as interpreting, synthesizing, applying, illustrating, inferring, comparing-contrasting, distinguishing the central from the peripheral, and predicting. They should learn to differentiate opinion, theory, and fact, and should be able to define problems and identify solutions.

Information processing is defined as “the ability to locate, gather, and process information.” Students who complete a baccalaureate degree should also know how to perform basic research tasks involving primary and secondary sources, including laboratory experiences. They should learn to retrieve and organize information stored in diverse formats and use the computer to extend their ability to process information.

**Curriculum Component II. Developing the Generalist (36-hours)**

The MSOT curriculum, based on occupational performance, the person, and the environment, provides a functional approach to build professional integrity, health and social justice, systematic inquiry, and partnership and collaboration. The curriculum is based on the premise that student learning requires acquisition of knowledge, skills competencies, and attitudes congruent with the occupational therapy profession’s philosophy, position, and body of knowledge. Student learning is organized along a continuum and considers a functional approach of occupation across the lifespan.

The core of the second curriculum component, developing the generalist, was designed around initially creating a basis of knowledge of occupational therapy, next, applying such acquired knowledge, and finally, progressing to evaluating this knowledge. The curriculum design for the generalist component is based upon a functional approach that addresses occupation across the lifespan. This method of education also integrates the American Occupational Therapy Association’s (2011) *Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guidelines* as well as professional terminology documents that outline the scope, language, and constructs of occupational therapy such as *Occupational Therapy Framework: Domain and Process*.

In the planning of the curriculum, the second component—developing the generalist, the curriculum design integrated the following documents:


Although the occupational therapy profession has an abundance of theoretical approaches, the OT Program at USI emphasizes a client-centered and holistic approach to practice realizing that a foundation of knowledge is essentially required. With this in mind, the curriculum refers to comprehensive theoretical approaches of the Person-Environment-Occupation Model (Law et al., 1996), the Ecology of Human Performance (Dunn, Brown, & McGuigan, 1994), and Model of Human Occupation (Kielhofner, 1995) which all recognize the importance of considering the person, contextual factors or environment, and the role of occupation in daily life. These three components are considered interdependent and require the integration of equal consideration in effective occupational therapy practice. Of course, before developing courses that draw from client-centered, holistic models, the curriculum must begin at one end of the continuum of knowledge in which a basis of said knowledge is established.

Designing a curriculum that considers comprehensive models of practice did not mean the Occupational Therapy Program at the University of Southern Indiana has no medical diagnosis-based classes. Courses such as OT 611: Disease and Occupation and OT 652: Applied Neuroscience have a basis in medical diagnoses with an emphasis on the translation of diagnoses to consideration of occupational performance and function across the lifespan. For instance, OT 611: Disease and Occupation includes consideration of a child who had cerebral palsy becomes an adolescent and an adult with the same diagnosis. These diagnoses-based courses are offered early in the curriculum to establish a foundation of knowledge necessary for occupational therapy practice. All courses in the first two semesters (OT 611: Disease and Occupation, OT 623: Psychosocial and Cognitive Strategies, OT 624: Fundamentals of OT Practice, OT 631: OT Theory and Clinical Reasoning, OT 633: Physical Disabilities and Ortho of OT Practice, OT 637: Occupational Interventions/Evidence Based Practice, OT 641: Occupational Therapy Research, OT 643: Occupational Considerations of Activities of Daily Living, OT 652: Applied Neuroscience, and OT 657: Specialized Evaluation) help to provide an educational basis for students.

Specific techniques that include the holistic, client-centered approach, as considered across the lifespan, are emphasized in OT 623: Psychosocial and Cognitive Strategies, OT 637: Occupational Interventions/Evidence Based Practice, and OT 643: Occupational Considerations of Activities of Daily Living presented in the first two semesters. In OT 637: Occupational Interventions/Evidence Based Practice, activity analysis allows students to analyze functional movement patterns across the lifespan while engaged in therapeutic activity and occupation. In OT 633: Physical Disabilities and Ortho of OT Practice, assistive technology as well as the rudiments of physical agent modalities join the strong orthotics core of this course. The foundational content of the occupational therapy curriculum is also addressed in the first two semesters with OT 624: Fundamentals of OT Practice which emphasizes written, oral, and nonverbal professional communication, OT 631: OT Theory and Clinical Reasoning introduces these skills in relation to occupational performance, while OT 623: Psychosocial and Cognitive Strategies educates students of such considerations in regard to occupation across the lifespan. Students then progress by building on this knowledge and applying it in holistic, client centered manners across the lifespan. OT 657: Specialized Evaluation covers screens, assessments, and evaluations of occupations, OT 643: Occupational Considerations of Activities of daily Living addresses functional aspects of such occupations while OT 637: Occupational Interventions/Evidence Based Practice allows students to study various interventions to establish/restore occupations across the lifespan. Finally, the students begin a transition to evaluating such knowledge through OT 641: Occupational Therapy Research in which students learn of professional inquiry and issues relating to basic and applied research, although this practice primarily take place in the graduate coursework.
Curriculum Component III. Expanding the Roles
(39-hours)
The third curriculum component—expanding the roles—consists of 10 courses, designed to elevate students to the levels of evaluation and synthesis of knowledge and to prepare students for practice as generalist practitioners. Naturally, these higher-level courses integrate the foundational occupational therapy knowledge involving function across the lifespan previously learned. This portion of the curriculum “expands” this knowledge to enable students to function in their extensive role as an occupational therapist. The curriculum design for the expanded roles component is also based upon the American Occupational Therapy Association’s (2011) Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guidelines and professional terminology documents that outlines the scope, language, and constructs of occupational therapy such as Occupational Therapy Framework; Domain and Process. This portion of the curriculum, which continues with the functional approach to occupation across the lifespan is 39 credit hours consisting of OT 651: Professional Trends/Emerging Practice which explores trends and emerging areas of practice, OT 662: Professional Issues in which professional responsibilities, ethical, and legal aspects are learned, OT 663: Occupation Centered Practice which examines the contribution of aspects such as occupational science, OT 671: Occupational Therapy Leadership which focuses on executive leadership and management skills, OT 683: Advanced Occupational Therapy Research which involves conducting and disseminating research, OT 690: Special Topics in which study is concentrated on emerging, innovative, or specialized areas of the occupational therapy profession, OT 695: Professional Practicum Seminar A and B which addresses the application of occupation particularly in reference to fieldwork aspects, OT 696: Professional Fieldwork I and OT 697: Professional Fieldwork II which enable students to synthesize knowledge into occupation therapy practice settings, and OT 699: Occupational Therapy Synthesis which students synthesize knowledge in development of community projects.

Curriculum Strands: Weaving the Fabric of the USI MSOT Curriculum
As stated in the Vision, the two overarching goals (the preparation of reflective practitioners and the development of consummate professionals) are interwoven into the University of Southern Indiana curriculum model. Strong clinical skills and professionalism are the primary components of the Occupational Therapy Program as are four curriculum strands (Professional Integrity, Health and Social Justice, Systematic Inquiry, and Partnerships and Collaboration, and wellness) which are threaded throughout courses in the MSOT curriculum.

Historically, curriculum strands have been chosen for a variety of reasons. USI’s OT Program strands were derived from ACOTE Standards while other curriculum strands grew from trends in occupational therapy practice, the philosophy and curriculum design, interest of faculty members, and input from USI OT Program’s advisory board. All OT course syllabi include objectives addressing aspects of each strand.

OT 611: Disease and Occupation
Curriculum Strands of Professional Integrity, Health & Social Justice, Systematic Inquiry, and Partnerships & Collaboration are integrated throughout this course. Professional Integrity is addressed through beginning the OT Process of determining client strengths and weaknesses and developing therapeutic activities in response to the disease process. Systematic Inquiry is addressed through identifying the relationship of the disease process on the occupational function/dysfunction continuum in a variety of populations using inquiry in current evidence. Partnerships & Collaboration are integrated through the consideration of aspects of evidence-based practice, especially relating to the function/dysfunction continuum. Finally, Health & Social Justice is addressed with accountability of services to all clients without disparity and is addressed within the diagnosis framework assignment.

OT 623: Psychosocial & Cognitive Strategies
Curriculum Strands of Professional Integrity, Health & Social Justice, Systematic Inquiry, and Partnerships & Collaboration are integrated throughout this course. Professional Integrity is addressed by requiring
students to adhere to all confidentiality regulations for themselves and their clients when treating clients with cognitive and psychosocial issues. Systematic Inquiry is addressed by the research project, group protocol, and case study that students undertake in this course. Partnerships & Collaboration are integrated through the consideration of aspects of evidence-based practice and consideration of professional staff, clients, and families. Finally, Health & Social Justice is addressed with accountability of services including evaluation and intervention design to all clients without disparity.

**OT 624: Fundamentals of OT Practice**
Curriculum Strands of Professional Integrity, Health & Social Justice, Systematic Inquiry, and Partnerships & Collaboration are integrated throughout this course. Professional Integrity is addressed thorough the education regarding professional communication in written, verbal, and nonverbal forms. Systematic Inquiry is addressed through the integration of professional journal review assignments of single system studies as well as basic examination of methods of professional communication. Partnerships & Collaboration are integrated through the examination of interdisciplinary health care and by examining professional communication with other health care professionals. In addition, the OTA/OTA responsibilities of practice are examined. Finally, Health & Social Justice are addressed with accountability of services to all clients without disparity.

**OT 631: OT Theory and Clinical Reasoning**
Curriculum Strands of Professional Integrity, Health & Social Justice, Systematic Inquiry, and Partnerships & Collaboration are integrated throughout this course. Professional Integrity is addressed through the exploration and application of various practice frames to the practice of occupational therapy via case studies. Systematic Inquiry is addressed through practical exercises utilizing the various forms of clinical reasoning. Partnerships & Collaboration are integrated through the consideration of aspects of evidence-based practice. Finally, Health & Social Justice is addressed with accountability of services to all clients without disparity, based on theories and models of occupational therapy practice.

**OT 633: Physical Disabilities/Ortho**
Curriculum Strands of Professional Integrity, Health & Social Justice, Systematic Inquiry, and Partnerships & Collaboration are integrated throughout this course. Professional Integrity is addressed through the education regarding professional use of various modalities to increase participation in occupations. Systematic Inquiry is addressed through the integration evidence-based practice regarding physical disabilities. Partnerships & Collaboration are integrated through the examination of interdisciplinary health care regarding orthotics, assistive technology, and physical agent modalities, and by examining professional communication regarding the use of the interventions. Finally, Health & Social Justice are addressed with accountability of services to all clients without disparity.

**OT 637: Occupational Interventions/Evidence Based Practice**
Curriculum Strands of Professional Integrity, Health & Social Justice, Systematic Inquiry, and Partnerships & Collaboration are integrated throughout this course. Professional Integrity is addressed by requiring students to adhere to all safety regulations for themselves and their clients when designing occupation-based interventions. Systematic Inquiry is addressed by the evidence-based intervention projects that students undertake in this course which requires research and application of all course materials. Partnerships & Collaboration are integrated through the consideration of aspects of evidence-based practice and consideration of professional staff, clients, and families. Finally, Health & Social Justice is addressed with accountability of services including occupational intervention design to all clients without disparity.

**OT 641: Occupational Therapy Research**
Curriculum Strands of Professional Integrity, Health & Social Justice, Systematic Inquiry, and Partnerships & Collaboration are integrated throughout this course. Professional Integrity is addressed through the research process as students must adhere to all issues regarding the Institutional Review Board and
Occupational Therapy Student Handbook

research projects must have IRB approval. Systematic Inquiry is addressed through the research project that students undertake in this course which requires performance of research involving a thorough review of literature and current practice. Partnerships & collaboration are integrated through the consideration of aspects of evidence-based practice. Finally, Health & Social Justice are addressed with accountability of services to all clients without disparity. This is examined in the literature review process of their research project as well as the research itself.

OT 643: Occupational Considerations of Activities of Daily Living
Curriculum Strands of Professional Integrity, Health & Social Justice, Systematic Inquiry, and Partnerships & Collaboration are integrated throughout this course. Professional Integrity is addressed through beginning the OT Process of determining client strengths and weaknesses in all aspects of ADL/IADL and ethically selecting and implementing adaptive, compensatory, and therapeutic activities that are purposeful and meaningful to the client populations. Systematic Inquiry is addressed by incorporating current evidence in regard to purposeful activity with client populations. Partnerships & Collaboration is addressed by implementing client-centered practice with service learning in Community Corrections Center, community partnerships—including healthcare facilities and USI Children’s Learning Center—and collaboration with other disciplines. Finally, Health & Social Justice is used with accountability of services to all clients without disparity and is addressed within the case studies, disability awareness, and OT Framework assignments.

OT 651: Professional Trends/Emerging Practice
Curriculum Strands of Professional Integrity, Health & Social Justice, Systematic Inquiry, and Partnerships & Collaboration are integrated throughout this course. Professional Integrity through the exploration and application of standards of conduct and communication needed for an occupational therapist to successfully engage in various practice roles and settings. Systematic Inquiry is addressed through the logic model process. Partnerships & Collaboration are integrated through considerations of collaboration with the variety professionals encountered in practice within various models of service. Finally, Health & Social Justice are addressed through the examination of global social issues and prevailing health and welfare needs of populations with or at risk for disabilities and chronic health conditions and the development of programs to address those needs.

OT 652: Applied Neuroscience
Curriculum Strands of Professional Integrity, Health & Social Justice, Systematic Inquiry, and Partnerships & Collaboration are integrated throughout this course. Systematic Inquiry and Professional Integrity are addressed through the synthesis of research into specific pathologies and the creation of a paper communicating findings and conclusions. Partnerships & Collaboration are integrated through the consideration of aspects of evidence-based practice regarding occupational therapy interventions with individuals with specific pathologies or conditions. Finally, Health & Social Justice are addressed through an exploration of the total impact of pathology on an individual’s performance—biological, social, and psychological.

OT 657: Specialized Evaluation
The strand, Professional Integrity, includes aspects of professional ethics, conduct, communication, and leadership. Professional Integrity is addressed throughout the evaluation process by professionally gathering client data and ethically reporting initial and re-evaluation results. The Systematic Inquiry strand involves clinical reasoning, technology, research, and evidence-based practice. Systematic Inquiry is addressed throughout the OT evaluation process by using various types of clinical reasoning skills to assess gathered client data and by basing results on current evidence when creating treatment plans. Partnership and Collaboration is the strand that consists of aspects of client-centered practice, collaboration with OTAs and other health professionals, and service learning. This strand is also addressed throughout the entire OT evaluative process by focusing specifically on individual client needs, collaborating with other professionals in relation to the service provision team, and by meeting
community needs with innovative evaluation projects. Finally, Health & Social Justice is addressed with accountability of services to all clients without disparity and is addressed within the case studies, group presentations, and APA paper.

**OT 662: Professional Issues**
Curriculum Strands of Professional Integrity, Health & Social Justice, Systematic Inquiry, and Partnerships & Collaboration are integrated throughout this course. Professional Integrity is addressed through the application of standards of ethics, regulations, and professional development to practical situations. Systematic Inquiry is addressed through the investigation and analysis of issues current to the practice of occupational therapy. Partnerships & Collaboration are integrated through the exploration of and interaction with professionals and clients with whom occupational therapists frequently work. Finally, Health & Social Justice is addressed with the exploration of standards of accountability (including OBRA 1987 & IDEA) of services to all clients without disparity.

**OT 663: Occupation Centered Practice**
Curriculum Strands of Professional Integrity, Health & Social Justice, Systematic Inquiry, and Partnerships & Collaboration are integrated throughout this course. Professional Integrity is addressed by ethically analyzing tasks and activities while communicating findings in relation to occupational science. Systematic Inquiry is addressed by inquiry into current and evolved evidence relating to the role of occupation. Partnerships & Collaboration are integrated by focusing on client-centered practice in occupation. Finally, Health & Social Justice is addressed with accountability of services to all clients without disparity and is addressed within the activity analysis assignment.

**OT 671: OT Leadership**
Curriculum Strands of Professional Integrity, Health & Social Justice, Systematic Inquiry, and Partnerships & Collaboration are integrated throughout this course. Professional Integrity is addressed through the education regarding management and leadership responsibilities and styles. Systematic Inquiry is addressed through the integration of literature review assignments of management and leadership styles. Partnerships & Collaboration are integrated through the examination of interdisciplinary health care including professional communication with other health care professionals. Finally, Health & Social Justice are addressed with accountability of management and leadership without disparity.

**OT 683: Advanced OT Research**
Curriculum Strands of Health & Social Justice, Professional Integrity, Systematic Inquiry, and Partnerships & Collaboration are incorporated throughout this course. Students address issues of health and societal justice relating to evidence-based practice as research is examined and performed. Likewise, systematic inquiry is addressed through literature reviews and performance of research. Professional integrity is integrated through the IRB process and throughout the research process. Finally, partnerships and collaboration are included in the use of groups to perform research as well as the examination of published research that is performed collaboratively.

**OT 690: Special Topics**
Curriculum Strands of Health & Social Justice, Professional Integrity, Systematic Inquiry, and Partnerships & Collaboration are incorporated throughout this course. Students address issues of health and societal justice, professional integrity, and partnerships and collaboration through the study of leadership qualities and leadership techniques that address these areas. Likewise, systematic inquiry is addressed through literature reviews of leadership theories.

**OT 695: Professional Practicum Seminar A & B**
Curriculum Strands of Professional Integrity, Health & Social Justice, Systematic Inquiry, and Partnerships & Collaboration are integrated throughout this course. Professional Integrity is addressed through the fieldwork process as students must adhere to HIPPA and OSHA standards on this fieldwork. Systematic
Inquiry is addressed through the fieldwork projects that students undertake in this course and during their fieldwork experience which require application of all course materials thus far. Partnerships & Collaboration are integrated through the consideration of all aspects of the fieldwork experience including professional staff, clients, and families. Finally, Health & Social Justice is addressed with accountability of services to all clients without disparity. This is examined during the preparation of and the actual fieldwork experience.

OT 696: Professional Fieldwork I
Curriculum Strands of Professional Integrity, Health & Social Justice, Systematic Inquiry, and Partnerships & Collaboration are integrated throughout this course. Professional Integrity is addressed through the fieldwork process as students must adhere to HIPPA, OSHA, and safety standards as well as their facility’s standards while on this fieldwork. They must integrate these standards for themselves, their clients, and the professional staff. Systematic Inquiry is addressed through their use of evidence-based assessment and intervention with clients as well as with any fieldwork assignments given to them. Students are required to apply all course materials thus far. Partnerships & Collaboration are integrated through the consideration of all aspects of the fieldwork experience including evidence-based practice and with professional staff, clients, and families. Finally, Health & Social Justice is addressed with accountability of services to all clients without disparity. This includes evaluation and intervention design during the fieldwork experience.

OT 697: Professional Fieldwork II
Curriculum Strands of Professional Integrity, Health & Social Justice, Systematic Inquiry, and Partnerships & Collaboration are integrated throughout this course. Professional Integrity is addressed through the fieldwork process as students must adhere to HIPPA, OSHA, and safety standards as well as their facility’s standards while on this fieldwork. They must integrate these standards for themselves, their clients, and the professional staff. Systematic Inquiry is addressed through their use of evidence-based assessment and intervention with clients as well as with any fieldwork assignments given to them. Students are required to apply all course materials thus far. Partnerships & Collaboration are integrated through the consideration of all aspects of the fieldwork experience including evidence-based practice and with professional staff, clients, and families. Finally, Health & Social Justice is addressed with accountability of services to all clients without disparity. This includes evaluation and intervention design during the fieldwork experience.

OT 699: Occupational Therapy Synthesis
Curriculum Strands of Professional Integrity, Health & Social Justice, Systematic Inquiry, and Partnerships & Collaboration are integrated throughout this course. Professional Integrity is addressed by ethically identifying population needs, implementing, and measuring outcomes for community service projects; and additional activities relating to leadership and professional communication. Systematic Inquiry is addressed by inquiry into current and evolved evidence relating to synthesizing scholarly community service/service-learning projects. Partnerships & Collaboration are integrated by professionally communicating and implementing projects with community partners. Finally, Health & Social Justice is addressed with accountability of services to all clients without disparity and is addressed by implementing the community service/service-learning projects with various populations.

Modification History
The curriculum undergoes continuous change. After the first year, the program director, adjunct faculty, area clinicians, and students decided that the curriculum needed fine tuning in two major areas. The first revision required moving content. The overview of occupational performance and the introduction to theoretical approaches were moved from the OT 340 Occupational Performance Components I: Psychosocial Skills (first occupational performance core course), offered in the first fall semester to OT 310 Applied Pathophysiology I (the first course in the professional sequence of courses) offered in the first summer. To provide the leisure content before the first Level II fieldwork experience, the
play/leisure content was removed from the work course (OT 441 Occupational Performance Areas II: Work and Productive Activities) and placed a semester earlier (before the first Level II fieldwork experience) into OT 440 Occupational Performance Areas I: ADL and Play/Leisure, a course that had the extra time for the additional content. The second revision was the addition of a new course to the curriculum, starting in the summer of 1994. After a two-year trial of a kinesiology course taught through the physical education department at the University of Southern Indiana for several years the decision was made to replace that course (PED 363 Kinesiology) with OT 315 Applied Movement Analysis, a functional kinesiology course with emphases on goniometry and manual muscle testing, taught by an occupational therapist. Two curriculum strands (clinical reasoning and leadership) were added in 1998 as a result of the self-study process. Further curriculum revisions have resulted from the continuous quality improvement process.

Before implementing the combined BS/MSOT degree curriculum, the BS curriculum underwent further modification. On February 24, 2004 the USI Curriculum Committee approved an Occupational Therapy Program curriculum modification that involved retrofitting the existing BS curriculum with two practicum seminar courses, which have proved successful in the USI Associate of Science in Occupational Therapy Assistant program. The modification included moving two 40-clock hour clinical experiences, originally designed as components of two occupational performance core courses (OT 340 Occupational Performance Components I: Psychosocial Skills and OT 341 Occupational Performance Components II: Sensorimotor Skills) into separate 2-credit hour practicum seminar courses: OT 397 Professional Practicum Seminar A and OT 398 Professional Practicum Seminar B. These two new courses resulted in decreasing the hours of OT 340 (from 5-credit hours to 4) and OT 341 (from 6-credit hours to 4). In addition, the program modification also decreased OT 460 Professional Issues I from 3 credit hours to 2 because the 40-clock hour Advanced Role Practicum (student’s choice of advanced practitioner role, administrator role, researcher role, or academic role) that was originally integrated into this course was moved into and greatly expanded in the new MSOT curriculum at USI.

A significant modification in the occupational therapy curriculum since the original BS curriculum was started with the implementation of the combined BS/MSOT degree curriculum which was approved in 2001. Using the beginning paragraph of Standards Preamble as inspiration, the BS/MSOT expanded development of the generalist role to three roles advanced generalist practitioner, educator, and researcher. Students graduating after May of 2004 were required to complete this curriculum. Under new leadership in the summer of 2005, the BS/MSOT curriculum was quickly revised due to necessity. The OT Program Director and faculty developed the current curriculum to increase students’ opportunities for success in their education, fieldwork experiences, and in passing the Certification Examination for Occupational Therapist Registered®. An undergraduate curriculum that concentrated on building a foundation of knowledge of occupation across the lifespan was implemented in the undergraduate curriculum. The graduate portion of the curriculum carried this knowledge from the stages of acquisition and application to actual evaluation and synthesis of knowledge. The BS/MSOT curriculum allowed students two years of didactic coursework before moving into actual Level II fieldwork experiences in the graduate curriculum. Students’ progress from completing the core curriculum required by the University of Southern Indiana along with OT Program prerequisite to the BS/MSOT curriculum which first allowed students to acquire a foundation of occupational therapy knowledge then progresses through application, evaluation, and synthesis of such knowledge.

As indicated previously, upon completion of the accreditation site visit in the fall of 2012, the program was moved to a master’s only curriculum. Students complete a required baccalaureate degree in addition to the nine required prerequisite courses in order to be eligible for the competitive selection process.

In spring of 2016, OT faculty met to evaluate feedback on the new curriculum. Based on faculty and student input, the Physical Disabilities course was split into two areas of emphasis: orthopedics and applied neuroscience. The revised curriculum continues to focus on occupation across the lifespan.
necessitating a higher level of critical thinking and synthesis of knowledge demanded of graduate education.

**Accreditation Status**

The Occupational Therapy Program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, PO Box 31220, Bethesda, MD 20824-1220. ACOTE’s telephone number c/o AOTA is 301-652-2682. Graduates of this program will be eligible to sit for the Certification Examination for the Occupational Therapist Registered® administered by the National Board for Certification in Occupational Therapy (NBCOT). After successful completion of this exam, the individual will be an occupational therapist, registered (OTR). Most states require additional credentialing in order to practice; however, state credentials are usually based on the results of the NBCOT certification examination.

**Code of Ethics**

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

**PREAMBLE**

The American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics and Ethics Standards (2010)* (“Code and Ethics Standards”) is a public statement of principles used to promote and maintain high standards of conduct within the profession. Members of AOTA are committed to promoting inclusion, diversity, independence, and safety for all recipients in various stages of life, health, and illness and to empower all beneficiaries of occupational therapy. This commitment extends beyond service recipients to include professional colleagues, students, educators, businesses, and the community.

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

The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* was tailored to address the most prevalent ethical concerns of the profession in education, research, and practice. The concerns of stakeholders including the public, consumers, students, colleagues, employers, research participants, researchers, educators, and practitioners were addressed in the creation of this document. A review of issues raised in ethics cases, member questions related to ethics, and content of other professional codes of ethics were utilized to ensure that the revised document is applicable to occupational therapists, occupational therapy assistants, and students in all roles.

The historical foundation of this Code and Ethics Standards is based on ethical reasoning surrounding practice and professional issues, as well as on empathic reflection regarding these interactions with others (see e.g., AOTA, 2005, 2006). This reflection resulted in the establishment of principles that guide ethical action, which goes beyond rote following of rules or application of principles. Rather, *ethical action* it is a manifestation of moral character and mindful reflection. It is a commitment to benefit others, to virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage.

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

The Occupational Therapy Code of Ethics and Ethics Standards (2010) is a guide to professional conduct when ethical issues arise. Ethical decision making is a process that includes awareness of how the outcome will impact occupational therapy clients in all spheres. Applications of Code and Ethics Standards Principles are considered situation-specific, and where a conflict exists, occupational therapy personnel will pursue responsible efforts for resolution. These Principles apply to occupational therapy personnel engaged in any professional role, including elected and volunteer leadership positions.

The specific purposes of the Occupational Therapy Code of Ethics and Ethics Standards (2010) are to

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

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

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

**BENEFICENCE**

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

Beneficence includes all forms of action intended to benefit other persons. The term beneficence connotes acts of mercy, kindness, and charity (Beauchamp & Childress, 2009). Forms of beneficence typically include altruism, love, and humanity. Beneficence requires taking action by helping others, in
other words, by promoting good, by preventing harm, and by removing harm. Examples of beneficence include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, helping persons with disabilities, and rescuing persons in danger (Beauchamp & Childress, 2009).

**Occupational therapy personnel shall**

A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy.

B. Provide appropriate evaluation and a plan of intervention for all recipients of occupational therapy services specific to their needs.

C. Reevaluate and reassess recipients of service in a timely manner to determine if goals are being achieved and whether intervention plans should be revised.

D. Avoid the inappropriate use of outdated or obsolete tests/assessments or data obtained from such tests in making intervention decisions or recommendations.

E. Provide occupational therapy services that are within each practitioner’s level of competence and scope of practice (e.g., qualifications, experience, the law).

F. Use, to the extent possible, evaluation, planning, intervention techniques, and therapeutic equipment that are evidence-based and within the recognized scope of occupational therapy practice.

G. Take responsible steps (e.g., continuing education, research, supervision, training) and use careful judgment to ensure their own competence and weigh potential for client harm when generally recognized standards do not exist in emerging technology or areas of practice.

H. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the needs and goals of the recipient have been met or when services no longer produce a measurable change or outcome.

I. Refer to other health care specialists solely on the basis of the needs of the client.

J. Provide occupational therapy education, continuing education, instruction, and training that are within the instructor’s subject area of expertise and level of competence.

K. Provide students and employees with information about the Code and Ethics Standards, opportunities to discuss ethical conflicts, and procedures for reporting unresolved ethical conflicts.

L. Ensure that occupational therapy research is conducted in accordance with currently accepted ethical guidelines and standards for the protection of research participants and the dissemination of results.

M. Report to appropriate authorities any acts in practice, education, and research that appear unethical or illegal.

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

**NONMALEFICENCE**

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

Nonmaleficence imparts an obligation to refrain from harming others (Beauchamp & Childress, 2009). The principle of nonmaleficence is grounded in the practitioner’s responsibility to refrain from causing harm, inflicting injury, or wrongdoing others. While beneficence requires action to incur benefit, nonmaleficence requires non-action to avoid harm (Beauchamp & Childress, 2009). Nonmaleficence also includes an obligation to not impose risks of harm even if the potential risk is without malicious or harmful intent. This principle often is examined under the context of due care. If the standard of due care outweighs the benefit of treatment, then refraining from treatment provision would be ethically indicated (Beauchamp & Childress, 2009).
**Occupational therapy personnel shall**

A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.

B. Make every effort to ensure continuity of services or options for transition to appropriate services to avoid abandoning the service recipient if the current provider is unavailable due to medical or other absence or loss of employment.

C. Avoid relationships that exploit the recipient of services, students, research participants, or employees physically, emotionally, psychologically, financially, socially, or in any other manner that conflicts or interferes with professional judgment and objectivity.

D. Avoid engaging in any sexual relationship or activity, whether consensual or nonconsensual, with any recipient of service, including family or significant other, student, research participant, or employee, while a relationship exists as an occupational therapy practitioner, educator, researcher, supervisor, or employer.

E. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues, students, research participants, or others.

F. Avoid any undue influences, such as alcohol or drugs, that may compromise the provision of occupational therapy services, education, or research.

G. Avoid situations in which a practitioner, educator, researcher, or employer is unable to maintain clear professional boundaries or objectivity to ensure the safety and well-being of recipients of service, students, research participants, and employees.

H. Maintain awareness of and adherence to the Code and Ethics Standards when participating in volunteer roles.

I. Avoid compromising client rights or well-being based on arbitrary administrative directives by exercising professional judgment and critical analysis.

J. Avoid exploiting any relationship established as an occupational therapist or occupational therapy assistant to further one’s own physical, emotional, financial, political, or business interests at the expense of the best interests of recipients of services, students, research participants, employees, or colleagues.

K. Avoid participating in bartering for services because of the potential for exploitation and conflict of interest unless there are clearly no contraindications or bartering is a culturally appropriate custom.

L. Determine the proportion of risk to benefit for participants in research prior to implementing a study.

**AUTONOMY AND CONFIDENTIALITY**

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

The principle of autonomy and confidentiality expresses the concept that practitioners have a duty to treat the client according to the client’s desires, within the bounds of accepted standards of care and to protect the client’s confidential information. Often autonomy is referred to as the self-determination principle. However, respect for autonomy goes beyond acknowledging an individual as a mere agent and also acknowledges a “person’s right to hold views, to make choices, and to take actions based on personal values and beliefs” (Beauchamp & Childress, 2009, p. 103). Autonomy has become a prominent principle in health care ethics; the right to make a determination regarding care decisions that directly impact the life of the service recipient should reside with that individual. The principle of autonomy and confidentiality also applies to students in an educational program, to participants in research studies, and to the public who seek information about occupational therapy services.

**Occupational therapy personnel shall**

A. Establish a collaborative relationship with recipients of service including families, significant others, and caregivers in setting goals and priorities throughout the intervention process. This includes full disclosure of the benefits, risks, and potential outcomes of any intervention; the
personnel who will be providing the intervention(s); and/or any reasonable alternatives to the proposed intervention.

B. Obtain consent before administering any occupational therapy service, including evaluation, and ensure that recipients of service (or their legal representatives) are kept informed of the progress in meeting goals specified in the plan of intervention/care. If the service recipient cannot give consent, the practitioner must be sure that consent has been obtained from the person who is legally responsible for that recipient.

C. Respect the recipient of service’s right to refuse occupational therapy services temporarily or permanently without negative consequences.

D. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program/educational institution.

E. Obtain informed consent from participants involved in research activities, and ensure that they understand the benefits, risks, and potential outcomes as a result of their participation as research subjects. F. Respect research participant’s right to withdraw from a research study without consequences.

F. Ensure that confidentiality and the right to privacy are respected and maintained regarding all information obtained about recipients of service, students, research participants, colleagues, or employees. The only exceptions are when a practitioner or staff member believes that an individual is in serious foreseeable or imminent harm. Laws and regulations may require disclosure to appropriate authorities without consent.

G. Maintain the confidentiality of all verbal, written, electronic, augmentative, and non-verbal communications, including compliance with HIPAA regulations.

H. Take appropriate steps to facilitate meaningful communication and comprehension in cases in which the recipient of service, student, or research participant has limited ability to communicate (e.g., aphasia or differences in language, literacy, culture).

I. Make every effort to facilitate open and collaborative dialogue with clients and/or responsible parties to facilitate comprehension of services and their potential risks/benefits.

SOCIAL JUSTICE

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

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

Occupational therapy personnel shall

A. Uphold the profession’s altruistic responsibilities to help ensure the common good.

B. Take responsibility for educating the public and society about the value of occupational therapy services in promoting health and wellness and reducing the impact of disease and disability.

C. Make every effort to promote activities that benefit the health status of the community.

D. Advocate for just and fair treatment for all patients, clients, employees, and colleagues, and encourage employers and colleagues to abide by the highest standards of social justice and the ethical standards set forth by the occupational therapy profession.
E. Make efforts to advocate for recipients of occupational therapy services to obtain needed services through available means.

F. Provide services that reflect an understanding of how occupational therapy service delivery can be affected by factors such as economic status, age, ethnicity, race, geography, disability, marital status, sexual orientation, gender, gender identity, religion, culture, and political affiliation.

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

PROCEDURAL JUSTICE

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

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

Occupational therapy personnel shall

A. Be familiar with and apply the Code and Ethics Standards to the work setting, and share them with employers, other employees, colleagues, students, and researchers.

B. Be familiar with and seek to understand and abide by institutional rules, and when those rules conflict with ethical practice, take steps to resolve the conflict.

C. Be familiar with revisions in those laws and AOTA policies that apply to the profession of occupational therapy and inform employers, employees, colleagues, students, and researchers of those changes.

D. Be familiar with established policies and procedures for handling concerns about the Code and Ethics Standards, including familiarity with national, state, local, district, and territorial procedures for handling ethics complaints as well as policies and procedures created by AOTA and certification, licensing, and regulatory agencies.

E. Hold appropriate national, state, or other requisite credentials for the occupational therapy services they provide.

F. Take responsibility for maintaining high standards and continuing competence in practice, education, and research by participating in professional development and educational activities to improve and update knowledge and skills.

G. Ensure that all duties assumed by or assigned to other occupational therapy personnel match credentials, qualifications, experience, and scope of practice.

H. Provide appropriate supervision to individuals for whom they have supervisory responsibility in accordance with AOTA official documents and local, state, and federal or national laws, rules, regulations, policies, procedures, standards, and guidelines.

I. Obtain all necessary approvals prior to initiating research activities.

J. Report all gifts and remuneration from individuals, agencies, or companies in accordance with employer policies as well as state and federal guidelines.

K. Use funds for intended purposes and avoid misappropriation of funds.

L. Take reasonable steps to ensure that employers are aware of occupational therapy’s ethical obligations as set forth in this Code and Ethics Standards and of the implications of those obligations for occupational therapy practice, education, and research.
M. Actively work with employers to prevent discrimination and unfair labor practices, and advocate for employees with disabilities to ensure the provision of reasonable accommodations.
N. Actively participate with employers in the formulation of policies and procedures to ensure legal, regulatory, and ethical compliance.
O. Collect fees legally. Fees shall be fair, reasonable, and commensurate with services delivered. Fee schedules must be available and equitable regardless of actual payer reimbursements/contracts.
P. Maintain the ethical principles and standards of the profession when participating in a business arrangement as owner, stockholder, partner, or employee, and refrain from working for or doing business with organizations that engage in illegal or unethical business practices (e.g., fraudulent billing, providing occupational therapy services beyond the scope of occupational therapy practice).

VERACITY
Principle 6. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.

Veracity is based on the virtues of truthfulness, candor, and honesty. The principle of veracity in health care refers to comprehensive, accurate, and objective transmission of information and includes fostering the client’s understanding of such information (Beauchamp & Childress, 2009). Veracity is based on respect owed to others. In communicating with others, occupational therapy personnel implicitly promise to speak truthfully and not deceive the listener. By entering into a relationship in care or research, the recipient of service or research participant enters into a contract that includes a right to truthful information (Beauchamp & Childress, 2009). In addition, transmission of information is incomplete without also ensuring that the recipient or participant understands the information provided. Concepts of veracity must be carefully balanced with other potentially competing ethical principles, cultural beliefs, and organizational policies. Veracity ultimately is valued as a means to establish trust and strengthen professional relationships. Therefore, adherence to the Principle also requires thoughtful analysis of how full disclosure of information may impact outcomes.

Occupational therapy personnel shall
A. Represent the credentials, qualifications, education, experience, training, roles, duties, competence, views, contributions, and findings accurately in all forms of communication about recipients of service, students, employees, research participants, and colleagues.
B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.
C. Record and report in an accurate and timely manner, and in accordance with applicable regulations, all information related to professional activities.
D. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.
E. Accept responsibility for any action that reduces the public’s trust in occupational therapy.
F. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, students, research participants, or the public.
G. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.
H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.
I. Give credit and recognition when using the work of others in written, oral, or electronic media.
J. Not plagiarize the work of others.

FIDELITY
Principle 7. Occupational therapy personnel shall treat colleagues and other professionals with respect, fairness, discretion, and integrity.
The principle of fidelity comes from the Latin root *fidelis* meaning loyal. *Fidelity* refers to being faithful, which includes obligations of loyalty and the keeping of promises and commitments (Veatch & Flack, 1997). In the health professions, fidelity refers to maintaining good-faith relationships between various service providers and recipients. While respecting fidelity requires occupational therapy personnel to meet the client’s reasonable expectations (Purlillo, 2005), Principle 7 specifically addresses fidelity as it relates to maintaining collegial and organizational relationships. Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. Practitioners, educators, and researchers alike must consistently balance their duties to service recipients, students, research participants, and other professionals as well as to organizations that may influence decision-making and professional practice.

**Occupational therapy personnel shall**

A. Respect the traditions, practices, competencies, and responsibilities of their own and other professions, as well as those of the institutions and agencies that constitute the working environment.

B. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated by national, state, or local laws or permission to disclose is given by the individual.

C. Take adequate measures to discourage, prevent, expose, and correct any breaches of the Code and Ethics Standards and report any breaches of the former to the appropriate authorities.

D. Attempt to resolve perceived institutional violations of the Code and Ethics Standards by utilizing internal resources first.

E. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.

F. Avoid using one’s position (employee or volunteer) or knowledge gained from that position in such a manner that gives rise to real or perceived conflict of interest among the person, the employer, other Association members, and/or other organizations.

G. Use conflict resolution and/or alternative dispute resolution resources to resolve organizational and interpersonal conflicts.

H. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.

**References**


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Essential Functions of OT Students

Essential functions are those physical, mental, and psychosocial characteristics that are necessary to meet the clinical/practice/fieldwork expectations for the College of Nursing and Health Professions programs. Becoming a healthcare professional requires the completion of an education program that is both intellectually and physically challenging. The purpose of this statement is to articulate the essential function requirements of the CNHP programs in a way that allows students to compare their own capabilities against these demands.

There are times when reasonable accommodations can be made in order to assist a student with a disability. Reasonable accommodation does not mean that students with disabilities will be exempt from certain tasks; it does mean that we will work with students with disabilities to determine whether there are ways that we can assist the student toward completion of the tasks.

Motor Skills
- Ability to independently manipulate and guide weights up to 50 pounds
- Ability to move about freely and maneuver in small spaces
- Tolerate regular changes of physical position, both stationary and mobile, for extended (8-12-hour shift) periods of time
- Possess skills to independently handle and operate a range of items, devices or equipment
- Maintain a stable physical position
- Agility to respond in an emergency

Communication Skills
- Process, comprehend and communicate information effectively, clearly, in a timely manner, in the English language, and with individuals from various social, emotional, cultural, and intellectual backgrounds.

Cognitive/Critical Thinking Skills
- Collect, measure, calculate, analyze, interpret, and apply information
- Exercise good judgment in a variety of settings
- Ability to set priorities and manage time effectively
**Interpersonal and Behavioral Skills**
- Establish and maintain professional working relationships
- Apply conflict management and problem-solving strategies
- Demonstrate professional, ethical, and legal behavior
- Demonstrate appropriate maturity, stability, and empathy to establish effective and harmonious relationships in diverse settings
- Demonstrate flexibility and ability to adapt to change
- Maintain self-control in potentially stressful environments
- Comply with professional standards regardless of circumstance

**Sensory Skills**
- Uses all available senses to collect data regarding patient status and provide patient care

**Expected Outcome Competencies of Graduates**

The following competencies are classified into one general category and nine specific categories: (a) Foundational Content Requirements, (b) Basic Tenets of Occupational Therapy, (c) Occupational Therapy Theoretical Perspectives, (d) Screening and Evaluation, (e) Intervention Plan: Formulation and Implementation, (f) Context of Service Delivery, (g) Management of Occupational Therapy Services, (h) Use of Research, and (i) Professional Ethics, Values, and Responsibilities.

**General Competencies**

The rapidly changing and dynamic nature of contemporary health and human services delivery systems requires the occupational therapist to possess basic skills as a direct care provider, consultant, educator, manager, researcher, and advocate for the profession and the consumer.

A graduate from an ACOTE-accredited master’s-degree-level occupational therapy program must:
- Have acquired, as a foundation for professional study, a breadth and depth of knowledge in the liberal arts and sciences and an understanding of issues related to diversity.
- Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service.
- Have achieved entry-level competence through a combination of academic and fieldwork education.
- Be prepared to articulate and apply occupational therapy theory and evidence-based evaluations and interventions to achieve expected outcomes as related to occupation.
- Be prepared to articulate and apply therapeutic use of occupations with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings.
- Be able to plan and apply occupational therapy interventions to address the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts and environments to support engagement in everyday life activities that affect health, well-being, and quality of life.
- Be prepared to be a lifelong learner and keep current with evidence-based professional practice.
- Uphold the ethical standards, values, and attitudes of the occupational therapy profession.
- Understand the distinct roles and responsibilities of the occupational therapist and occupational therapy assistant in the supervisory process.
- Be prepared to effectively communicate and work interprofessional with those who provide care for individuals and/or populations in order to clarify each member’s responsibility in executing components of an intervention plan.
• Be prepared to advocate as a professional for the occupational therapy services offered and for the recipients of those services.
• Be prepared to be an effective consumer of the latest research and knowledge bases that support practice and contribute to the growth and dissemination of research and knowledge.

Reference (Retrieved on 10/1/2013): AOTA.org Official Documents

**Specific Competencies**

<table>
<thead>
<tr>
<th>Number</th>
<th>2011 Master’s-Level Standard</th>
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| B.1.0. | FOUNDATIONAL CONTENT REQUIREMENTS  
Program content must be based on a broad foundation in the liberal arts and sciences. A strong foundation in the biological, physical, social, and behavioral sciences supports an understanding of occupation across the lifespan. If the content of the Standard is met through prerequisite coursework, the application of foundational content in sciences must also be evident in professional coursework. The student will be able to |
| B.1.1. | Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics. |
| B.1.2. | Demonstrate knowledge and understanding of human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. |
| B.1.3. | Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral sciences, social sciences, and occupational science. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology. |
| B.1.4. | Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology. |
| B.1.5. | Demonstrate an understanding of the ethical and practical considerations that affect the health and wellness needs of those who are experiencing or are at risk for social injustice, occupational deprivation, and disparity in the receipt of services. |
| B.1.6. | Demonstrate knowledge of global social issues and prevailing health and welfare needs of populations with or at risk for disabilities and chronic health conditions. |
| B.1.7. | Demonstrate the ability to use statistics to interpret tests and measurements for the purpose of delivering evidence-based practice. |
| B.1.8. | Demonstrate an understanding of the use of technology to support performance, participation, health and wellbeing. This technology may include, but is not limited to, electronic documentation systems, distance communication, virtual environments, and telehealth technology. |
| B.2.0. | BASIC TENETS OF OCCUPATIONAL THERAPY  
Coursework must facilitate development of the performance criteria listed below. The student will be able to |
| B.2.1. | Articulate an understanding of the importance of the history and philosophical base of the profession of occupational therapy. |
| B.2.2. | Explain the meaning and dynamics of occupation and activity, including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors. |
| B.2.3. | Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support performance, participation, health, and well-being. |
| B.2.4. | Articulate the importance of balancing areas of occupation with the achievement of health and wellness for the clients. |
| B.2.5. | Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society. |
| B.2.6. | Analyze the effects of heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual. |
| B.2.7. | Demonstrate task analysis in areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors to formulate an intervention plan. |
| B.2.8. | Use sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. |
| B.2.9. | Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, personal, temporal, virtual) and environment. |
| B.2.10. | Use clinical reasoning to explain the rationale for and use of compensatory strategies when desired life tasks cannot be performed. |
| B.2.11. | Analyze, synthesize, and apply models of occupational performance. |

| B.3.0. | OCCUPATIONAL THERAPY THEORETICAL PERSPECTIVES |
| B.3.1. | The program must facilitate the development of the performance criteria listed below. The student will be able to apply theories that underlie the practice of occupational therapy. |
| B.3.2. | Compare and contrast models of practice and frames of reference that are used in occupational therapy. |
| B.3.3. | Use theories, models of practice, and frames of reference to guide and inform evaluation and intervention. |
| B.3.4. | Analyze and discuss how occupational therapy history, occupational therapy theory, and the sociopolitical climate influence practice. |
| B.3.5. | Apply theoretical constructs to evaluation and intervention with various types of clients in a variety of practice contexts and environments to analyze and effect meaningful occupation outcomes. |
| B.3.6. | Discuss the process of theory development and its importance to occupational therapy. |

| B.4.0. | SCREENING, EVALUATION, AND REFERRAL |
| B.4.1. | The process of screening, evaluation, and referral as related to occupational performance and participation must be culturally relevant and based on theoretical perspectives, models of practice, frames of reference, and available evidence. In addition, this process must consider the continuum of need from individuals to populations. The program must facilitate development of the performance criteria listed below. The student will be able to use standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention. These tools include, but are not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, significant others, and community. |
| B.4.2. | Select appropriate assessment tools on the basis of client needs, contextual factors, and psychometric properties of tests. These must be culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process. |
| B.4.3. | Use appropriate procedures and protocols (including standardized formats) when administering assessments. |
B.4.4. Evaluate client(s)’ occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes
- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
- Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).
- Performance patterns (e.g., habits, routines, rituals, roles).
- Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).
- Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.

B.4.5. Compare and contrast the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapist and occupational therapy assistant in that process.

B.4.6. Interpret criterion-referenced and norm-referenced standardized test scores on the basis of an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.

B.4.7. Consider factors that might bias assessment results, such as culture, disability status, and situational variables related to the individual and context.

B.4.8. Interpret the evaluation data in relation to accepted terminology of the profession and relevant theoretical frameworks.

B.4.9. Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluation to specialists who are internal and external to the profession.

B.4.10. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to the requirements of applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.

B.5.0. INTERVENTION PLAN: FORMULATION AND IMPLEMENTATION
The process of formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and participation must be culturally relevant; reflective of current occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference. The program must facilitate development of the performance criteria listed below. The student will be able to

B.5.1. Use evaluation findings based on appropriate theoretical approaches, models of practice, and frames of reference to develop occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:
- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
- Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).
- Performance patterns (e.g., habits, routines, rituals, roles).
- Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).
- Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.
| B.5.2. | Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADLs, IADLs, education, work, play, rest, sleep, leisure, and social participation. |
| B.5.3. | Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention; purposeful activity, preparatory methods). |
| B.5.4. | Design and implement group interventions based on principles of group development and group dynamics across the lifespan. |
| B.5.5. | Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration. |
| B.5.6. | Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception). |
| B.5.7. | Demonstrate therapeutic use of self, including one’s personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction. |
| B.5.8. | Develop and implement intervention strategies to remediate and/or compensate for cognitive deficits that affect occupational performance. |
| B.5.9. | Evaluate and adapt processes or environments (e.g., home, work, school, community) applying ergonomic principles and principles of environmental modification. |
| B.5.10. | Articulate principles of and be able to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being. |
| B.5.11. | Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and participation. Train in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics. |
| B.5.12. | Provide recommendations and training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices. |
| B.5.13. | Provide recommendations and training in techniques to enhance community mobility, including public transportation, community access, and issues related to driver rehabilitation. |
| B.5.14. | Provide management of feeding, eating, and swallowing to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and swallowing assessment and management) and train others in precautions and techniques while considering client and contextual factors. |
| B.5.15. | Demonstrate safe and effective application of superficial thermal and mechanical modalities as a preparatory measure to manage pain and improve occupational performance, including foundational knowledge, underlying principles, indications, contraindications, and precautions. |

Skills, knowledge, and competencies for entry-level practice are derived from AOTA practice documents and NBCOT practice analysis studies. Superficial thermal modalities include, but are not limited to, hydrotherapy/whirlpool, cryotherapy (cold packs, ice), Fluidotherapy®, hot packs, paraffin, water, and infrared. Mechanical modalities include, but are not limited to, vasopneumatic devices and continuous passive motion. The word “Demonstrate” does not require that a student actually perform the task to verify knowledge and understanding. The program may select the types of learning activities and assessments that will indicate compliance with the standard.

For institutions in states where regulations restrict the use of psychical agent modalities, it is recommended that students be exposed to the modalities offered in practice to allow students’ knowledge and experience with the modalities in preparation for the NBCOT examination and for practice outside of the state in which the educational institution resides.

| B.5.16. | Explain the use of deep thermal and electrotherapeutic modalities as a preparatory measure to improve occupational performance, including indications, contraindications, and precautions. |
Skills, knowledge, and competencies for entry-level practice are derived from AOTA practice documents and NBCOT practice analysis studies. Deep thermal modalities include, but are not limited to, therapeutic ultrasound and phonophoresis. Electrotherapeutic modalities include, but are not limited to, biofeedback, neuromuscular electrical stimulation, functional electrical stimulation, transcutaneous electrical nerve stimulation, electrical stimulation for tissue repair, high-voltage galvanic stimulation, and iontophoresis.

<p>| B.5.17. | Develop and promote the use of appropriate home and community programming to support performance in the client’s natural environment and participation in all contexts relevant to the client. |
| B.5.18. | Demonstrate an understanding of health literacy and the ability to educate and train the client, caregiver, family and significant others, and communities to facilitate skills in areas of occupation as well as prevention, health maintenance, health promotion, and safety. |
| B.5.19. | Apply the principles of the teaching–learning process using educational methods to design experiences to address the needs of the client, family, significant others, colleagues, other health providers, and the public. |
| B.5.20. | Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner. |
| B.5.21. | Effectively communicate and work interprofessionally with those who provide services to individuals, organizations, and/or populations in order to clarify each member’s responsibility in executing an intervention plan. |
| B.5.22. | Refer to specialists (both internal and external to the profession) for consultation and intervention. |
| B.5.23. | Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client, the sociocultural context, and technological advances. |
| B.5.24. | Select and teach compensatory strategies, such as use of technology and adaptations to the environment, that support performance, participation, and well-being. |
| B.5.25. | Identify and demonstrate techniques in skills of supervision and collaboration with occupational therapy assistants and other professionals on therapeutic interventions. |
| B.5.26. | Understand when and how to use the consultative process with groups, programs, organizations, or communities. |
| B.5.27. | Describe the role of the occupational therapist in care coordination, case management, and transition services in traditional and emerging practice environments. |
| B.5.28. | Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention. |
| B.5.29. | Plan for discharge, in collaboration with the client, by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. This process includes, but is not limited to, identification of client’s current status within the continuum of care; identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming to facilitate the client’s progression along the continuum toward outcome goals. |
| B.5.30. | Organize, collect, and analyze data in a systematic manner for evaluation of practice outcomes. Report evaluation results and modify practice as needed to improve client outcomes. |
| B.5.31. | Terminate occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. This process includes developing a summary of occupational therapy outcomes, appropriate recommendations, and referrals and discussion of post-discharge needs with the client and with appropriate others. |
| B.5.32. | Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered. |</p>
<table>
<thead>
<tr>
<th>B.6.0.</th>
<th>CONTEXT OF SERVICE DELIVERY</th>
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<tbody>
<tr>
<td>Context of service delivery includes the knowledge and understanding of the various contexts, such as professional, social, cultural, political, economic, and ecological, in which occupational therapy services are provided. The program must facilitate development of the performance criteria listed below. The student will be able to</td>
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</table>

| B.6.1. | Evaluate and address the various contexts of health care, education, community, political, and social systems as they relate to the practice of occupational therapy. |
| B.6.2. | Analyze the current policy issues and the social, economic, political, geographic, and demographic factors that influence the various contexts for practice of occupational therapy. |
| B.6.3. | Integrate current social, economic, political, geographic, and demographic factors to promote policy development and the provision of occupational therapy services. |
| B.6.4. | Articulate the role and responsibility of the practitioner to advocate for changes in service delivery policies, to effect changes in the system, and to identify opportunities in emerging practice areas. |
| B.6.5. | Analyze the trends in models of service delivery, including, but not limited to, medical, educational, community, and social models, and their potential effect on the practice of occupational therapy. |
| B.6.6. | Utilize national and international resources in making assessment or intervention choices and appreciate the influence of international occupational therapy contributions to education, research, and practice. |

<table>
<thead>
<tr>
<th>B.7.0.</th>
<th>MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
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</tbody>
</table>

| B.7.1. | Describe and discuss the impact of contextual factors on the management and delivery of occupational therapy services. |
| B.7.2. | Describe the systems and structures that create federal and state legislation and regulations and their implications and effects on practice. |
| B.7.3. | Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws. |
| B.7.4. | Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third party, private payer), appeals mechanisms, and documentation requirements that affect the practice of occupational therapy. |
| B.7.5. | Demonstrate the ability to plan, develop, organize, and market the delivery of services to include the determination of programmatic needs and service delivery options and formulation and management of staffing for effective service provision. |
| B.7.6. | Demonstrate the ability to design ongoing processes for quality improvement (e.g., outcome studies analysis) and develop program changes as needed to ensure quality of services and to direct administrative changes. |
| B.7.7. | Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non–occupational therapy personnel. |
| B.7.8. | Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator. |

<table>
<thead>
<tr>
<th>B.8.0.</th>
<th>SCHOLARSHIP</th>
</tr>
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<tbody>
<tr>
<td>Promotion of scholarly endeavors will serve to describe and interpret the scope of the profession, establish new knowledge, and interpret and apply this knowledge to practice. The program must facilitate development of the performance criteria listed below. The student will be able to</td>
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</tbody>
</table>

| B.8.1. | Articulate the importance of how scholarly activities contribute to the development of a body of knowledge relevant to the profession of occupational therapy. |
| B.8.2. | Effectively locate, understand, critique, and evaluate information, including the quality of evidence. |
| B.8.3. | Use scholarly literature to make evidence-based decisions. |
| B.8.4. | Understand and use basic descriptive, correlative, and inferential quantitative statistics and code, analyze, and synthesize qualitative data. |
| B.8.5. | Understand and critique the validity of research studies, including their design (both quantitative and qualitative) and methodology. |
| B.8.6. | Demonstrate the skills necessary to design a scholarly proposal that includes the research question, relevant literature, sample, design, measurement, and data analysis. |
| B.8.7. | Participate in scholarly activities that evaluate professional practice, service delivery, and/or professional issues (e.g., Scholarship of Integration, Scholarship of Application, Scholarship of Teaching and Learning). The intent of standard B.8.7 is to emphasize the “doing” part of the research process that can support beginning research skills in a practice setting. Systematic reviews that require analysis and synthesis of data meet the requirement for this standard. Narrative reviews do not meet this standard. A culminating project related to research is not required for the master’s level. If it is consistent with the program’s curriculum design and goals, the program may choose to require a culminating research learning activity (e.g., systematic review of literature, faculty-led research activity, student research project). |
| B.8.8. | Demonstrate skills necessary to write a scholarly report in a format for presentation or publication. |
| B.8.9. | Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities. |
| B.9.0. | PROFESSIONAL ETHICS, VALUES, AND RESPONSIBILITIES Professional ethics, values, and responsibilities include an understanding and appreciation of ethics and values of the profession of occupational therapy. The program must facilitate development of the performance criteria listed below. The student will be able to |
| B.9.1. | Demonstrate knowledge and understanding of the American Occupational Therapy Association (AOTA) Occupational Therapy Code of Ethics and Ethics Standards 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. | Discuss and justify how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations. |
| B.9.3. | Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public. |
| B.9.4. | Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards. |
| B.9.5. | Discuss professional responsibilities related to liability issues under current models of service provision. |
| B.9.6. | Discuss and evaluate personal and professional abilities and competencies as they relate to job responsibilities. |
| B.9.7. | Discuss and justify the varied roles of the occupational therapist as a practitioner, educator, researcher, consultant, and entrepreneur. |
| B.9.8. | Explain and justify the importance of supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant. |
| B.9.9. | Describe and discuss professional responsibilities and issues when providing service on a contractual basis. |
| B.9.10. | Demonstrate strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts. |
| B.9.11. | Explain the variety of informal and formal systems for resolving ethics disputes that have jurisdiction over occupational therapy practice. |
| B.9.12. | Describe and discuss strategies to assist the consumer in gaining access to occupational therapy services. |
| B.9.13. | Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., AOTA, state occupational therapy associations, advocacy organizations). |
SECTION C: FIELDWORK EDUCATION AND DOCTORAL EXPERIENTIAL COMPONENT

C.1.0: FIELDWORK EDUCATION
Fieldwork education is a crucial part of professional preparation and is best integrated as a component of curriculum design. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under supervision of a qualified occupational therapy practitioner serving as a role model. The academic fieldwork coordinator is responsible for the program’s compliance with fieldwork education requirements. The academic fieldwork coordinator will

<table>
<thead>
<tr>
<th>Standard Number</th>
<th>Accreditation Standards for a Master's-Degree-Level Educational Program for the Occupational Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.1.1.</td>
<td>Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that fieldwork experiences strengthen the ties between didactic and fieldwork education.</td>
</tr>
<tr>
<td>C.1.2</td>
<td>Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students.</td>
</tr>
<tr>
<td>C.1.3.</td>
<td>The program must have evidence of the timely implementation of the documented criteria and process.</td>
</tr>
<tr>
<td>C.1.4.</td>
<td>Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives and communicate with the student and fieldwork educator about progress and performance during fieldwork.</td>
</tr>
<tr>
<td>C.1.5.</td>
<td>Academic and fieldwork educators are expected to collaborate in establishing fieldwork objectives prior to the fieldwork experience. They are also expected to communicate with the student about progress and performance throughout the fieldwork period.</td>
</tr>
<tr>
<td>C.1.6.</td>
<td>Ensure that the ratio of fieldwork educators to students enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.</td>
</tr>
<tr>
<td>C.1.7.</td>
<td>Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner in accordance with the policy adopted by the program as required by Standard A. 4.14.</td>
</tr>
<tr>
<td>C.1.8.</td>
<td>The program must have evidence of valid memoranda of understanding in effect and signed by both parties at the time the student is completing the Level I of Level II fieldwork experience. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding.</td>
</tr>
<tr>
<td>C.1.9.</td>
<td>If a field trip, observation, or service-learning activity is used to count toward part of Level I fieldwork, then a memorandum of understanding is required. If a field trip, observation, or service-learning activity is not used to count toward part of level I Fieldwork, then no memorandum of understanding is required.</td>
</tr>
<tr>
<td>C.1.10.</td>
<td>When a memorandum of understanding is established with a multisite service provider (e.g., contract agency, corporate entity). The ACOTE standards do not require a separate memorandum of understanding with each practice site.</td>
</tr>
<tr>
<td>C.1.11.</td>
<td>Ensure that at least one fieldwork experience (either Level I of Level II) has as its focus psychological and social factors that influence engagement in occupation.</td>
</tr>
<tr>
<td>C.1.12.</td>
<td>If standard C.1.11. is met through a Level I fieldwork experience, the experience must be comparable in duration and assessment methods to other Level I fieldwork experiences offered by the program. For example, A 2-hour fieldtrip is not equivalent to a 3-day experience. The experience must be consistent with the curriculum design.</td>
</tr>
<tr>
<td>C.1.13.</td>
<td>The standards do not state that the psychological and social factors component of fieldwork has to be a part of a course. Level I fieldwork may be a separate entity and not attached to a course. The program should have appropriate and specific objectives to meet the intent of standard C.1.7.</td>
</tr>
</tbody>
</table>

The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients. The program will
| C.1.8. | Ensure that Level I fieldwork is integral to the program’s curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process. |
| C.1.9. | Ensure that qualified personnel supervise Level I fieldwork. Examples may include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists. |
| C.1.10. | Document all Level I fieldwork experiences that are provided to students, including mechanism for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork. |

The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork must be integral to the program’s curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and research, administration, and management of occupational therapy services. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The program will:

| C.1.11. | Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities. |
| C.1.12. | Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings. |
| C.1.13. | Require a minimum of 24 weeks’ full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement’s usual and customary personnel policies, as long as it is at least 50% of an FTE at that site. |
| C.1.14. | Ensure that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program. |
| C.1.15. | Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice). |
| C.1.16. | Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client’s condition, and the ability of the student. |
| C.1.17. | Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or otherwise regulated occupational therapist with at least 3 years’ full-time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site. |
| C.1.18. | Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA Fieldwork Performance Evaluation for the Occupational Therapy Student or equivalent). |
| C.1.19. | Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice. |

C.2.0: NO RELATED STANDARDS
MSOT Curriculum First Year

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>Fall Semester</td>
<td>OT 611</td>
<td>Disease and Occupation</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>OT 623</td>
<td>Psychosocial &amp; Cognitive Strategies</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>OT 624</td>
<td>Fundamentals of OT Practice</td>
<td>3</td>
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<tr>
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<td>OT 631</td>
<td>OT Theory and Clinical Reasoning</td>
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<td>OT 652</td>
<td>Applied Neuroscience for OT</td>
<td>3</td>
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<td>Spring Semester</td>
<td>OT 663</td>
<td>Occupation Centered Practice</td>
<td>4</td>
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<td>OT 641</td>
<td>Occupational Therapy Research</td>
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<td>OT 643</td>
<td>Occupational Considerations of ADL</td>
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<td>OT 657</td>
<td>Specialized Evaluation Strategies</td>
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<td>OT 671</td>
<td>OT Leadership</td>
<td>4</td>
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<tr>
<td>Summer Semester</td>
<td>OT 651</td>
<td>Professional Trends/ Emerging Practice</td>
<td>3</td>
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<td>OT 637</td>
<td>Occupational Interventions and EBP</td>
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<tr>
<td>Fall Semester</td>
<td>OT 633</td>
<td>Physical Disabilities &amp; Ortho of OT Practice</td>
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<td>OT 662</td>
<td>Professional Issues</td>
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<td>OT 683</td>
<td>Advanced OT Research</td>
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<td>OT 695</td>
<td>Professional Practicum Seminar A &amp; B</td>
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<td>OT 699</td>
<td>OT Synthesis</td>
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<td>Special Topics</td>
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<td>OT 696</td>
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<tr>
<td>Summer Semester</td>
<td>OT 697</td>
<td>Professional Fieldwork II</td>
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</tbody>
</table>

Course Descriptions

OT 611: Disease and Occupation
This course focuses on the role of occupation throughout the lifespan in relation to the acute and chronic human disease processes. Students will develop critical analysis and problem-solving skills relating to the occupational function and dysfunction continuum while exploring therapeutic OT treatment approaches.

OT 623: Psychosocial & Cognitive Strategies
This course emphasizes the examination of appropriate theoretical frameworks, the application of purposeful activities and occupations as therapeutic interventions for both psychosocial and cognitive occupational performance across the lifespan and performance contexts. Psychosocial subcomponents include psychological skills (values, interests, self-concept), social skills (role performance, social conduct, interpersonal skills, and self-expression), and self-management abilities (coping skills, time management, and self-control). Cognitive subcomponents (level of arousal, orientation, attention span, memory, sequencing, categorization, reasoning, executive functioning, problem solving, learning, and generalization).
OT 624: Fundamentals of OT Practice
This course is designed to introduce the philosophical underpinnings of inquiry, the importance of research, the traditions of research, and essential components of research. Focus will be placed on learning different aspects of quantitative and qualitative research designs as well as the ethical concerns of research.

OT 631: OT Theory and Clinical Reasoning
This course presents development and application of theoretical constructs, practice models, and frames of reference that relate to the profession of occupational therapy. Students will examine historical antecedents and socio-political contexts that led to the development of the profession. In addition, students will identify, examine, and apply various types of clinical reasoning pertinent to critical thinking and to the occupational therapy process.

OT 633: Physical Disabilities/Ortho
Providing a focus in the areas of physical disabilities and orthopedics, this course continues the exploration of the etiology, clinical course, management, and prognosis of congenital and developmental disabilities, acute and chronic disease processes, and traumatic injuries. Emphasis is placed on developing an understanding of the potential effects of such conditions on anatomical structures, physiological processes and the functional performance of individuals throughout the lifespan. Students gain skills in evaluation and treatment regarding environmental adjustments, splints, orthotics, assistive technology, adapted equipment, physical agent modalities, and other technology.

OT 637: Occupational Interventions/Evidence Based Practice
This course emphasizes the study of intervention principles, strategies, and theoretical bases in relation to the practice of occupational therapy throughout the lifespan. Emphasis is placed on clinical reasoning, evidence-based service provision, best practices, and quality assurance. Students examine factors affecting occupation and occupational performance such as environmental demands, available resources, media, modalities, and collaboration with all involved individuals in relation to intervention strategies.

OT 641: Occupational Therapy Research
This course is designed to introduce the philosophical underpinnings of inquiry, the importance of research, the traditions of research, and essential components of research. Focus will be placed on learning different aspects of quantitative and qualitative research designs as well as the ethical concerns of research.

OT 643: Occupational Considerations of Activities of Daily Living
Focusing on purposeful and meaningful activities throughout the lifespan, this course addresses enhancement of occupational engagement using ADL and IADL in relation to areas of occupation, performance skills & patterns, contexts, activity demands, and client factors.

OT 651: Professional Trends/Emerging Practice
Student will explore and integrate factors contributing to trends within the practice of occupational therapy while formulating opportunities for the expanding the practice of occupational therapy into emerging areas of practice.

OT 652: Applied Neuroscience
Providing a focus in the area of neuroscience, this course explores the structural and functional concepts of the human nervous system including etiology, clinical course, management, prognosis of congenital and developmental disabilities, acute and chronic disease processes, and traumatic injuries. Emphasis is placed on developing an understanding of the potential effects of such conditions on anatomical structures, physiological processes, and the occupations of individuals across the lifespan.
OT 657: Specialized Evaluation
Focusing on the OT evaluation process, this course uses application of tests and measurement principles. During the OT process, the emphasis for this course is placed on gathering initial evaluative data, determining and documenting the need for skilled therapy services, individualized treatment planning, reevaluation, and discharge planning while selecting appropriate and EBP standardized and non-standardized basic and specialized OT assessment tools. The professional relationship with occupational therapy assistants in the evaluation process will also be addressed.

OT 662: Professional Issues
This course provides opportunities to integrate the practice of occupational therapy with current political, social, economic, professional, and cultural factors at play in practice environments. Students will analyze the health care and wellness systems of the U.S. and the diversity of players impacting occupational therapy practice. While gaining insight into the standards set by professional, political, and economic players, students will develop an understanding of the need to assume individual responsibility for planning their professional development in order to maintain a level of practice consistent with current standards and expectations.

OT 663: Occupation Centered Practice
Focusing on the core belief of occupational science, this course explores the historical concept, value, and meaning of occupation while building upon underlying theoretical constructs. Elements of analyzing tasks and activities central to individual wellness and function will also be examined.

OT 671: OT Leadership
The focus of this course is to develop executive leadership, management skills, and a working understanding of the following topics: organizational mission and vision, strategic planning, personnel management, reimbursement systems, accrediting bodies, basic budgeting concepts, internal and external marketing of OT services and interdisciplinary cooperation. These skills are applied to the delivery of occupational therapy services in a variety of service models including medical, community, and educational systems. Emphasis is placed on understanding social needs of the community in the context of program development and collaborating with other health care professional for the effective delivery of services.

OT 683: Advanced OT Research
In this course, students conduct and disseminate scholarly work of the profession including examining, developing, refining, and evaluating the profession’s body of knowledge, theoretical base, and philosophical foundations. Specific tasks involve designing and directing the completion of various studies, including data analysis, interpretation, and dissemination of results; collaborating with others to facilitate studies of concern to the profession; and mentoring novice researchers.

OT 690: Special Topics
This course provides opportunities for concentrated study in an emerging, innovative, or specialized area of the occupational therapy profession. This syllabus offers a concentrated study of leadership through in-depth study of leadership theories, exploration of various leadership qualities, and critical analysis of leadership literature.

OT 695: Professional Practicum Seminar A & B
This practicum course is designed to introduce fieldwork and application of occupation and occupational performance. Focus will be placed on providing fieldwork opportunities to students to demonstrate clinical skills while analyzing fieldwork matters and integrating fieldwork experience with occupational therapy process and practice issues. This course will include two 40 clock hour Level I fieldwork experiences.
OT 696: Professional Fieldwork I
In this Level II fieldwork experience of at least 12 weeks, students synthesize knowledge gained throughout their educational experiences including liberal arts courses (University Core Curriculum) as well as the professional sequence of occupational therapy coursework by delivering occupational therapy services to persons having various levels of occupational performance. For service delivery, students use clinical reasoning, self-reflection, and creativity in their utilization of various occupational therapy theoretical approaches throughout the occupational therapy process. By the end of this internship, the student must function as an entry level occupational therapist. Fieldwork I must vary from Fieldwork II to reflect a difference in (a) in ages across the lifespan of persons requiring occupational therapy services, (b) the setting about chronicity (long term versus short term), and (c) facility type (institutional versus community based).

OT 697: Professional Fieldwork II
In this Level II fieldwork experience of at least 12 weeks, students synthesize knowledge gained throughout their educational experiences including liberal arts courses (University Core Curriculum) as well as the professional sequence of occupational therapy coursework by delivering occupational therapy services to persons having various levels of occupational performance. For service delivery, students use clinical reasoning, self-reflection, and creativity in their utilization of various occupational therapy theoretical approaches throughout the occupational therapy process. By the end of this internship, the student must function as an entry level occupational therapist. Fieldwork I must vary from Fieldwork II to reflect a difference in (a) in ages across the lifespan of persons requiring occupational therapy services, (b) the setting about chronicity (long term versus short term), and (c) facility type (institutional versus community based).

OT 699: Occupational Therapy Synthesis
This course is designed to provide students opportunities to synthesize their preparation for advanced practice across three roles: a central role of specialization (selected by the graduate student) supported by two required roles, educator and researcher. Resulting in a product of an innovative scholarly project to meet community needs, this course also emphasizes professional reflection on the process aspect.

General Information

College Offices
The offices of the Occupational Therapy Program faculty and director and College of Nursing and Health Professions dean 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 must be reported, using the appropriate official form, to the Occupational Therapy Program and to the Registrar’s Office. Please submit the completed form to Occupational Therapy Program support staff who will forward the form to the Registrar’s Office.

Transfer Credit
Credit for previous OT coursework is examined on an individual basis. All policies and standards relating to transfer credit outlined in the most current University of Southern Indiana Bulletin will be followed. The student requesting transfer credit for OT coursework must provide the OT Program Director documentation indicating the student attended a program that was an ACOTE accredited program in good standing at the time of the student’s enrollment. The student must also provide information relating to the course including a course syllabus and any other material requested. The OT Program Director and faculty member responsible for teaching the content will analyze the course description, course objectives, and learning outcomes to
determine which ACOTE Standards have been met. The OT Program does not accept credit for previous work experience.

Unless the applicant is a practicing health care professional, the required prerequisite courses must have been completed within the last seven (7) years. Practicing health care professionals will have courses addressed individually.

**Full-Time Working Policy**

Faculty in the Occupational Therapy Program realize occupational therapy students have commitments outside of the professional coursework. While full-time employment is not prohibited, students must remember they are enrolled full-time as occupational therapy majors and are expected to perform at that level. If faculty determine that a work-related commitment may be interfering with occupational therapy training, they may recommend that the student decrease hours of employment.

**Schedule Flexibility**

Flexibility is an indicator of strong occupational therapists, 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 announced by the faculty assigned to the course as soon as they are available.

**Payment of Tuition**

Occupational therapy students are solely responsible for making certain their tuition is paid each school term. The student who enrolls in classes during open or late registration must independently come to campus, complete the correct forms, obtain the appropriate signatures, and pay.

Occupational therapy majors must pay their tuition bills in order to enroll in each course and receive credit, and a grade for that class. For a student, nonpayment of his or her tuition bill will result in postponing (a) graduation, (b) eligibility for sitting for the NBCOT (National Board for Certification in Occupational Therapy) certification examination, and (c) gainful employment as an occupational therapist.

**Student Identification Cards**

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, paying for printing services in the campus computer labs, attendance at student events, and cashing checks. In addition, Eagle Access Cards may be used in the vending and photocopying machines located around campus, and the various food services in the University Center. Arrangements for Eagle Access Cards can be made in the University Center. Eagle Access Cards are provided at no cost to the student, however, if a student loses his/her name badge, the student will be charged a $10.00 replacement fee.

**Student Nametags**

Each student will be granted permission to obtain an official personalized occupational therapy intern name badge from the Eagle Access Card office prior to participation in his or her first professional fieldwork assignment. These personalized name badges, which list the student name, occupational therapy intern, and photo identification, will come with a cost. If a student loses his/her name badge, the student will be charged a replacement fee.

**Car Policies**

Residents of campus housing are required to fulfill USI parking regulations. See the current semester schedule or the office of Security for further information about parking regulations. Students must provide their own
transportation to clinical sites. Information concerning registration of cars at clinical sites will be provided by facility's fieldwork educator.

**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. Students should not smoke or use smokeless tobacco in any clinical facility or during the hours of the clinical assignment. Students who do smoke are encouraged to enroll in a smoking cessation program. USI’s Tobacco-Free Policy: http://www.usi.edu/tobaccofree/usitobacco-policy

**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. For the most recent statistics, refer to the Student Right-to-Know Act webpage on the University of Southern Indiana website (http://www.usi.edu/DEPART/INSTIRES/SRTK.ASP).

**Professional Liability Insurance**

All occupational therapy students must have professional liability insurance coverage while they are enrolled in courses offered by the Occupational Therapy Program. Professional liability insurance is included as course fees.

**Other Course Fees**

In addition to fees assessed annually for professional liability insurance, fees are attached to other courses for (a) consumable and (b) clinical fees.

**Health Insurance**

Many clinical sites now require that students provide evidence of health insurance coverage by having a health insurance certificate available on arrival. You need to provide a copy of the health insurance certificate for your health records in the Occupational Therapy Program Castlebranch.

**Professional Associations and Memberships**

An increasing number of clinical sites require that students show their support of the profession by joining the American Occupational Therapy Association (AOTA) and a state association. You will join AOTA to receive a member benefit, the *American Journal of Occupational Therapy*, which is a 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).

**Email Accounts: eagles.usi.edu**

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 http://www.usi.edu/directory. 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@eagles.usi.edu). The University routinely uses this USI email account for both formal and informal communications with students. You are expected to check your USI account regularly for University correspondence. In addition, there are times when you will need to know USI email
Computers
Students can expect to receive class assignments electronically and will be required to submit assignments electronically. Students should consult with the Computer Center for computer specifications.

Technology Statement
The operation and utilization of digital and/or electronic devices such as cell phones, smartphones, iPods, notepads, notebooks, cameras, Blackberries, MP3 players, and/or personal computers are prohibited during the educational activities of any OT course unless the utilization of a device or devices is explicitly requested or permitted for a given activity, class session, and/or course by the course’s instructor.

CPR Certification
Students are required to have current BLS for Healthcare Providers CPR certification to begin and complete any fieldwork experience (OT 695, OT 696, and OT 697). 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 must arrange their own CPR training. If you need referral information, please check with the Occupational Therapy Program Administrative Assistant.

MSOT Application
To begin taking graduate courses, you are responsible for completing and submitting the Graduate Studies application (which includes an application fee). You must meet all admissions requirements of the MSOT Program.

MSOT Graduation
You are responsible for completing, in your final year of study, two graduation forms: Formal Application for Graduation and Diploma Form, to earn your MSOT degree. Both forms are available online. See the University of Southern Indiana Bulletin for more information.

APA Style Requirements
The Occupational Therapy Program uses American Psychological Association (APA) publication guidelines. The most recent editions of the Publication Manual of the American Psychological Association are 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 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.

The authorship section of this student handbook is based on the authorship policy developed by the Graduate Program in Occupational Therapy at the Medical College of Ohio in Toledo.

**Student Copyright Infringement Policy**

**Last update: 1/7/2014**

**Overview**

All students who use the USI computer network are prohibited from downloading or enabling sharing of music, movies, images and other digital, copyright protected files without proper licensing. Doing so constitutes the theft of copyright protected material and is subject to both civil and criminal penalties. Companies and agencies that monitor computer networks and IP addresses inform USI when someone on our network is downloading or sharing copyright protected songs, movies and other material.

When it comes to the attention of USI that an individual is using USI’s computer equipment and/or network access to illegally download copyrighted material the University will act to stop such activities.

**Procedure**

When the University receives a notification of possible unauthorized file sharing the Information Technology (IT) department will attempt to identify the user. If the user can be identified and is a student, their USI access to all wireless and to wired networks in student housing is immediately disabled. If the student has multiple devices registered on the USI network, all the devices will be denied access. The student will not be allowed to register any new devices until restoring access has been approved. IT will email the student notifying them that their access has been shut off. Included in the email is the information on the alleged violation including title, date and time. The email informs the students that they will be contacted by the Dean of Students Office. IT copies the Dean of Students on the student email. IT also contacts the originator of the complaint to report the action taken by the University.

IT will also send a copy of the complaint and all detailed information they have about the alleged copyright violation to the Dean of Students. The Dean of Students Office will handle the complaint, contacting and meeting with the student. The Dean of Students Office will talk to the student about the possible consequences of copyright violations including both civil and criminal penalties. Student will be asked to remove all file sharing software from his or her computer.
The Dean of Students Office will contact IT to approve the re-instatement of student’s access after student has met with the Dean of Students Office. IT will then re-enable the student’s wireless and wired network access.

Repeated violations will result in disciplinary action as recommended by the Dean of Students Office.

Detailed Steps for IT:
1. IT receives the initial report and it is forwarded to the IT Security Group. Items needed:
   a. Date and time of alleged violation
   b. The subject title
   c. The original email notification
2. Network Team investigates the report to determine identity of alleged offender. That information is sent to the IT Security Group. Items needed:
   a. Confirmation via logs of the IP visited by date and time showing user’s IP
   b. Report of the IP leased to the user’s account
   c. Copy of original complaint
3. Network Team replies to the initial complaint
   a. Network Team sends reply to the originator of the complaint stating that the University is following its policy of investigating alleged violations
4. The IT Security Group generates a notice to:
   a. The student via email
   b. The Dean of Students Office including all backup material
   c. The Help Desk & Network Team stating that the student’s access will be disabled.
5. Network Team disables the network connection of the user.
6. After the Dean of Students Office informs the IT Security Group that they have met with the user, IT will re-enable the user’s network connections.

Policy Change Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>11/7/2013</td>
<td>Initial Draft</td>
</tr>
<tr>
<td>1/7/2014</td>
<td>Final V1.0</td>
</tr>
</tbody>
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Temporary Credentials

For students wishing to practice in Indiana, the Occupational Therapy 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.).

Please note: a felony conviction (this includes documentation of driving under the influence – DUI) 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 Program immediately. In addition, if you have had credentials (e.g., license, registration and 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 Program if you have questions.

NBCOT Examination Registration

Graduates of the MSOT program are eligible to take the Certification Examination for the Occupational Therapist Registered® administered by the National Board for Certification in Occupational Therapy (NBCOT). After successful completion of this exam, the individual will be an occupational therapist, registered (OTR). The NBCOT certification examinations are computer delivered and administered at more
than 300 Prometric Test Centers (PTC) throughout North America. The Certification Examination for the Occupational Therapist Registered® is offered on a continuous, on-demand basis: graduates can take the exam as soon as they have successfully completed the NBCOT certification examination registration process. To complete this process, graduates must work with the USI Office of the Registrar. (The USI Occupational Therapy Program cannot assist graduates because NBCOT no longer allows university occupational therapy curricula to be involved in the certification examination registration process.) Once graduates have completed certification examination registration process, they will receive written authorization and instructions for contacting Prometric to schedule a test date and location. For further information, please contact www.nbcot.org.

Impact of Felony Conviction or DUI
A felony conviction (this includes documentation of driving under the influence—DUI) can negatively affect your eligibility for (a) for taking the Certification Examination for the Occupational Therapist Registered® and (b) state credentialing such as licensure. If you have convicted of a felony (in the past, present, or future) or if you have an old or new DUI on your record, you must contact your advisor immediately.

Health and Safety During Educational Experiences
The USI OT Program offers students various activities, equipment, and supplies in order to further the students’ professional development, including equipment, supplies and/or activities that can potentially negatively impact the health and wellness of participants—students, clients, and/or faculty. Students and faculty engaging in activities and utilizing equipment and supplies must remain cognizant of considerations of safety. Towards the aim of ensuring client, student, and faculty safety:

Students
- Students may use classrooms for practice of clinical skills, during regular class session, and/or during times arranged by faculty members (i.e. individual practice sessions or open lab periods).
- Students should be particularly aware of their own behaviors during individual practice sessions and/or open lab periods. Students should assume responsibility for safety, and exhibit safety awareness and techniques as demonstrated during supervised class session.
- Students are never to engage in practice activities with a client unless an OT faculty member is present for supervision.
- Students are not to practice potentially dangerous activities when alone.
- Students are not to bring non-OT students into a regular class session, individual practice session, and/or open lab period unless advance consent of an OT faculty member is secured.
- Students should not remove equipment/supplies from the OT facilities unless the student signs out the equipment/supplies with the OT administrative assistant. All borrowed equipment/supplies should be returned in a timely manner and in good condition.
- Students should inform an OT faculty member of any concerns regarding safety, including but not limited to the condition of equipment and/or supplies. Students should not attempt to repair equipment.

OT Faculty
- OT faculty are responsible for supervising activities within a class session and educating students on safety issues regarding the operation and condition of equipment/supplies utilized as part of the individual OT faculty’s course. OT faculty will model safety behaviors and the proper operation and utilization of equipment and supplies.
- OT faculty will report to the Program Director any issues/concerns of safety regarding activities, equipment, and/or procedures.
Health Information

Medical Evaluation, Immunizations, and Record Keeping
The following items are required for all students enrolled in the Occupational Therapy Program professional level coursework:

1. Health History Form
2. Report of Physical Examination: Please have your doctor complete the report of Physical Examination, attach reports and/or submit documentation with the actual date of immunization or illness.
   a. Varicella (chickenpox): Documentation of the date you had the disease or dates of immunization (adults must have 2 doses of vaccine).
   b. Tetanus-diphtheria: Must have a booster within the last 10 years, and updated every 10 years
   c. Measles (Rubeola), Mumps, Rubella (MMR): If born before January 1, 1957 you must have at least one dose. If born after January 1, 1957 you must have 2 doses. Provide documentation of the date you had the disease(s) or dates of immunization.
   d. Hepatitis B: Must have documented dates you received the completed series of 3 immunizations. Also documented date of Serologic response, this will be a test for anti-HBs (antibody to hepatitis B surface antigen)
   e. Tuberculin skin test (TB) Updated yearly. Must be administered in a two-step process with tests given within a three-week period and must be read in the United States by a registered nurse or physician within 48-72 hours. Need signature of doctor or nurse reading results.
   f. Year Flu vaccine. DUE IN OCTOBER
   g. Drug Test
   h. Tetanus, Diphtheria, & Pertussis (T-dap)
   i. Health Insurance
3. CPR (Basic Infant and Adult): copy of new card is needed with each renewal period

Please see the “Medical Evaluation, Immunizations, and Record Keeping” in the Infection Control Program section that follows for specifics. Please review fieldwork health requirements.

Students are also required to complete HIPAA, OSHA, Confidentiality Statements, Workforce Member Review of HIPAA Policies, Agreement to Submit Medical Information, Fieldwork Permission Form, and Consent Form as well as obtain a yearly AOTA Membership.

Disability Status
Any student who believes that he or she has a disability must submit the required documentation for inclusion in the student medical/health records located in the Occupational Therapy Program files. If you have a disability for which you may require academic accommodations for this class, please register with Disability Resources (DR) as soon as possible. Students who have or who receive an accommodation letter from DR are encouraged to meet privately with course faculty to discuss the provisions of those accommodations as early in the semester as possible. To qualify for accommodation assistance, students must first register to use the disability resources in DR, Science Center Rm. 2206, 812-464-1961 http://www.usi.edu/disabilities. To help ensure that accommodations will be available when needed, students are encouraged to meet with course faculty at least 7 days prior to the actual need for the accommodation. The faculty and staff of the Occupational Therapy Program will work with the student and the staff of the Disability Support Services to provide reasonable accommodations that will ensure the student of having an equal opportunity to participate in educational activities.
Pregnancy and Change in Health Status
Student pregnancy or a change in health status must be reported to program faculty or staff. Such a student must provide to the Occupational Therapy Program and to pertinent clinical sites copies of a physician’s release to begin or continue practicum and fieldwork experiences. After an injury, surgery, or other hospitalization, the student must also provide to the Occupational Therapy Program and to pertinent clinical sites copies of a physician’s release to begin or continue practicum and fieldwork experiences. A copy of a physician’s release must be provided to the Occupational Therapy 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 Program support staff desk 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. A copy of a physician’s release must be provided to the Occupational Therapy Department 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.)

For students needing first aid, they are to report to the Student Health Services, Room 0091, located in the basement of the Nursing and Health Professions Building.
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Introduction

Protecting health care 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 (HCP). 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.

**Medical Evaluation, Immunizations, and Record Keeping**

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

**Vaccine Recommendations**

*Adapted from Immunization Coalition*  www.immunize.org

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Recommendations in brief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>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.</td>
</tr>
<tr>
<td>Influenza</td>
<td>Give 1 dose of influenza vaccine annually. Give inactivated injectable influenza vaccine intramuscularly or live attenuated influenza vaccine (LAIV) intranasally.</td>
</tr>
<tr>
<td>MMR</td>
<td>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.</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>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.</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis</td>
<td>Give a one-time dose of Tdap as soon as feasible to all HCP who have not received Tdap previously. Give Td boosters every 10 years thereafter. Give IM.</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>Give 1 dose to microbiologists who are routinely exposed to isolates of <em>N. meningitidis</em>. Give IM or SC.</td>
</tr>
</tbody>
</table>

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

**Hepatitis B**

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm

**Vaccination**

All HCP whose work-, training-, and volunteer-related activities involve reasonably anticipated risk for exposure to blood or body fluids should be vaccinated with a complete, ≥3-dose HepB vaccine series. OSHA mandates that vaccination be available for employees within 10 days of initial assignment. HCP trainees should complete the series before the potential for exposure with blood or body fluids, when possible, as higher risk has been reported during professional training (e.g., residency training).

Incompletely vaccinated HCP should receive additional dose(s) to complete the vaccine series. The vaccine series does not need to be restarted for HCP with an incomplete series; however, minimum dosing intervals should be heeded. Minimum dosing intervals are 4 weeks between the first and second dose, 8 weeks between the second and third dose, and 16 weeks between the first and third dose.

HCP lacking documentation of HepB vaccination should be considered unvaccinated (when documentation for HepB vaccine doses is lacking) or incompletely vaccinated (when documentation for some HepB vaccine doses is lacking) and should receive additional doses to complete a documented HepB series. Health-care institutions are encouraged to seek documentation of “missing” HepB doses in IIS, when feasible, to avoid unnecessary vaccination.
Post-Vaccination Serologic Testing
HCP who have written documentation of a complete, ≥3-dose HepB vaccine series and subsequent postvaccination anti-HBs ≥10 mIU/mL are considered hepatitis B immune. Immunocompetent persons have long-term protection against HBV and do not need further periodic testing to assess anti-HBs levels.

All HCP recently vaccinated or recently completing HepB vaccination who are at risk for occupational blood or body fluid exposure should undergo anti-HBs testing. Anti-HBs testing should be performed 1–2 months after administration of the last dose of the vaccine series when possible. HCP with documentation of a complete ≥3-dose HepB vaccine series but no documentation of anti-HBs ≥10 mIU/mL who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation. Testing should use a quantitative method that allows detection of the protective concentration of anti-HBs (≥10 mIU/mL) (e.g., enzyme-linked immunosorbent assay [ELISA]).

- Completely vaccinated HCP with anti-HBs ≥10 mIU/mL are considered hepatitis B immune. Immunocompetent persons have long-term protection and do not need further periodic testing to assess anti-HBs levels.
- Completely vaccinated HCP with anti-HBs <10 mIU/mL should receive an additional dose of HepB vaccine, followed by anti-HBs testing 1–2 months later. HCP whose anti-HBs remains <10 mIU/mL should receive 2 additional vaccine doses (usually 6 doses total), followed by repeat anti-HBs testing 1–2 months after the last dose. Alternatively, it might be more practical for very recently vaccinated HCP with anti-HBs <10 mIU/mL to receive 3 consecutive additional doses of HepB vaccine (usually 6 doses total), followed by anti-HBs testing 1–2 months after the last dose.

Vaccine Nonresponders
Vaccinated HCP whose anti-HBs remains <10 mIU/mL after revaccination (i.e., after receiving a total of 6 doses) should be tested for HBsAg and anti-HBc to determine infection status. Those determined not to be HBV infected (vaccine nonresponders) should be considered susceptible to HBV infection. No specific work restrictions are recommended for vaccine nonresponders.

College of Nursing and Health Profession students should complete the Hepatitis B Nonresponder Acknowledgement Form in CastleBranch.

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. 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.

Influenza
All students admitted to clinical programs and completing internships will receive annual vaccination against influenza. All HCP students participating in volunteer assignments should follow the guidelines of the facility. 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)
http://www.cdc.gov/measles/hcp/index.html

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

- 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 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 and separated by 28 days or more, and at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.

Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, 2 doses of MMR vaccine should be considered for unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, 2 doses of MMR vaccine are recommended during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

**Varicella**

http://www.cdc.gov/chickenpox/hcp/index.html

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 and signature, laboratory evidence of immunity, or laboratory confirmation of disease.

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

http://www.cdc.gov/vaccines/vpd-vac/tetanus/default.htm

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.vaccineinformation.org
http://www.cdc.gov

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, and 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.

All students admitted to a clinical program in the College of Nursing and Health Professions will receive baseline TB screening within 12 months prior to admission, using two-step TST, a single BAMT to test for infection with *M. tuberculosis*, *t-Spot*, or quantiFERON Blood Gold Test.
Tuberculosis Exposure/Conversion

http://www.cdc.gov/tb/topic/testing/healthcareworkers.htm

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

Two-Step TST Testing

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.

Record Keeping
1. All records related to a student's medical status and program required documents will be maintained by CertifiedBackground.com also known as CastleBranch. Reports related to medical records and other documents will be available to program administrators.
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.

**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.

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.

**Exposure Potential**

A. All HCP 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
   - airborne infections
   - 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

**Percutaneous/Mucous Membrane Exposure to Blood or Other Potentially Infectious Materials (Exposure Incident)**

A. An exposure that might place HCP at risk for HIV infection is defined as a percutaneous injury (eg, a needlestick or cut with a sharp object) or contact of mucous membrane or non-intact skin (eg, exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that
are potentially infectious. In addition to blood and visibly bloody body fluids, semen and vaginal secretions are also considered potentially infectious. Although semen and vaginal secretions have been implicated in the sexual transmission of HIV, they have not been implicated in occupational transmission from patients to HCP. The following fluids are also considered potentially infectious: cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid.

Exposures are 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. An exposure is considered an urgent medical concern. 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 USPHS 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. Testing should be within 2 hours if at all possible.

D. The exposed HCP will be referred for medical attention and counseling by a physician immediately.

Most current recommendations include:

- If source is unknown, the use of Post Exposure Prophylaxis (PEP) is to be decided on a case by case basis taking into consideration of exposure.
- If the source patient from whom the practitioner was exposed has a reasonable suspicion of HIV infection or is HIV positive and the practitioner anticipates that hours or day may be required, antiretroviral medications should be started immediately.
- Severity of the exposure to determine the number of drugs to be offered should no longer be used.
- PEP should be stopped if source patient is determined HIV negative.
- The HCP should receive base-line testing for the HIV virus.
- Follow-up counseling should be within 72 hours of exposure with additional follow up in 6 and 12 weeks and again at 6 months.
- The full article: Updated US Public Health Service Guidelines for the management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Post-exposure Prophylaxis can be read at:

http://www.jstor.org/stable/10.1086/672271
Hepatitis B Post Exposure Procedure

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a3.htm?s_cid=rr5516a3_e

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

**TABLE 4. Recommended postexposure prophylaxis for percutaneous or permucosal exposure to hepatitis B virus --- Advisory Committee on Immunization Practices, United States (2016)**

<table>
<thead>
<tr>
<th>Vaccination and antibody response status of exposed person</th>
<th>Source HBsAg-positive</th>
<th>Source HBsAg-negative</th>
<th>Source not tested or status unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unvaccinated</strong></td>
<td>HBlG x 1; initiate HB vaccine series</td>
<td>Initiate HB vaccine series</td>
<td>Initiate HB vaccine series</td>
</tr>
<tr>
<td><strong>Previously vaccinated</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known responder</td>
<td>No treatment</td>
<td>No treatment</td>
<td>No treatment</td>
</tr>
<tr>
<td>Known nonresponder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After 3 doses</td>
<td>HBIG x 1 and initiate revaccination</td>
<td>No treatment</td>
<td>If known high-risk source, treat as if source were HBsAg-positive</td>
</tr>
<tr>
<td>After 6 doses</td>
<td>HBIG x 2 (separated by 1 month)</td>
<td>No treatment</td>
<td>If known high-risk source, treat as if source were HBsAg-positive</td>
</tr>
<tr>
<td><strong>Antibody response unknown</strong></td>
<td>Test exposed person for anti-HBs &lt;br&gt; If adequate, * no treatment &lt;br&gt; If inadequate,* HBIG x 1 and vaccine booster</td>
<td>No treatment</td>
<td>Test exposed person for anti-HBs &lt;br&gt; If adequate, * no treatment &lt;br&gt; If inadequate,* initiate revaccination</td>
</tr>
</tbody>
</table>

**Abbreviations:** HBsAg = Hepatitis B surface antigen; HBIG = hepatitis B immune globulin; anti-HBs = antibody to hepatitis B surface antigen; HB = hepatitis B.

**Source:** Adapted from CDC. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices (ACIP). Part II: immunization of adults. MMWR 2006;55(No. RR-16).

* A seroprotective (adequate) level of anti-HBs after completion of a vaccination series is defined as anti-HBs ≥10 mIU/mL; a response < 10 mIU/mL is inadequate and is not a reliable indicator of protection.
Hepatitis C Procedure
The following chart outlines the CDC recommendations for hepatitis C post-exposure prophylaxis following percutaneous exposure.

<table>
<thead>
<tr>
<th>Exposed Individual</th>
<th>Source Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform baseline testing for anti-HCV and alanine aminotransferase (ALT) activity</td>
<td>Perform testing for anti-HCV</td>
</tr>
<tr>
<td>Perform follow-up testing at 4-6 months for anti-HCV and ALT activity</td>
<td></td>
</tr>
</tbody>
</table>

Additional Information
For additional information related to management of exposure incidents refer to:
http://www.cdc.gov/oralhealth/InfectionControl/faq/bloodborne_exposures.htm

National Clinicians’ Post-exposure Prophylaxis Hotline:
http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/

Needlestick Reference:
http://www.cdc.gov/niosh/topics/bbp/emergnedl.html

Immunization Action Coalition:
http://www.immunize.org
http://www.cdc.gov/vaccines/

Morbidity and Mortality Weekly Report:
http://www.cdc.gov/mmwr/index.html

Methods of Reducing Potential for Exposure to Pathogens

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.

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.
- Alcohol-based hand sanitizers are the most effective products for reducing the number of germs on the hands of healthcare providers. Antiseptic soaps and detergents are the next most effective and non-antimicrobial soaps are the least effective.
- When hands are not visibly dirty, alcohol-based hand sanitizers are the preferred method for cleaning your hands in the healthcare setting.
- Soap and water are recommended for cleaning visibly dirty hands.

### During Routine Patient Care:

<table>
<thead>
<tr>
<th>Wash with soap and water</th>
<th>Use an Alcohol-Based Hand Sanitizer</th>
</tr>
</thead>
<tbody>
<tr>
<td>• When hands are visibly dirty</td>
<td>• For everything else</td>
</tr>
<tr>
<td>• After known or suspected exposure to <em>Clostridium difficile</em> if your facility is experiencing an outbreak or higher endemic rates</td>
<td></td>
</tr>
<tr>
<td>• After known or suspected exposure to patients with infectious diarrhea during <em>norovirus</em> outbreaks</td>
<td></td>
</tr>
<tr>
<td>• If exposure to <em>Bacillus anthracis</em> is suspected or proven</td>
<td></td>
</tr>
<tr>
<td>• Before eating</td>
<td></td>
</tr>
<tr>
<td>• After using a restroom</td>
<td></td>
</tr>
</tbody>
</table>

http://www.cdc.gov/handhygiene/index.html

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

   a. Reusable heat stable instruments are to be sterilized by acceptable methods.
   b. 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.

Personal Protective Equipment

1. Personal protective equipment including 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.

Housekeeping
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.

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 / Professional

**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.

**PEP**  
- Post Exposure Prophylaxis

**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.
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     Not applicable

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: __________________
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: ________________________________
College of Nursing and Health Professions

Student Exposure Incident Report

Exposed Student Information:
Program: ________________________________________________________
Student Name: _________________________________________________ DOB: ____________
Date Incident Occurred: ________ Time Incident Occurred: ________ Time Reported: ________ Does the student have
a positive hepatitis B titer? [ ] yes [ ] no
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: ____________________________________________________________________ 
______________________________________________________________________________ 
______________________________________________________________________________ 
______________________________________________________________________________ 
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 may need to receive additional medical evaluation as prescribed by the physician. I authorize the release of the information related to this exposure incident for treatment, payment activities, and healthcare operations.
Student Signature: ______________________________ Date: ____________

TO BE COMPLETED BY THE COLLEGE OF NURSING AND HEALTH PROFESSIONS INFECTION CONTROL COMMITTEE
Corrective action needed: _______________________________________________________
______________________________________________________________________________ 
Has this action been taken? [ ] yes [ ] no
Is further investigation needed? [ ] yes [ ] no
Comments: ____________________________________________________________________ 
______________________________________________________________________________ 
______________________________________________________________________________ 
Signature: ______________________________ Date ____________

Revised July 2005/May 2007/August2007

Instructions for Completing the Injury or Illness Report
Print off the document below
OR
Proceed to electronic version to complete and print for your USI Department Chair
http://www.usi.edu/riskmanagement/forms/accidentinjury-forms
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.
# Accident / Injury Investigation Report

**University of Southern Indiana**

**Form revised 5/1/15**

**MUST BE COMPLETED AND RETURNED WITHIN 24 HOURS OF ACCIDENT**

- **Employee**
- **Student Worker**
- **Student**
- **Visitor**
- **Volunteer**

### INJURED PERSON INFORMATION

- **Name of Injured**
- **Permanent Address**
- **City**
- **State**
- **Zip**
- **Date of Birth**
- **USI Employee ID #**
- **Telephone: Home / Cell**
- **Telephone: Work**
- **Department**
- **Job Title**
- **Number of hours scheduled to work per week**

- **Male**
- **Female**

### WITNESS INFORMATION

- **Name(s) of Witness**
- **Telephone: Home / Cell**
- **Telephone: Work**

### STATEMENT OF INJURED PERSON OR WITNESS

- **Date of Accident**
- **Time of Accident**
- **A.M.**
- **P.M.**
- **Location of Accident**
- **Type of Injury** *(e.g., strain, laceration)*
- **Cause of Injury** *(e.g., slip/fall, lifting)*
- **Part of Body Affected** *(e.g., arm, leg, back)*
- **Description of Accident**
- **Is Treatment being sought? If so, where?**

I authorize the release of any medical information relating to this injury / illness to the University's relevant insurers for review of this claim.

**Signature of Injured Person**

**Date**

**SECOND PAGE MUST BE COMPLETED BY SUPERVISOR OR PROGRAM DIRECTOR** 1 of 2
TO BE COMPLETED BY THE SUPERVISOR OF THE ACTIVITY OR PROGRAM DIRECTOR
(attach additional information if necessary)

Name of Injured Person

Time employee's work day began (if employee)

☐ A.M.  ☐ P.M.

Evaluation of how accident occurred / contributing factors

Possible Preventative Actions
(actions that have been / will be taken to prevent recurrence)

Work Phone of Supervisor or Program Director

Date signed

Signature of Supervisor or Program Director

Printed Name of Supervisor or Program Director

FOR HUMAN RESOURCES USE ONLY

Lost Time  ☐ Yes  ☐ No

Number of Days

Anticipated Release Date

Work Restrictions

Medical Treatment

EMPLOYEE OR STUDENT WORKER:
FILL IN FORM, FORWARD TO SUPERVISOR FOR COMPLETION. SUPERVISOR FORWARD TO HUMAN RESOURCES.

STUDENT, VISITOR OR VOLUNTEER: FILL IN FORM, FORWARD TO SUPERVISOR OR PROGRAM DIRECTOR.
SUPERVISOR OR PROGRAM DIRECTOR PLEASE FORWARD TO THE DEPARTMENT OF RISK MANAGEMENT.
Health Information Privacy Policies and Procedures (HIPAA)

These Health Information Privacy Policies and Procedures implement the College of Nursing and Health Professions’ obligations to protect the privacy of individually identifiable health information that we create, receive, or maintain.

We implement these Health Information Privacy Policies and Procedures to protect the interests of our clients and workforce; and to fulfill our legal obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), its implementing regulations at 45 CFR Parts 160 and 164 (65 Fed. Reg 82462 (Dec. 28, 2000) (“Privacy Rules”), as amended (67 Fed. Reg. 53182 [Aug. 14, 2002]), and state law that provides greater protection or rights to individuals than the Privacy Rules.

As a member of our workforce or as our Business Associate, you are obligated to follow these Health Information Privacy Policies and Procedures faithfully. Failure to do so can result in disciplinary action, including termination of employment or dismissal from your educational program. In addition, federal penalties for privacy violations can result in fines up to $250,000 and prison sentences of up to 10 years. The workforce includes any individual whose work performance at the University of Southern Indiana College of Nursing and Health Professions, (College), is under the direct control of the College. The workforce includes, but is not limited to, all clinical, administrative, and academic full-time, part-time, temporary, and contract employees, as well as volunteers, and students.

These Policies and Procedures address the basics of HIPAA and the Privacy Rules that apply to the College. They do not attempt to cover everything in the Privacy Rules.

The Policies and Procedures of the College utilize the terms “individual” to refer to prospective clients, clients of record, former clients, those whose health information is retained by the College, or the authorized representatives of these identified individuals.

If you have questions or doubts about any use or disclosure of individually identifiable health information or about your obligations under these Health Information Privacy Policies and Procedures, the Privacy Rules or other federal or state law, consult the College of Nursing and Health Professions Compliance Committee at 812.464.1702 before you act.

College of Nursing and Health Professions Compliance Committee
Adopted Effective: April 14, 2003

General Rule: No Use or Disclosure
The College must not use or disclose protected health information (PHI), except as these Privacy Policies and Procedures permit or require.

Acknowledgement and Optional Consent
The College will make a good faith effort to obtain a written acknowledgement of receipt of our Notice of Privacy Practices from an individual before we use or disclose his or her protected health information (PHI) for treatment, to obtain payment for that treatment, or for our healthcare operations (TPO).

The College’s use or disclosure of PHI for payment activities and healthcare operations may be subject to a “need to know” basis.
Consent from an individual will be obtained before use or disclosure of PHI for TPO purposes — in addition to obtaining an Acknowledgement of receipt of our Notice of Privacy Practices.

a. **Obtaining Consent** – Upon the individual’s enrollment in a College education program, employment in the College, or first visit as a client (or next visit if already a client), consent for use and disclosure of the individual’s PHI for treatment, payment, and healthcare operations will be requested. The consent form will be retained in the individual’s file.

b. **Exceptions** – Consent does not need to be obtained in emergency treatment situations; when treatment is required by law; or when communications barriers prevent consent.

c. **Consent Revocation** – An individual from whom consent is obtained may revoke it at any time by written notice. The revocation will be included in the individual’s file.

d. **Applicability** – Consent for use or disclosure of PHI should not be confused with informed consent for client treatment.

**Oral Agreement**
The College may use or disclose an individual’s PHI with the individual’s oral agreement.

The College may use professional judgment and our experience with common practice to make reasonable inferences of the individual’s best interest in allowing a person to act on behalf of the individual to pick up health records, dental/medical supplies, radiographs, or other similar forms of PHI.

**Permitted Without Acknowledgement, Consent Authorization or Oral Agreement**
The College may use or disclose an individual’s PHI in certain situations, without authorization or oral agreement.

a. **Verification of Identity** The College will always verify the identity and authority of any individual’s personal representative, government or law enforcement official, or other person, unknown to us, who requests PHI before we will disclose the PHI to that person.

The College will obtain appropriate identification and evidence of authority. Examples of appropriate identification include photographic identification card, government identification card or badge, and appropriate document on government letterhead. The College will document the request for PHI and how we responded.

b. **Uses, Disclosures, or Access Permitted under this Section 4** – Except where specifically authorized by the individual or appropriate representative or as required by law, protected individual information may only be used, disclosed, or accessed by:

i. The individual or the individual’s personal representative

ii. The College workforce members who require access to protected individual information as defined by their job role. Reasons for which protected individual information are generally needed include:

   1. delivery and continuity of the individual’s treatment or care.
   2. educational or research purposes, or
   3. College business or operational purposes

iii. Non-College health care providers who need such information for the individual’s care.

iv. Third-party payers or non-College health care providers for payment activities of such entities.

v. Business Associates from whom the College has received written assurance that protected individual information will be appropriately safeguarded.
c. The College may use or disclose PHI in the following types of situations, provided procedures specified in the Privacy Rules are followed:

i. For public health activities;
ii. To health oversight agencies;
iii. To coroners, medical examiners, and funeral directors; iv. To employers regarding work-related illness or injury;
v. To the military;
vi. To federal officials for lawful intelligence, counterintelligence, and national security activities;
vii. To correctional institutions regarding inmates;
viii. In response to subpoenas and other lawful judicial processes;
ix. To law enforcement officials;
x. To report abuse, neglect, or domestic violence;
i. As required by law;
ii. As part of research projects; and iii. As authorized by state worker’s compensation laws.

Required Disclosures

The College will disclose protected health information (PHI) to an individual (or to the individual’s personal representative) to the extent that the individual has a right of access to the PHI; and to the U.S. Department of Health and Human Services (HHS) on request for complaint investigation or compliance review.

The College will document each disclosure made to HHS.

Minimum Necessary

All College workforce members must access, and use protected individual information on a “need to know” basis as defined by their job role. In addition, when using or disclosing an individual’s information the amount of information used or disclosed should be limited to the minimum amount necessary to accomplish the intended purpose. When requesting an individual’s information from other health care providers, staff should limit the request to the minimum amount necessary. Minimum necessary expectation does not generally apply to situations involving treatment or clinical evaluation.

Business Associates

The College will obtain satisfactory assurance in the form of a written contract that our Business Associates will appropriately safeguard and limit their use and disclosure of the protected health information (PHI) we disclose to them.

These Business Associate requirements are not applicable to our disclosures to a healthcare provider for treatment purposes. The Business Associate Contract Terms document contains the terms that federal law requires be included in each Business Associate Contract.

a) Breach by Business Associate – If the College learns that a Business Associate has materially breached or violated its Business Associate Contract with us, we will take prompt, reasonable steps to see that the breach or violation is corrected.

If the Business Associate does not promptly and effectively correct the breach or violation, we will terminate our contract with the Business Associate, or if contract termination is not feasible, report the Business Associate’s breach or violation to the U.S. Department of Health and Human Services (HHS).
Notice of Privacy Practices
The College will maintain a Notice of Privacy Practices as required by the Privacy Rules.

a. Our Notice – The College will use and disclose PHI only in conformance with the contents of our Notice of Privacy Practices. We will promptly revise a Notice of Privacy Practices whenever there is a material change to our uses or disclosures of PHI to legal duties, to an individual’s rights or to other privacy practices that render the statements in that Notice no longer accurate.
b. Distribution of Our Notice – The College will provide our Notice of Privacy Practices to everyone who submits health information to the College.
c. Acknowledgement of Notice – The College will make a good faith effort to document receipt of the Notice of Privacy Practices.

Individual Rights
The College workforce will honor the rights of individuals regarding their PHI.

a. Access – The College will permit individuals or workforce members access to their own PHI we or our Business Associates hold.

No PHI will be withheld from an individual unless we confirm that the information may be withheld according to the Privacy Rules. We may offer to provide a summary of the health information. The individual must agree in advance to receive a summary and to any fee we will charge for providing the summary.

b. Amendment – Individuals and workforce members have the right to request to amend their own PHI and other records for as long as the College maintains them.

The College may deny a request to amend PHI or records if: (a) we did not create the information (unless the individual provides us a reasonable basis to believe that the originator is not available to act on a request to amend); (b) we believe the information is accurate and complete; or (c) we do not have the information.

The College will follow all procedures required by the Privacy Rules for denial or approval of amendment requests. We will not, however, physically alter or delete existing notes. We will inform the individual or workforce member when we agree to make an amendment. We will contact any individuals whom the individual or workforce member requests we alert to any amendment to the PHI. We will also contact any individuals or entities of which we are aware that we have sent erroneous or incomplete information and who may have acted on the erroneous or incomplete information to the detriment of the individual or workforce member.

When we deny a request for an amendment, we will mark any future disclosures of the contested information in a way acknowledging the contest.

c. Disclosure Accounting – Clients or workforce members have the right to an accounting of certain disclosures the College made of their PHI within the 6 years prior to their request. Each disclosure we make, that is not for treatment payment or healthcare operations, must be documented showing the date of the disclosure, what was disclosed, the purpose of the disclosure, and the name and (if known) address of each person or entity to whom the disclosure was made. Documentation must be included in the client’s or workforce member’s record.

We are not required to account for disclosures we made: (a) before April 14, 2003; (b) to the individual (or the individual’s personal representative); (c) to or for notification of persons involved
in an individual’s healthcare or payment for healthcare; (d) for treatment, payment, or healthcare operations; (e) for national security or intelligence purposes; (f) to correctional institutions or law enforcement officials regarding inmates; or (g) according to an Authorization signed by the patient or the patient’s representative; (h) incident to another permitted or required use disclosure.

The College will charge a reasonable, cost-based fee for every accounting that is requested more frequently than every 12-month, provided that the College has informed the individual in advance of the fee and provides the individual with an opportunity to modify or withdraw the request.

d. **Restriction on Use or Disclosure** – Individuals have the right to request the College to restrict use or disclosure of their PHI, including for treatment, payment, or healthcare operations. The College has no obligation to agree to the request, but if we do, we will comply with our agreement (except in an appropriate dental/medical emergency).

We may terminate an agreement restricting use or disclosure of PHI by a written notice of termination to the individual. We will document any such agreed to restrictions.

e. **Alternative Communications** – Individuals have the right to request the use of alternative means or alternative locations when communicating PHI to them. The College will accommodate an individual’s request for such alternative communications if the request is reasonable and in writing.

The College will inform the individual of our decision to accommodate or deny such a request.

**Staff Training and Management, Complaint Procedures, Data Safeguards, Administrative Practices**

a. **Staff Training and Management**

   **Training** – The College will train all members of our workforce in these Privacy Policies & Procedures, as necessary and appropriate for them to carry out their functions. Workforce members will complete privacy training prior to having access to PHI.

   The College will maintain documentation of workforce training.

b. **Violation Levels and Disciplinary /Corrective Actions**

c. **Complaints** – The College will implement procedures for individuals to complain about compliance with our Privacy Policies and Procedures or the Privacy Rules. The College will also implement procedures to investigate and resolve such complaints.

   The complaint form can be used by the individual to lodge the complaint. Each complaint received must be referred to the College Compliance Committee immediately for investigation and resolution. We will not retaliate against any individual or workforce member who files a complaint in good faith.

d. **Data Safeguards** – The College will strengthen these Privacy Policies and Procedures with such additional data security policies and procedures as are needed to have reasonable and appropriate administrative, technical, and physical safeguards in place to ensure the integrity and confidentiality of the PHI we maintain.
The College will take reasonable steps to limit incidental uses and disclosures of PHI made according to an otherwise permitted or required use or disclosure.

e. **Documentation and Record Retention** – The College will maintain in written or electronic form all documentation required by the Privacy Rules for six years from the date of creation or when the document was last in effect, whichever is greater.

f. **Privacy Policies & Procedures** – The College of Nursing and Health Professions Compliance Committee will make any needed changes to the Privacy Policies and Procedures.

**State Law Compliance**
The College will comply with state privacy laws that provide greater protections or rights to individuals than the Privacy Rules.

**HHS Enforcement**
The College will give the U.S. Department of Health and Human Services (HHS) access to our facilities, books, records, accounts, and other information sources (including individually identifiable health information without individual authorization or notice) during normal business hours (or at other times without notice if HHS presents appropriate lawful administrative or judicial process).

We will cooperate with any compliance review or complaint investigation by HHS, while preserving the rights of the College.

**Designated Personnel**
The Chairperson of the College of Nursing and Health Professions Compliance Committee will serve as Privacy Officer and contact person for the College.

**Zachary Law Compliance Policy**
At the University of Southern Indiana, the Occupational Therapy Curricula (Occupational Therapy Program and Occupational Therapy Assistant Program) comply with Indiana State Law P.L. 11-1994: Conviction of Sexual Offenses Against Children (also known as Zachary’s Law) by verifying for each student the results of two criminal history checks: (a) one check initiated and completed by the Occupational Therapy Curricula and (b) the other check initiated by the student. These checks will be conducted at the point of admission and annually for students who are in environments that include children. A student who has been convicted of sex offenses against children, as identified in P.L. 11-1994, will not be granted admission to or permitted to progress in the Occupational Therapy Curricula.

For the criminal history check initiated and completed by the Occupational Therapy Curricula, the Occupational Therapy Program and Occupational Therapy Assistant Program will verify each student’s name and statement on admission and every year the student is enrolled in occupational therapy courses that require contact with children by using the Indiana Sex and Violent Offender Registry online at [http://www.in.gov/serv/cji_sor](http://www.in.gov/serv/cji_sor).

The student is responsible for initiating and submitting documentation for the second criminal history check on an annual basis by completing the following procedures:

1. Read, sign, and submit the one-page form *Criminal History Check* to the Occupational Therapy Curricula.
2. Obtain a copy of the national criminal history.
3. Provide a copy of the results of your national criminal history to the Occupational Therapy Curricula.

All information regarding the criminal history check will remain confidential.

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 disturbed from class for phone calls except for emergencies.

Use of Technology
The operation and utilization of digital and/or electronic devices such as cell phones, smartphones, iPods, notepads, notebooks, cameras, Blackberries, MP3 players, and/or personal computers are prohibited during the educational activities of any OT course unless the utilization of a device or devices is explicitly requested or permitted for a given activity, class session, and/or course by the course’s instructor.

Use of Student Work
All student work, i.e., papers, assignments, etc., may be displayed as student examples in course workbooks, faculty portfolio’s, course files, and for accreditation purposes as long as any identifiable student information has been removed. Any student work used for any other purpose will require a permission form, outlining the justification for use, by the requesting faculty member and signed by the student(s) prior to the use of this work. A copy of the signed student release will be maintained in the student’s administrative file.

Eating and Drinking Policies
Eating and drinking are not permitted in the second floor Charles E. Day Learning Resource Center. Kitchen and classroom table surfaces used between classes must be clean at the end of each day’s scheduled classes privileges will be revoked for the entire cohort of students. Students are not allowed to eat during scheduled class times.

Social Media Policy
The use of social media has grown exponentially in the last decade and continues to reshape how society communicates and shares information. Social media can have many positive uses in health care; it can be used to establish professional connections, share best practices in providing evidenced based care, and educate professionals and patients. However, communication about professional issues can cross the line and violate patients’ privacy and confidentiality, whether done intentionally or not. Health professionals, including students in health profession disciplines, have a legal and ethical obligation to protect the privacy and confidentiality of each patient’s health information and privacy. The unauthorized or improper disclosure of this information, in any form, violates state and federal law and may result in civil and criminal penalties. Health professionals, including students in health care profession disciplines, have an obligation to respect and guard each patient’s privacy and confidentiality at all times.

Postings on social media sites must never be considered private, regardless of privacy settings. Any social media communication or post has the potential to become accessible to people outside of the intended audience and must be considered public. Once posted, the individual who posted the
information has no control over how the information will be used. Students should never assume information is private or will not be shared with an unintended audience. Search engines can find posts, even when deleted, years after the original post. Never assume that deleted information is no longer available.

**Policy**

- Patients (and their families) and clinical experiences with patients must **never** be discussed on any social media site. A patient’s identifying information is only to be discussed with faculty and other health care providers who have a need to know and have a role in the patient’s care. Discussion of a patient’s case may occur with faculty and peers in a course related assignment in a place where such discussion can’t be heard by people who are not involved in the clinical experience. Patients (and their families) are never to be discussed in a negative manner. At no time during course discussions is the patient to be identified by name or any other personally identifying information such as any relationship to the student. Students are prohibited from using any form of social media to discuss patients, their families or any of their patients/families medical or health care information.

- No photos or videos of clients/patients (and their families) or of any client/patient health records may be taken on any personal electronic devices (such as, but not limited to, cameras, smartphones and tablets), **even if** the patient gives you permission.

- No photos or videos of patients/clients (and their families) or clinical field work or internships may be taken on personal electronic devices (such as, but not limited to, cameras, smartphones and tablets), unless the video or photo is a specific requirement of the internship experience and is requested in writing by an authorized representative of the clinical site.

- Students may not post messages that: incite imminent lawless action, are a serious expression of intent to inflict bodily harm upon a person, are unlawful harassment, are a violation of any law prohibiting discrimination, are defamatory or are otherwise unlawful.

- Students are prohibited from uploading tests/quizzes, faculty generated presentations, or faculty information to any website.

- Students are prohibited from claiming or even implying that they are speaking on behalf of the University.

**Sanctions**

- Violations of patient privacy will be subject to the policies outlined in the University’s Student Rights and Responsibilities: A Code of Student Behavior Handbook and HIPAA procedures/guidelines and sanctions.

- Students may be subject to disciplinary action if they:
  - violates University policy or HIPAA regulations;
  - share any confidential patient and/or University-related information;
  - make what the University considers to be unprofessional or disparaging comments or posts related to patients (their families), students and employees of third-party organizations which provide clinical experiences for University students.

**Day Learning Resource Center**

**Policies**

The Charles E. Day Learning Resource Center may be reached at 812-465-1153. Students using the Day Learning Resource Center must sign in and out in the log book located on the ledge at the Audiovisual support staff 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 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 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, and meetings in the Occupational Therapy Program. If occupational therapy students wish to reserve the lab during a time when classes or program activities are not scheduled, they must confirm with the Occupational Therapy Program Director or staff.

**Occupational Therapy Program Library**

The Occupational Therapy Program library is in the David L. Rice Library. With the consent of faculty or staff, students may check out materials owned by the Occupational Therapy Program. Students must sign-out as well as sign-in books in the presence of Occupational Therapy Program staff or faculty on clipboards with sign-out sheets located in the Occupational Therapy Program staff area (HP 2068).

**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 staff or faculty, students may sign-out as well as sign-in items in the Equipment Sign-out Notebook in the Occupational Therapy Program 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 staff members will revoke a student’s sign-out privilege for any misuse of the system.
Scholarships/Graduate Assistantships
Any information received regarding scholarship and financial assistance opportunities is compiled and is kept in the Occupational Therapy Program staff area (HP 2068) for an appropriate period. Please contact the Office of Graduate Studies for any Graduate Assistantship opportunities.

Job Postings
Any information related to available jobs that is submitted to the Occupational Therapy Program by potential employers is accessible to students. A copy of the information is forwarded to Career Services.

Alumni and Employer Surveys
An alumni survey will be sent every August (one-year post graduation) to our graduates regarding job placement and satisfaction with the program.
An employer survey will be sent every December to employers of our graduates regarding their satisfaction on placement and performance of our graduates.
This information collected and analyzed to be utilized in our program evaluation for meaningful analysis on the program’s achievement of its goals and objectives (every March).

Attendance, Preparation, and Assignments Policies

Attendance – Not negotiable
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 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 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 Program use attendance records. 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 and Academic Fieldwork Coordinator in accordance with the policies of the facility. If a student is absent from class he/she must notify the professor prior to the class session. The Occupational Therapy Program has adopted a policy which delineates the effects of absences on grades. Please see Table 10 for specifics. This policy will be enforced in each course throughout the curriculum.

Attendance – NC Courses
Some of the graduate courses are offered in a combination of online and in class. There will be no missed absences due to the limited number of class sessions in these courses. Therefore, for every class missed by a student, 4% of the grade for the course will be lost. This is a new policy for all students effective August 1, 2014. Faculty reserve the right to schedule additional classes as they feel are warranted during the semester and students are required to adjust accordingly.

Preparation
Students must prepare for class and lab activities and 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.
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 may result in the student being given a “0” for the assignment.

Student Portfolios
Students are required to keep a portfolio of their educational process. This portfolio is to be divided by course and provide evidence of completing clinical competencies and of meeting course learning objectives and Foundational Content Requirements stipulated in the Standards for an Accredited Master’s-Level Educational Program for the Occupational Therapist. A Reference section at the end of each portfolio is to include an appendix indicating appropriate reference material included.

Assessment Measures
The Occupational Therapy Program takes measures to ensure regular assessment of student learning. Each professional OT course incorporates, at a minimum, a midterm examination and a comprehensive final examination. Most courses include a formal paper assignment. Further means of assessment of student learning may be implemented throughout the semester through written assignments, presentations, group projects, and discussions. In addition, students are required to pass the clinical competency components of the curriculum. Finally, each student completes a portfolio of their education. This portfolio is submitted in the last semester of the student's education to determine that Foundational content Requirements stipulated in the Standards for an Accredited Master’s-Level Educational Program for the Occupational Therapist have been met.

Grading Scale
The grading scale for the Occupational Therapy Program is uniform across MS degree 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. Please see Table 9 and 10 for the grading scale of the Occupational Therapy Program.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Letter Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>95% - 100%</td>
<td>A</td>
</tr>
<tr>
<td>90% - 94%</td>
<td>B+</td>
</tr>
<tr>
<td>85% - 89%</td>
<td>B</td>
</tr>
<tr>
<td>82% - 84%</td>
<td>C+</td>
</tr>
<tr>
<td>77% - 81%</td>
<td>C</td>
</tr>
<tr>
<td>76% - 0%</td>
<td>F</td>
</tr>
</tbody>
</table>

Absences and tardiness also affect Level II internships. For specifics, please refer to Table 10: The Effects of Absences on Course Grades listed under the section entitled “attendance.”

<table>
<thead>
<tr>
<th>Maximum Percentage of Grade</th>
<th>Maximum Possible Absence Percentage of Grade</th>
</tr>
</thead>
</table>

Table 9. Occupational Therapy Program Grading Scale (MSOT)

Table 10. The Effects of Absences on Course Grades
<table>
<thead>
<tr>
<th>Decrease</th>
<th>Letter Grade</th>
<th>Possible</th>
<th>Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0%</td>
<td>100%</td>
<td>A</td>
</tr>
<tr>
<td>2</td>
<td>8%</td>
<td>92%</td>
<td>B+</td>
</tr>
<tr>
<td>3</td>
<td>12%</td>
<td>88%</td>
<td>B</td>
</tr>
<tr>
<td>4</td>
<td>16%</td>
<td>84%</td>
<td>C+</td>
</tr>
<tr>
<td>5</td>
<td>20%</td>
<td>80%</td>
<td>F</td>
</tr>
<tr>
<td>6</td>
<td>24%</td>
<td>76%</td>
<td>F</td>
</tr>
</tbody>
</table>

**Professionalism, Appearance, and Behavior**

**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 such appropriate dress include khaki pants (not shorts, capris, or crops), polo shirts, close-toe and close-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 OT Program logo. Students may also wear solid color scrubs, navy or dark blue. If scrubs are V-neck, students must wear a plain white t-shirt underneath. In addition to professional appearance, students are expected to treat each other, as well as faculty, in a professional manner. This includes addressing faculty with appropriate titles.

**Retention Requirements**
After admission into the USI MSOT Program, a student must achieve the following for retention/progression in the program:

1. Achieve at least a grade of B (3.00) for each occupational therapy course that is evaluated with letter grade options: A, B, C, F. Achieve at least a 3.00 grade point average on a 4.0 scale for each school term of occupational therapy coursework. Achieve at least a 3.00 grade point average on a 4.0 scale across the MSOT curriculum. See complete retention/progression policy below.
2. Demonstrate acceptable levels of maturity and integrity, as well as behaviors and attitudes normally expected of healthcare professionals.
3. Demonstrate acceptable professional progression in application of skills and knowledge.
4. Maintain current health and liability insurance.
5. Maintain current CPR and AED certification.
6. Students must complete Level II Fieldwork and experiential requirements within 24 months following completion of the didactic portion of the program.

Students who fail to meet the retention criteria may:
1. Be placed on academic or clinical probation in the MSOT Program, or
2. Be dismissed from the Program, based on the judgment of the majority of the MSOT faculty. Students who fail to meet the probationary criteria or are dismissed from the program are not eligible for readmission into the MSOT Program. Students have the right to follow the University’s appeal process on any disciplinary sanction received.
3. Students should refer to the USI Occupational Therapy Student Handbook for additional policies and procedures.

**Use of Retention/Progression Information**
Retention and progression policies will be included in the advising form and reviewed with students at advising appointments held each semester with each individual student. This information will be utilized in our program evaluation for meaningful analysis on the program’s achievement of its goals and objectives.
Student Progression, Probation, Suspension, and Removal Policies

Coursework in the MSOT program is sequential, with subsequent courses building upon knowledge, critical thinking, and clinical reasoning skills mastered in previous coursework.

Completion in a Timely Manner
All students are admitted to the MSOT program on a full-time basis. Completion of all degree requirements on a full-time basis will take a minimum of 2 years including summers. In exceptional cases, part-time status may be granted by the Program Chair. Part-time students must complete all degree requirements within a period defined by the Program Chair. The time period must not exceed four years from the date of initial acceptance into the MSOT program. To ensure continuity of academic concepts, all students (both full- and part- time) in the USI MSOT program shall complete all fieldwork requirements and courses within 24 months following completion of academic didactic preparation.

Leave of Absence, Withdrawal and Readmission
Students may be granted a leave of absence in cases of illness or other extenuating circumstances. Students may apply for a leave of absence only after they have been successfully engaged in coursework in the Master of Science in Occupational Therapy program. Students are required to submit to the Department Chair a letter detailing the length of leave requested and the reason for the request. The letter will be reviewed by the Department Chair and faculty. The student will be informed of the status of their request within 15 days. If a leave of absence is granted, faculty will work with the student to determine any remedial work that must be completed prior to the student being allowed to re-start in the MSOT program.

Progression
To progress in the combined MSOT curriculum of the Occupational Therapy Program, the student must:

1. General Information
   a. Achieve at least a grade of B (3.00) for each occupational therapy course that is evaluated with letter grade options: A, B, C, F.
   b. Achieve at least a 3.00 grade point average on a 4.0 scale for each school term of occupational therapy coursework
   c. Achieve at least a 3.00 grade point average on a 4.0 scale across the MSOT curriculum.
   d. Achieve at least a passing grade of required skill checks including Range of Motion and Manual Muscle Testing.

2. Specific Course Progression Information
   a. To begin taking in first semester courses:
      i. Successful completion of the competitive selection process
      ii. Completion of remaining prerequisite courses with maintenance of overall GPA (no significant change in individual ranking within the invited cohort.)
      iii. Submission of all required health forms completed appropriately. iv.
          Submission of evidence of Hepatitis B vaccination information.
             i. Documentation that the student has had the first TWO Hepatitis B injections, if the student is just starting the series.
             ii. Documentation of post-vaccination testing for continued immunity or booster if the student has completed the Hepatitis B series one year or more prior.
      v. Receipt of official personalized occupational therapy intern nametag.
      vi. Submission of current health insurance certificate.
b. To enroll in the first spring semester courses:
   i. Successful completion of first fall courses.
   ii. Pass all competency testing required up to this point of the curriculum.

c. To begin first year summer semester courses
   i. Successful completion of first spring courses.
   ii. Pass all competency testing required up to this point of the curriculum.
   iii. Submission of current CPR certificate for photocopying (before any fieldwork experience may be started).
   iv. Submission of current health insurance certificate.

d. To begin year two fall semester courses:
   i. Successful completion of first year summer semester courses
   ii. Submission of evidence of updated health records or immunizations as needed.

e. To enroll in year two spring semester courses.
   i. Successful completion of year two fall courses.
   ii. Pass all competency testing required up to this point of the curriculum.

f. To enroll in year two summer MSOT courses.
   i. Successful completion of year two spring courses, or consent of majority of OT Faculty.

3. Progression in Relation to Fieldwork
   a. If a student earns a letter grade of C or C+ in OT696: Professional Fieldwork I or OT697: Professional Fieldwork II, the student will be required to retake the course. Progression in the OT Program will depend upon successful completion of the second attempt of the fieldwork course.
   b. If a student earns a letter grade of F in OT696: Professional Fieldwork I or OT697: Professional Fieldwork II, the student will be dismissed from the OT Program.

Prohibition/Dismissal
A student in the Occupational Therapy Program who does not meet academic requirements, thus resulting in an initial instance of academic deficiency, may be placed on academic probation. The student will be notified by mail of the change in status and will be required to meet with the program chair within 1 week of notification. The student must also meet with his/her assigned academic advisor prior to the start of classes in order to develop a Performance Improvement Plan. The student must meet the objectives and requirements outline in the Performance Improvement Plan in order to progress in the OT Program. If a student earns his/her second term of academic deficiency, the student will be dismissed from the OT Program.

Since the academic probation 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).

A student will be placed on academic probation if the student:
- fails to achieve at least a 3.00 on a 4.0 grade point scale for each school term of occupational therapy coursework resulting in an instance of academic deficiency.
- fails to achieve at least a 3.00 on a 4.00 grade point scale across the MSOT curriculum resulting in an instance of academic deficiency.
- earns a letter grade of C or C+ in a course in the OT curriculum resulting in an instance of academic deficiency.
A student is no longer eligible to continue coursework and will be dismissed from the OT Program if the student:

- earns a letter grade of F in a course within the OT curriculum.
- earns a second term of academic deficiency.
- is required to repeat a Level II fieldwork course (OT696 or OT697) and does not complete the repeated course with a letter grade of at least a B.

**Student Suspension or Removal**

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

1. **Academic Dishonesty.** Please refer to the most recent *University of Southern Indiana Bulletin* regarding issues related to academic dishonesty situations and the processes involved. Confirmed incidents of academic dishonesty will become part of the Occupational Therapy Program’s student records and will be provided to other university academic units upon request.

2. **Interference in Fieldwork Arrangements.** A student may be suspended or removed from the Occupational Therapy Program if he or she, or a family member, or anyone working on the student’s behalf (outside of the Occupational Therapy Program) interferes with a Level I or Level II fieldwork arrangement.

3. **C or C+ in a Repeated Level II Fieldwork Course**
   Students are permitted an earned grade of C or C+ in OT697 or OT697 the first time the course is taken. However, in such instances, the course must be repeated. If this is the first instance of academic deficiency, the student will be placed on academic probation. If this is the second instance of academic deficiency, the student will be dismissed from the OT Program. If at any time a student has two C’s or C+ grades on any Level II course, the student will be removed from the program.

**Appeal to Student Probation, Dismissal, Suspension or Removal Process**

The process consists of the following steps:

1. The Occupational Therapy Program Chair notifies the student and Assistant Dean of the College of Nursing and Health Professions of the intention to place a student on probation or to dismiss, suspend, or remove the student from the occupational therapy major.
2. The student meets with the Assistant Dean of the College of Nursing and Health Professions to respond to the Occupational Therapy Program Chair’s charges.
3. The Assistant Dean of the College of Nursing and Health Professions concurs with the Occupational Therapy Program Chair.
4. The student is placed on probation, or dismissed, suspended, or removed from the occupational therapy major.
5. The student can appeal decisions of the Assistant Dean to the Dean of the CNHP.
6. The student can appeal decisions of the Dean of the CNHP to the Provost.

**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.
3. Students should be aware that withdrawing from an OT course will affect their course sequence progressing in the OT Program.
Incomplete Grade
An “incomplete” grade at the close of an academic semester must be approved by the Occupational Therapy Program. An incomplete will be used only when extenuating circumstances have resulted in the student 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.
2. All University of Southern Indiana policies regarding incomplete grades are applicable to occupational therapy courses. Please refer to the University of Southern Indiana Bulletin.
3. Students will receive a date by which the incomplete grade must be removed.

Complaints Against Professors, Classes, or Programs
Complaints about a class or professor should first be taken directly to the professor concerned. If the issue is not resolved, a written complaint should be filed with the appropriate department chair or director. This should identify the complainant, specifically detail the perceived problem, and be accompanied by any relevant supporting documentation or data. It should also include the proposed response or remedy. If the issue is not then resolved satisfactorily, the complaint may be advanced to the Dean of the College of Health Professions or to the Dean of Students for the University of Southern Indiana as outlined on their webpage at: http://www.usi.edu/deanofstudents/grievance-and-complaints-procedures. Complaints must be filed within one calendar year of the occurrence of the incident/situation in question.

Complaints against the University of Southern Indiana Occupational Therapy Program may be submitted directly to the Accreditation Council for Occupational Therapy Education (ACOTE). To receive formal consideration, all complaints must be submitted in writing to the ACOTE Chairperson:

American Occupational Therapy Association, Inc. (AOTA) 4720 Montgomery Lane, Suite 200
Bethesda, MD 20814-3425
Phone: 301-652-6611 x2914
TDD: 1-800-377-8555
Fax: 301-652-7711 http://www.aota.org/Education-Careers/Accreditation/Policies.aspx

Letters of complaint against educational programs must: a. describe the nature of the complaint and the related accreditation Standards or accreditation policies or procedures that the complainant believes are not being met by the program; b. document that the complainant has made reasonable efforts to resolve the complaint, or alternatively that such efforts would be unavailing; and c. be signed by the complainant.

NOTE: The confidentiality of the complaining party is protected by AOTA Accreditation staff, unless release of identity has been authorized, or disclosure is required by legal action.

Fieldwork Policies
Fieldwork Experiences
Fieldwork experiences are scheduled internships during which time students have opportunities to apply their knowledge of occupational therapy. The MSOT curriculum has two 40-hour traditional fieldwork levels—Level I and two-Level II fieldwork experiences. The 12-week (40 clock hours per week) internship experiences in OT 696 Professional Fieldwork I and in OT 697 Professional Fieldwork II are designated as Level II fieldwork.
If a student earns a letter grade of C or C+ in OT696: Professional Fieldwork I or OT697: Professional Fieldwork II, the student will be required to retake the course. Progression in the OT Program will depend upon successful completion of the second attempt of the fieldwork course. If a student earns a letter grade of F in OT696: Professional Fieldwork I or OT 697: Professional Fieldwork II, the student will be dismissed from the OT Program.

All fieldwork experiences are completed under the supervision of facility fieldwork educators. The fieldwork ratings are determined by the academic fieldwork coordinator at the University of Southern Indiana or the course instructor. Generally, for all fieldwork experiences, student appearance, attire, and conduct must comply with the high standards of the profession and with the requirements of the fieldwork educator. In addition, students must comply with the following:

1. Students must report to their fieldwork educators in the assigned clinical site in accordance with policies of the agencies.
2. Students must comply with privacy and confidentiality regulations at the local, state and federal levels. In particular, when dealing with health information, students must comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Students working in a school setting must comply with the Family Education Rights and Privacy Act (FERPA) of 1974.
3. 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 Program at the University of Southern Indiana.

Interference in fieldwork arrangements by the student, the student’s family members or anyone working on the student’s behalf (outside of the Occupational Therapy Program) is strictly prohibited and results in suspension from the Occupational Therapy Program.

The Academic Fieldwork Coordinator (AFWC) or chair of Occupational Therapy Program shall have the power to veto a facility selection if she/he determines the site is not appropriate for the student. It is rare for a student to obtain a fieldwork placement at the same facility in which the student is currently or was previously employed. Please contact the academic fieldwork coordinator if you have questions. All fieldwork selections must also be approved by faculty via vote at a faculty meeting.

Students are responsible for their copies of fieldwork practicum and internship forms they receive when they complete the requirements (including competencies related to HIPAA, OSHA, and infant and adult CPR) delineated in the Course Progression Information section of this handbook. 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 practicum experience and $20.00 for each Level II packet. Copies of selected forms are not available at a reduced rate. After requisite health records forms have been completed, updated, and checked in with Occupational Therapy Program support staff, a full set will be copied and issued to students. Students are responsible for making additional health record copies that as required by any practicum or internship site.

**Level I Fieldwork**

Level I fieldwork comprises a vital component of OT 695 Professional Practicum Seminar A and B is 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 occupational therapy assistants, occupational therapists (without a minimum duration of practice time), or someone who is not in the occupational therapy profession. Please note that for Level I practicum experiences, fieldwork educators are NOT required to be occupational therapy practitioners.
The first Level I is a 40 clock hour experience to be completed. For this experience, the academic fieldwork coordinator places each student in a site, notifies the student of the placement, and the student contacts the site. Level IA is completed during the week assigned by the AFWC during the fall semester. Other OT classes are not held during this assigned week. Students are responsible for completion of all paperwork for this clinical experience (student evaluation of the site, timesheet, and all written assignments). Students must have official USI occupational therapy intern picture identification cards to begin this first practicum experience. Remember, written assignments must comply with HIPAA and FERPA. Students who violate HIPAA/FERPA regulations will be dismissed from the Occupational Therapy Program.

The second Level I is a 40 clock hour experience to be completed. For this experience, the academic fieldwork coordinator places each student in a site, notifies the student of the placement, and the student contacts the site. Level IB is completed during the week assigned by the AFWC during the fall semester. OT classes are not held during this assigned week. Students are responsible for completion of all paperwork for this clinical experience (student evaluation of the site, timesheet, and all written assignments). Again, remember, written assignments must comply with HIPAA and FERPA. Students who violate HIPAA/FERPA regulations will be dismissed from the Occupational Therapy Program.

For both Level I practicum experiences, the fieldwork educator at the site is responsible for completing the evaluation of the student. The final fieldwork ratings, however, are the responsibility of the academic fieldwork coordinator. The evaluation of the student cannot be completed until after 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 academic 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 academic fieldwork coordinator. The student will not have completed the fieldwork practicum until all paperwork has been submitted to and processed by the academic fieldwork coordinator. The student must successfully complete Professional Practicum Seminar A (including paperwork requirements and submission to fieldwork coordinator) prior to beginning Professional Practicum Seminar B. The student must successfully complete Professional Practicum Seminar B (including paperwork requirements and submission to fieldwork coordinator) prior to beginning any Level II fieldwork.

**Level I Lottery**

Level one fieldwork may be determined as follows: Using a lottery matching system, students randomly select a lottery number and then rank order their “wish list” for fieldwork sites from the list of reservations provided by the academic fieldwork coordinator. Using the order of the lottery selection, the academic fieldwork coordinator matches students to sites. Having a site on the “wish list” does not guarantee that students will be placed in any of those spots, determination is at the discretion of the academic fieldwork coordinator. For the second Level 1 experience, students submit a rank-ordered “wish list” from the list of reservations provided by the academic fieldwork coordinator and then the academic fieldwork coordinator uses a reverse order (the student who was matches last for the first Level 1 is matched first for the second Level 1) method to assign students to sites. Again, having a site on the “wish list” does not guarantee that students will placed in any of those spots, determination is at the discretion of the academic fieldwork coordinator.

**Level II Fieldwork**

Designated as OT 696 Professional Fieldwork I and OT 697 Professional Fieldwork II, Level II fieldwork is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable the application of ethics related to the profession, to communicate and model professionalism as a developmental process and a career responsibility, and to develop and expand a repertoire of
occupational therapy assessments and treatment interventions related to functional performance. Because of accreditation requirements, Level II fieldwork educators MUST be occupational therapists who have practiced a minimum of one year. To pass the Level II fieldwork experiences, each occupational therapy student must practice at the level of an entry-level occupational therapist by the end of each clinical. These two clinical/courses are graded according to the graduate grading criteria and the grade is determined by the AFWC.

Lottery Matching System
The Occupational Therapy Program utilizes a lottery matching system to assign students to Level II fieldwork sites. For each class of students, the academic fieldwork coordinator holds reservations for Level II fieldwork experiences. Students, who wish to enroll in Level II internships at times other than the reserved placements of their class, may be required to wait until an additional Level II fieldwork placement is available. Three special cases related to the Level II fieldwork lottery are (a) preapproval for lottery, (b) academic fieldwork coordinator veto, and (c) Administrative Placement.

In the lottery matching system, students randomly select a lottery number. The academic fieldwork coordinator then confirms 30 (minimum) sites to create a selection list and disperses to students. Students can submit a “wish list” for areas of the country or practice areas that they would like to see in the selection list. The Academic fieldwork coordinator schedules a selection day. Using the order of the lottery selection, students then select their site from the selection list. For the second internship experience, a reverse order (the student who selected last for the first internship selects first for the second internship) is used.

Preapproval for Lottery
Recently, some fieldwork educators have requested that students have preapproval to enter the lottery for their specific sites. In some cases, a facility requests an interview of interested students. Following a facility interview, the fieldwork educator works with the academic fieldwork coordinator to determine which students will be granted preapproval 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 preapproved students may select a site that requests preapproval.

Academic Fieldwork Coordinator Veto
The Academic Fieldwork Coordinator and/or Program Chair 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 for Level II fieldwork experiences. Prior to matching, 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 and Program Chair reserve 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 his/her first internship will removed from the second lottery if the only site available to her (since he/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. In addition, students who have been placed on one or more professional probations within the program will be administratively placed by the
academic fieldwork coordinator. Students must pass MMT/ROM check-offs in order to be eligible for level and placement.

**Process for Selecting Fieldwork Sites**

Fieldwork site selection is based on the clinical sites interest and availability, accreditation status, personnel qualifications and patient/client population. All fieldwork sites must have a signed affiliation agreement with the University of Southern Indiana MSOT program. The agreement outlines the liability and responsibilities of parties involved and must be executed before the beginning of any fieldwork experience. If a fieldwork site does not agree with the fieldwork objectives and/or provides site specific objectives or adds objectives the USI MSOT faculty does not agree with, the site would be reviewed for appropriateness for future fieldwork placements.

The maximum student cohort accepted by the USI MSOT program is 30 students participating in a total of 2 forty-hour Level I Fieldwork placements and 2 Level II Fieldwork placements during the two-year program. The actual number of fieldwork sites and placements required to meet student and program needs is calculated each year based on the new and returning student cohorts and the types of settings/experiences needed. Due to the lengthy time requirement for the USI MSOT approval of new clinical contracts, a Memoranda of Understanding (MOUs) is obtained and maintained for all sites expressing willingness to participate with USI as clinical fieldwork sites and meeting the USI criteria for site selection. Additional placements with existing sites are solicited and obtained if needed by the AFWC. The number of current MOUs are enough in scope and number to allow for completion of graduation and completion timeline requirements in accordance with program policies.

The AFWC is responsible for assuring that all MOUs are in place at least 2 months prior to student start date. The USI MSOT Administrative Assistant assists the AFWC by either obtaining risk management approval of all outside the university facility contracts or by initiating our college contract upon request of the AFWC. The administrative assistant maintains a data base of all MOUs which the AFWC has access. In addition, the AFWC is responsible for obtaining and complying with all site requirements and keeping students informed regarding those. The AFWC obtains site objectives and fieldwork data and communicates this to students.

Fieldwork Supervisors are persons interested in the educational experiences of OT students. Level I supervisors can be OT’s, OTA’s, PT’s, PTA’s, psychologists, physician assistants, teachers, social workers, nurses, etc. Level II supervisors must be an OT who has passed their initial certification exam at least one year prior to accepting a Level 2 student.

Licensure verification for OT fieldwork supervisors is completed by the AFWC sending verification form to FWE and FWE returning form to AFWC. If valid license cannot be verified, the supervisor will not be used, and alternative supervision and/or placement will be obtained by the AFWC.

The USI MSOT program works very hard to develop a collaborative relationship with its fieldwork sites and supervisors. All supervisors are considered advisors to our Program, and all are invited to participate in the MSOT Research Conference held every fall and for any Fieldwork Educator’s Meeting. In addition, supervisors are encouraged to share concerns, suggestions, and resources with the AFWC and program faculty at any time. In return for providing fieldwork education and participating in the Program advisory process, the USI MSOT program provides Professional Development Units for therapists who supervise USI MSOT students and the USI MSOT program strives to be a community resource.

**Student Fieldwork Selection Process**

The AFWC and faculty of the USI MSOT Program work collaboratively to identify and select sites that are consistent and supportive of our MSOT program curriculum and requirements as well as to the field of
occupational therapy. Once a site has been deemed appropriate by meeting curriculum standards, staffing requirements, and completion of site-specific objectives expectations, students are placed for the appropriate Level I or Level II fieldwork experience, based on the selection process outlined below.

Student Selection Process includes the following events:

1. Lottery Selection – students randomly draw a number that corresponds to the placement in which they may choose a fieldwork site. Consideration of the student/site match is given, and final selection is granted by the AFWC

2. Interviews: Students wishing to complete a Level I or Level II Fieldwork Experience at a specific and authorized site must participate in a face to face interview consisting of the AFWC and one other faculty member. Students are selected based on student/site match, student performance, and responses during the interviews.

Students are not authorized to arrange their own fieldwork experience and must participate in the program’s selection process.

Once the selection process has been completed, the MSOT Faculty meet to discuss the student/site selections and provide final recommendations and approval.

Fieldwork Supervision Where No OT Services Exist

Currently, the USI MSOT Program does not utilize Level 2 sites/experiences without existing occupational therapy services.

If a site becomes interested or available for fieldwork experiences where no occupational therapy services occur, the following will be utilized:

In non-traditional settings in which the Fieldwork Educator (FWE) is not available to provide direct supervision or to be onsite at the time that the student is present the following policy will be adhered to:

1. The FWE must remain available to the student by phone or means of electronic communication, i.e., text, instant messaging, or email communication during all working hours.

2. The FWE assigned must have a minimum of three years of experience as an OT.

3. The FWE must agree to provide a minimum of eight hours per week of direct supervision to the student.

4. The AFWC, the FWE, and the student will be involved in developing a written plan for supervision, including site specific objectives and plan for proper evaluation of the student and fieldwork experience. This plan will account for the amount and times of both onsite and offsite supervision.

5. An on-site supervisor designee of another profession must be assigned when the occupational therapy supervisor is off-site.

Student Evaluation of Fieldwork

The student will evaluate the fieldwork experience at the completion of the rotation using the AOTA Student Evaluation of Fieldwork Experience (SEFWE). In addition, students will be required to complete a weekly journal and a time sheet (initialed by FWE) that records time spent at the fieldwork experience. Information from this will be compiled by the AFWC and will be evaluated and discussed twice a year in a faculty meeting. This information will be utilized in our program evaluation for meaningful analysis on the program’s achievement of its goals and objectives.

Documentation of All Level I Fieldwork Experiences

In the USI MSOT program, no part of any level 1 fieldwork is ever substituted for any part of any level 2 fieldwork.
At the USI MSOT program, level 1 fieldwork is part of the course, OT 695, which is separate from our level 2 fieldwork courses. Level 1 fieldwork is completed in two forty-hour experiences in the second fall semester (one week in October and one week in November).

Level 2 fieldwork (OT 696 and OT 697) are two separate courses. These level 2 fieldwork experiences are 12 weeks in length – OT 696 is completed in second spring semester (January-March) and OT 697 is completed in the second summer (May-August).

**Level II Fieldwork Settings**

A. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The AFWC in consultation with the faculty will ensure that psychosocial factors will be addressed in all fieldwork experiences.

The AFWC will:

- Evaluate each facility’s ability to provide student with appropriately challenging experiences that include psychosocial factors influencing engagement in occupation.
- Assist students to understand how opportunities at the Level II fieldwork experience can be developed into client-centered, meaningful, occupation-based outcomes through discussion with the Academic Fieldwork Coordinator.
- Develop and maintain online discussions that facilitate collaboration among USI OT students at various Level II sites throughout the United States.

B. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of three different settings.

The AFWC:

- The AFWC at the USI MSOT program usually places students at two different facilities (one inpatient hospital and one “community or specialty facility” for 12 weeks each).
- If deemed necessary, the AFWC can assign a student to one facility for all 24 weeks of level 2 fieldwork provided that the facility can provide an inpatient hospital practice area AND a community or specialty practice area.
- A student will be in no more than three different settings for level 2 fieldwork.

**Evaluating the Effectiveness of Supervision**

Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).

The AFWC will:

- Orient students prior to leaving for Level II internships about the evaluation of the fieldwork experience.
- Provide students with a formal evaluation tool for the fieldwork experience (Student Evaluation of the Site).
- Review student evaluations of the fieldwork experience to determine the effectiveness of supervision and the quality of fieldwork experiences.
- Develop online education modules on selected aspects and topics of interest for supervising therapists.
- Provide workshops to specific sites as invited and requested.
• Annually review site objectives and collaborate with supervisors and facilities as needed to revise or develop new objectives
• Annually update the fieldwork educators web site: http://www.usi.edu/health/fieldwork/ot/index.asp
• Advise FWEs of the presence of the fieldwork educators’ website
• Advise FWEs of any and all updates to the fieldwork educators’ website

Protection of Consumers and Amount of Supervision
The USI MSOT program ensures that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice.
Initially, the USI MSOT student will receive supervision that will be direct and then decrease to less direct supervision as is appropriate for the setting, the severity of the client’s condition, and the ability of the student.
The AFWC will:
• Encourage facilities and supervisors to develop week-by-week schedules to ensure that students will initially receive close supervision and decrease to less supervision in order for the student to develop entry-level skills by the end of the assigned Level II experience
• Act as a liaison between supervisors and students if conflict or performance difficulties arise
• Assist in developing specific, time-limited behavioral contracts for expectations of student performance when difficulties arise

Other Information
The first Level II Internship (OT 696 Professional Fieldwork I), consists of a minimum of 12 weeks on a full-time basis. When the student has completed the necessary requirements, he or she will receive a packet with Fieldwork Performance Evaluation for the Occupational Therapy Student (FWPE), student evaluation of the site, midterm evaluation sheet, certificate of professional liability insurance, etc.
Students cannot enroll in OT 696 Professional Fieldwork I or OT 697 Professional Fieldwork II until they have successfully completed OT 695. Also, the student cannot start any (Level I, or II) clinical experience without official records of appropriate immunizations and other required medical information in addition to other documentation (e.g., CPR certification and competencies met for HIPAA and OSHA).

All attendance policies of the Occupational Therapy Program pertain to students enrolled in the course, OT 696 Professional Fieldwork I. Within the Level II fieldwork experience, students must make up any duration of time missed beyond one day including sick days. Students are not permitted to take vacation during Level II fieldwork; taking a vacation during Level II fieldwork will result in an F grade for the course, OT 696: Professional Fieldwork I.

Level II B Internship (OT 697 Professional Fieldwork II), consists of a minimum of 12 weeks of full-time status at the fieldwork facility. When the student has completed the necessary requirements, he or she will receive a packet with the Fieldwork Performance Evaluation for the Occupational Therapy Student (FWPE), student evaluation of the site, midterm evaluation sheet, envelope, and certificate of professional liability insurance. Students cannot begin the Level II fieldwork experience until they have successfully completed OT 695 and OT 696: Professional Fieldwork A. Also, the student cannot start this clinical experience without updated official records of appropriate immunizations and other required medical information in addition to other documentation (e.g., CPR certification and competencies met for HIPAA and OSHA).

All attendance policies of the Occupational Therapy Program pertain to students enrolled in the course, OT 697: Professional Fieldwork II. Within the Level II fieldwork experience, students must make up any duration of time missed beyond one day including 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 an F grade for the course, OT 697: Professional Fieldwork II.
Fieldwork Absences
During practicum and internship experiences, attendance is mandatory for continuity of care. Excessive absences may result in an F grade in the clinical experience from the academic fieldwork coordinator at the University of Southern Indiana even if the facility’s fieldwork educator passes the student.

Clinical Locations
Because the Occupational Therapy Program has contracts with many renown model fieldwork sites, some students will leave the Evansville area for the 24 weeks (divided into two full-time 12-week rotations) of Professional Fieldwork. The Occupational Therapy Program uses a lottery system to match students and their clinical sites. The final decision for each clinical experience placement is the discretion of the academic fieldwork coordinator.

Relation of Fieldwork Completion to Didactic Work
For full compliance with this Standard, all students in the Occupational Therapy Program at the University of Southern Indiana shall complete all fieldwork within a 24-month period following completion of academic didactic preparation.

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

Housing
Clinical experiences (OT 695, OT 696, OT 697) are integral aspects of the educational program of the Occupational Therapy 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 majors has been adjusted to provide the additional funds required for clinical requirements.

Errors and Incidents During Fieldwork
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 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.

Required Health Vaccinations and Forms for All OT Students

For Incoming Students
Due August 1 or sooner:
- Hepatitis B-series of three shots and a titer
- CPR Certification
- Physical Examination
- Influenza (due October 10)
- Tdap
- Varicella
• MMR
• Two-Step TB
• Medical History
• OSHA
• HIPAA
• Confidentiality Statement
• Workforce Member Review of HIPAA Policies
• Health Insurance
• AOTA Membership
• Agreement to Submit Medical Information
• Fieldwork Permission Form
• Consent Form
• Drug Test □ Background Check

For 2nd Year Students
Due September 10 or sooner (as part of grade for OT course):
• Influenza (Due October 10)
• Two-Step TB
• HIPAA Score
• Drug Test
• Background Check
• Updated Proof of Health Insurance
• CPR

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 Integrity Policy
ACADEMIC INTEGRITY POLICIES AND PROCEDURES

3.1 Purpose
The University of Southern Indiana is an engaged learning community advancing education and knowledge, enhancing civic and cultural awareness, and fostering partnerships through comprehensive outreach programs. The campus is dedicated to a culture of civility among students, faculty, and staff. Academic integrity is vital to the campus mission and culture. The academic integrity statement serves as an educational tool, defining academic integrity, violations of academic integrity, outlining sanctions for violations and administration of academic integrity policy.

Academic Integrity:
▪ Demonstrates respect for all students’ right to a safe, quality learning environment
▪ Does not interfere with others’ educational goals
▪ Promotes professional and ethical behaviors of all majors
▪ Appropriately cites other ideas, writings, and/or work
Prohibits unapproved assistance with all academic endeavors which includes but is not limited to tests, writing, research, analysis, interpretation.

**Academic Integrity ensures:**
- Fairness to students
- All students have the same opportunities
- Everyone receives appropriate credit for their work
- Academic honor
- A culture of civility

**Failure to uphold academic integrity:**
- Diminishes degree value
- Threatens the credibility of the institution and students

The benchmarks of any great university are high academic standards and academic integrity. Academic integrity is the hallmark of truth and honesty in an engaged university community. Students have the right and responsibility to pursue their educational goals with academic integrity. All members of the university are accountable for their actions in maintaining high standards of academic integrity. Students are responsible for completing academic requirements without action and/or material that violate academic integrity.

### 3.2 Violations of Academic Integrity

#### 3.2.1 Cheating
Cheating is intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise.

Examples of cheating include, but are not limited to:
- Using external assistance during any examination unless the instructor has specifically authorized such assistance. Examples of external assistance include but are not limited to: books, calculators, notes, formula lists, cues on a computer, photographs, cell phones, symbolic representation, and electronic devices.
- Copying from another student’s work. Examples include, but are not limited to: a test, paper, project, product, performance, or electronic document of file.
- Completing assignments for someone or having someone complete an assignment for them
- Taking a test for someone
- Having someone take a test for them
- Submitting the same academic work more than once without permission from all instructors who may be involved.
- Obtaining a copy of an examination from an unauthorized source
- Submitting another’s works as their own, using commercial term-paper companies, and/or past papers

#### 3.2.2 Interference
Interference is behavior that detracts from a safe, quality learning environment of others educational goals.
Examples of interference include, but are not limited to:

- Disruptive classroom behavior
- Disrespectful classroom behavior
- Failure to comply with instructor instructions

3.2.3 Fabrication

Fabrication is creating something for the purpose of deception.

Examples of fabrication include, but are not limited to:

- Creating false citations
- Falsifying research, lab, clinical activities, data, or source material

3.2.4 Plagiarism

Plagiarism is using the work and/or ideas of another person as if it is your own.

Examples of plagiarism include, but are not limited to:

- Quoting another person’s actual work without appropriate citation
- Using another person’s ideas, opinion, or theory without appropriate acknowledgement
- Using facts, statistics, or other illustrative material without appropriate citation

3.2.5 Academic Sabotage

Academic sabotage is intentional impediment of others academic progress.

Examples of academic sabotage include, but are not limited to:

- Destroying another’s work
- Impeding another from completing their work
- Removing books, papers, journals and/or electronic devices from a student or the University
- Changing another student’s data, papers, results, and/or assignments
- Defacing resources

3.2.6 Facilitating Academic Dishonesty

Facilitating academic dishonesty is intentionally or knowingly helping or attempting to help another commit an act of academic dishonesty.

Examples of facilitating academic dishonesty include, but are not limited to:

- Allowing another to copy assignments, papers, examination answers, lab results
- Providing copies of unauthorized examinations
- Providing copies of papers, examinations, lab results
- Developing methods for exchanging information during an examination

3.2.7 Violation of research or professional ethics

Violations in this category include professional ethical codes, University code of conduct, ethical research protocol and/or any professional standard communication by a professor or program.
Examples of violations of research or professional ethics and/or standards include, but are not limited to:

- Violation of professional ethical codes of behavior or professional standards
- Conducting research without completing University procedures
- Violation of HIPAA
- Misuse of funding
- Misuse of positions, such as teaching assistant, graduate assistant, or student worker

### 3.2.8 Violations Involving Potentially Criminal Activity

Violations in this category include actions such as theft, fraud, forgery, and/or distribution of unauthorized materials.

Examples of violations include, but are not limited to:

- Stealing material, including electronic files
- Forging any University documents such as grade change forms
- Falsifying transcripts or grades
- Selling stolen materials
- Violating state and federal regulations governing a profession

### 3.2.9 Repeated Academic Integrity Violations

Students found responsible of multiple Academic Integrity related violations may be referred to the appropriate College dean’s office for further action. Being found responsible of multiple Academic Integrity violations may result in disciplinary probation, removal from the academic program, removal from the college, and/or expulsion from the University.

### 3.3 Student Rights and Due Process in the Academic Integrity Process

#### 3.3.1 Violation of Policy

A student is considered to have violated the Academic Integrity Policy when the student:

- Admits to his/her responsibility for a violation; or
- Is found responsible for one or more provisions of the Academic Policy.

#### 3.3.2 Informal Resolution

The first step of any resolution should be at the lowest unit level between the student and the faculty member involved or the appropriate administrator. The faculty member involved, or appropriate administrator should meet with the student to discuss the alleged violation. In the event an informal resolution is reached, the faculty will notify the appropriate college administrator (typically an associate or assistant dean) of the violation and the outcome and provide documentation. The college administrator will create an academic integrity conduct case file and send an official informal resolution letter to the student recapitulating the charge and the outcome. The student will have five (5) university business days after receipt of the letter to request a formal resolution if they do not agree with outcome of the informal resolution.

#### 3.3.3 Formal Resolution

If the student and faculty member or administrator are not able to reach an informal resolution or if the student requests a formal resolution within five (5) University business days of the receipt of the letter, the faculty member or administrator should notify the appropriate college administrator (typically an associate or assistant dean) who will send a formal charge letter to the student.
3.3.4 Presentation of Information Relevant to the Complaint Resolution Process
Charged students and complainants will be given every reasonable opportunity to present their information, including questions and presentation of additional testimony, during the complaint resolution proceedings. Students have the right against self-incrimination.

3.3.5 Standard of Proof
The standard of proof will be “more likely than not” University policy has been violated. That proof need only show that the facts are more likely to be so than not so. Evidence, when considered and compared with that opposed to it, has more convincing force and produces in the hearing body’s mind the belief that what is sought is more likely true than not true (Journal of College and University Law).

3.3.6 University Advisor
The student and the complainant each have the right to an advisor. The student’s advisor must be a member of the University community—student, faculty, administrator, staff, coach, recognized University affiliate, etc. The role of the advisor is to provide support and to assist in preparing for the hearing. Since the complaint resolution process is not a civil or criminal court hearing, the advisor’s role is not that of an attorney representing you. This person may not address the hearing officer or hearing board or ask questions of any witnesses. For assistance in securing an advisor, contact the provost’s office.

3.3.7 Witnesses
Witnesses, including the student accused of violating policy, are permitted in all complaint resolution proceedings. Witnesses may present information on behalf of the student or the complainant. It is the responsibility of the student or the complainant to secure their witnesses or witness statements. Witnesses may be questioned by the hearing administrator or hearing board members, by the complainant and by the student. Witness(es) will be asked to provide information concerning only the violation(s) being adjudicated. Since the complaint resolution process does not have the authority to subpoena, witness statements may be submitted in place of having witness(es) present during the hearing.

3.3.8 Academic Integrity Process Environment
All hearings are closed to the public. Only individuals involved in the situation may be present. Involved individuals may include:

- Hearing officer and/or hearing board members
- Student accused of violating University policy
- Advisor
- Complainant
- Witnesses*

* Witnesses will remain only for the duration of their own testimony.

3.4 Notification
Generally, within ten (10) working days of receipt of the complaint, the associate or assistant dean will notify the charged student. This notification will include:

- The nature of the alleged inappropriate behavior.
- The date, time, and place of the alleged inappropriate behavior.
- The source of the complaint.
▪ A summary of information to be presented.
▪ The date, time, and place of the hearing.
▪ A description of the preservation and the release of information from the conduct record; and ▪ A notice that a decision will be made in the student’s absence if the student chooses not to appear at the hearing, and failure to appear will be considered in reaching a decision whether the behavior code has been violated.

3.5 Academic Integrity Resolution Procedures

3.5.1 Academic Integrity Authority
The provost’s office is charged with the development and administration of the University of Southern Indiana academic integrity process. Under the supervision of the provost’s office, the following individuals will be charged with the execution of academic integrity proceedings:
▪ Associate Provost for Academic Affairs
▪ Director of Graduate Studies
▪ Academic Deans
▪ Associate and Assistant Academic Deans
▪ Department Chairs

3.5.2 University Hearing Board
These individuals are appointed and trained by the dean of students to hear cases involving student conduct or academic integrity. When the University hearing board is convened, the dean of students/associate provost of academic affairs or his/her designee will comprise the board by members of the University hearing board pool:
▪ Students residing in University housing
▪ Students who live off campus
▪ Undergraduate students
▪ Graduate students
▪ Undergraduate faculty members
▪ Graduate faculty members
▪ Administrative staff members

3.5.3 Academic Integrity Process
In cases involving potential dismissal from an academic program or suspension or expulsion from the University, the student may request a hearing before the University Hearing Board (see 3.5.2).

Most complaints are resolved via the administrative hearing process. An administrative hearing involves the student, the hearing officer (typically the department chair), and any other individuals necessary to determine whether the student is responsible for a violation of University policy. Advantages of an administrative hearing include a timelier resolution of the conflict and the involvement of fewer individuals.

An administrative hearing also may become necessary for those times when the full University hearing board is unable to meet. In such instances where the University hearing board would normally be convened, the associate provost for academic affairs or his/her designee will conduct the administrative hearing.
3.5.4 Administrative Hearing Process

▪ Students will meet with a department chair. Members of the University hearing board will not conduct administrative hearings.
▪ Student rights will be reviewed by the hearing officer with the student.
▪ Charges will be reviewed with the student. At this time, students can indicate whether they believe they are responsible for the policy violation(s) or not responsible for the policy violation(s).
▪ A student will be given the opportunity to present his/her version of events to the hearing officer and respond to any of the materials associated with the violation.
▪ The hearing officer may ask questions of the student and any witnesses.
▪ The hearing officer will deliberate over the information and will make every attempt to reach a decision within five (5) business days from the date of the meeting as to whether or not the student is responsible or not responsible for the violation(s).
▪ The student will be notified of the outcome in writing. Any sanctions associated with the outcome will be included in the written notification.
▪ The appeals process will be outlined and included in the notification of outcome.

3.5.5 University Hearing Board Procedures

▪ A student will meet with the University hearing board.
▪ Student rights will be reviewed by the hearing officer with the student.
▪ Charges will be reviewed with the student. At this time, the student can confirm whether he/she pleads responsible for the policy violation(s) or not responsible for the policy violation(s).
▪ The University representative bringing charges against the student will present his/her testimony to the University hearing board.
▪ The student will be given the opportunity to respond to the charges and to present materials associated with the violation.
▪ The University representative and accused student shall have the opportunity to present witnesses/witness statements to the University hearing board.
▪ The University representative and accused student may ask questions of the witnesses through the chair of the University hearing board.
▪ The University hearing board members may ask questions of the witnesses, the student, and the University representative.
▪ The University representative and accused student may summarize evidence and testimony through closing statements.
▪ The University hearing board will deliberate over the information and reach a decision generally within five (5) business days as to whether or not the student is responsible or not responsible for the violation(s). Decisions will be made by a majority vote of the University hearing board.
▪ Students will be notified of the outcome in writing by the chairperson of the board. Any sanctions associated with the outcome will be included in the written notification. Additionally, the appeals process will be outlined and included in this notification.
3.5.6 Conflict of Interest
No member of the hearing board or no hearing officer who has a conflicting interest in a particular case may conduct an academic integrity hearing for said situation. Hearing board members and hearing officers with conflicting interests must recuse themselves from the proceedings. Either the student or the complainant may challenge a member of the hearing board or a hearing officer in writing with the provost's office.

3.6 Findings
A hearing officer or the University hearing board will reach one of the following findings at the conclusion of the hearing:

- **Charges Dropped**: If the alleged conflicts prove to be unfounded, no action will be taken against the student. All written materials will be retained for a minimum of seven years and then destroyed.
- **Not Responsible**: The finding of the facts of the case found that it was NOT “more likely than not” that the student was responsible for the violation(s). No action will be taken against the student. All written materials pertaining to that charge will be retained for one year and then destroyed.
- **Responsible**: The finding of the facts of the case found that it was “more likely than not” that the student was responsible for the violation(s). Sanctions, restrictions, and/or stipulations can be imposed (see 3.7). All written materials will be retained for a minimum of seven years and then destroyed, except in the case of suspension or expulsion and/or at the discretion of the dean of students, which becomes a matter of permanent record.

3.7 Levels of Violations and Sanctions
A violation of academic integrity is a serious offense subject to sanction. The University of Southern Indiana classifies violations into three levels. Classification of violations depends upon several factors, such as premeditation/planning, dishonest or malicious intent, first-time violation/multiple violations, the academic experience, and the assignment. The classification of violations examines offenses in the context of the situation, facts, and evidence. Therefore, academic integrity violations committed by graduate students often are more severely penalized than the same violation committed by an inexperienced undergraduate student. Violation of academic integrity, even a first offense, places the student in jeopardy of the most severe form of sanction—expulsion from the University.

<table>
<thead>
<tr>
<th>Severity of Offense</th>
<th>Examples</th>
<th>Possible Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level I</td>
<td>Small portion of work not cited</td>
<td>• Failing the assignment</td>
</tr>
<tr>
<td></td>
<td>Unauthorized assistance/collaboration on assignments</td>
<td>• Educational activity</td>
</tr>
<tr>
<td></td>
<td>Disruptive classroom behaviors</td>
<td>• Rewriting the assignment for partial credit</td>
</tr>
<tr>
<td></td>
<td>First violation</td>
<td>• Removal from the class</td>
</tr>
</tbody>
</table>
### Level II

<table>
<thead>
<tr>
<th>□</th>
<th>Plagiarism</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Using unauthorized devices or material on exams</td>
</tr>
<tr>
<td></td>
<td>Facilitating dishonesty</td>
</tr>
<tr>
<td>□</td>
<td>Multiple violations</td>
</tr>
</tbody>
</table>

- Failing the assignment
- Failing the class
- Dismissal from the program
- Probation

### Level III

<table>
<thead>
<tr>
<th>□</th>
<th>Falsifying data</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>Violating research and/or professional ethics or standards</td>
</tr>
<tr>
<td>□</td>
<td>Criminal activities</td>
</tr>
<tr>
<td>□</td>
<td>Destroying or obstructing another student’s work</td>
</tr>
<tr>
<td>□</td>
<td>Multiple violations</td>
</tr>
</tbody>
</table>

- Dismissal from the program
- Academic probation
- Expulsion from the institution

### 3.8 Appeals

Students found responsible for a violation of the *Academic Integrity Policy* may appeal. An appeal from any decision, either administrative hearing or University hearing board, must be made in writing within two (2) business days following the date the hearing record notification is assigned and notice is received by the student. The *University Disciplinary Appeal Form* can be found at [http://www.usi.edu/deanofstudents/code](http://www.usi.edu/deanofstudents/code).

#### 3.8.1 Format of Appeal

An appeal shall be written and contain the student’s name, the date of the decision or action, and the reason(s) for the appeal. The appeal letter must specify in detail one or more of the following bases for appeal:

- Student’s rights were violated as a result of failure of due process (specify right believed to have been violated),
- Decision is arbitrary (no basis in University policy for decision) or capricious manner (the finding is against the substantial weight of the evidence),
- Significant new evidence is available that could change the outcome, and/or
- The appropriateness of the sanction is inconsistent with University community standards.

#### 3.8.2 Appellate

The dean of the College in which the alleged violation occurred will review appeals.

#### 3.8.3 Appeal Process

The appellate officer will review the written letter of appeal from the student and determine if one of the bases for appeal is present. If it is, a consideration of the appeal will be granted. The appellate officer shall review:

- The response from the hearing officer/body.
▪ Materials presented at the original hearing, and if available the recorded transcript of the hearing.

Appeals shall be decided upon the record of the original proceedings and upon the written briefs submitted by the parties. Decisions of the hearing bodies will be given great deference by the appellate decision maker. After reviewing these materials, the appellate officer may decide to do one of the following:

▪ Affirm the finding and the sanction imposed.
▪ If specified errors occurred, remand to the original decision makers to reverse the error, change the procedures, consider new evidence that could not have been discovered by a properly diligent accused before or during the original hearing, substitute new adjudicators, or otherwise repair the grounds that gave rise to the appeal.
▪ Affirm the finding and reduce, but not eliminate or increase the sanction if found to be grossly disproportionate to the offense.
▪ Cases may only be dismissed if the finding is held to be arbitrary and capricious.

A crucial point in the appeals process is the shifting of the burden of proof. At the initial hearing, the burden of proof lies with the complainant. Once there is a finding of responsibility, the burden shifts to the petitioner. The decision on the appeal will generally be made within ten (10) business days of receipt of the appeal but may take longer during University recesses or in the event of complex cases.

3.8.4 Provost Review
If the dean upholds the original decision, the Appellant may request that the dean’s decision be reviewed by the provost or his/her designee if the outcome is dismissal from an academic program or suspension or expulsion from the University. Persons wishing to pursue this review must submit a request in writing to the provost’s Office within ten (10) business days after the date of receiving written notice of the dean’s appeal decision. Upon receipt of this written request from the appellant, the provost’s office will request the complete file of the complaint and the dean’s appeal evaluation.

The provost or his/her designee will review all documentation and evidence that was used in support of both the original complaint outcome and the appeal decision. The provost or his/her designee will have the option to uphold the prior decision all or in part, to overturn and reverse the decision all or in part, or to refer all or part back to the department chair with recommendations for further action. Within ten (10) business days after receiving the request for review, the provost or his/her designee will notify the student of the outcome.

Family Educational Rights and Privacy Act (FERPA)
The University of Southern Indiana College of Nursing and Health Professions adhere to standards set forth in the Family Educational Rights and Privacy Act (FERPA) of 1974. 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 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. Please contact the Occupational Therapy Program office for further information about forms available for students to provide permission for the University of Southern Indiana College of Nursing and Health Professions to provide information to (e.g., employers and other educational institutions) or to allow personal information to be shared or to request review of their academic file.

Title IX Statement
USI does not tolerate acts of sexual misconduct, including sexual harassment and all forms of sexual violence. If you have experienced sexual misconduct, or know someone who has, the University can help. It is important to know that federal regulations and University policy require faculty to promptly report incidences of potential sexual misconduct known to them to the Title IX Coordinator to ensure that appropriate measures are taken, and resources are made available. The University will work with you to protect your privacy by sharing information with only those who need to know to ensure we can respond and assist. If you are seeking help and would like to speak to someone confidentially, you can make an appointment with a counselor in the University Counseling Center. Find more information about sexual violence, including campus and community resources, at www.usi.edu/stopsexualassault.

Student Organizations and Participation
Students are encouraged to participate actively in class, Occupational Therapy 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 Report, they must relinquish their offices and duties).

Class Organizations
Class officers (including President, Vice President, Secretary, and Treasurer) for each year’s class will be elected in the first fall or spring semester. A notebook containing copies of the minutes and treasurer’s reports will be kept by each class president and in the faculty advisor’s office. The notebook will be available upon request to members of the class. All class projects must be approved by the Occupational Therapy Program director.

SOTA: Student Occupational Therapy Association
In the fall of 2005, the 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 elect officers, and representatives (and alternates) to the following organizations: the Assembly of Student Delegates (ASD) (formerly American Student Committee of the Occupational Therapy Association [ASCOTA] of the American Occupational Therapy Association [AOTA]), the American Occupational
Therapy Association (AOTA), and the Indiana Occupational Therapy Association (IOTA). A faculty member or the chair of Occupational Therapy Program is the faculty advisor to this group.

University of Southern Indiana Student Organizations
Occupational therapy 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 Resource Center upon request. This manual contains current copies of all organization bylaws, 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. Students must ensure the activity they propose is not in conflict with the USI Foundation. Proposal and final project forms for fundraising and other College activities are available in the Learning Resource 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.

Personal Safety on USI Campus
Security Website
The University of Southern Indiana Campus and Security website is available at [http://www.usi.edu/security](http://www.usi.edu/security). It addresses environmental health and safety issues on campus. It is recommended that new students review the website.

Emergency Procedures: Evacuation
Directions
1. All building evacuations will occur when an alarm sounds continuously and/or upon notification by the University Security Department and/or the Building Coordinator.
2. Be aware of all the marked exits from your area and building. Know the routes from your work area.
3. In case of an emergency or if directed to do so by Security (or the Building Coordinator), activate the building alarms system. THIS ALARM ALSO SOUNDS IN THE PHYSICAL PLANT CONTROL ROOM. The dispatcher in the Physical Plant will immediately call the Fire Department and Security.
4. When the building evacuation alarms are sounded or when told to leave by Security or the Building Coordinator, walk quickly to the nearest marked exit and ask others to do the same.
5. ASSIST THE HANDICAPPED IN EXITING THE BUILDING. Remember that the elevators are reserved for handicapped persons. DO NOT USE ELEVATORS IN CASE OF FIRE, BOMB THREAT, OR EARTHQUAKE. Do not panic. Remain calm.
6. Once outside, move to an assigned clear area that is at least 500 feet away from the affected building(s). Keep streets and walkways clear for emergency vehicles and personnel. Stay with your group in assigned area and await further instructions.
7. If requested, assist the Security Officer, the Emergency Response Team, or the Building Coordinator.
8. In the event of a declared emergency, a University Command Center will be established; in addition, an On-Site Command Post may be established near the emergency site. Keep clear of the On-Site Command Post unless you have important information to report.
9. DO NOT RETURN TO AN EVACUATED BUILDING unless directed to do so by Security.

Evacuation from Evansville, IN

The city of Evansville may call for an evacuation of the City under either a precautionary basis or due to a disaster.
In case of an emergency the evacuation routes are the same as the snow routes used during major snow storms. See City of Evansville Snow Routes diagram below for specific snow routes.

CNHP Handbook

All students and faculty are expected to abide by the policies found in the CNHP Handbook. The handbook is located on the CNHP website listed under “About the College.”
Release for the Use of Student Work

The following release is being requested of ____________________________, for the purpose of utilizing the work titled ____________________________, produced during OT _________. The use of this work is being requested by________________________ for the reasons listed below;

By signing this release, you are agreeing to the use and purpose of the work outlined above.

Signed in agreement on ______________________, 20______.

____________________________  __________________________
  MSOT Student  MSOT Faculty Member

This Handbook is subject to change. You will be notified when a change occurs. The most current version of the Handbook will be available on the program’s website: http://www.usi.edu/health/occupational-therapy/studenthandbook/.