Curriculum Design

Component:
- 32 - hours MSOT: Expanding the Roles
- 67 - hours BS: Developing the Generalist

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

Prerequisite Courses: Building the Foundation:

University Core Curriculum
A. The Mind: Enhancement of Cognitive Abilities (English, communications, and mathematics)
B. The Self: Enhancement of Individual Development (ethics, arts, health/fitness)
C. The World: Enhancement of Cultural and Natural Awareness (history, developmental psychology, sociology, anatomy and physiology, western culture, and global communities)
D. The Synthesis: Integration and Application of Knowledge

Other Prerequisite Courses
1. Pharmacology
2. Medical Terminology
3. Chemistry
# Table of Contents

**Welcome** .......................................................................................................................... 1  
**Program Background** ......................................................................................................... 3  
  History .................................................................................................................................. 3  
  Vision ................................................................................................................................... 5  
  Mission Statement .................................................................................................................. 5  
  Philosophy ............................................................................................................................. 5  
**Curriculum** ........................................................................................................................... 6  
  Synopsis ................................................................................................................................ 6  
  Design ................................................................................................................................... 7  
  Curriculum Component I. Building the Foundation ............................................................... 8  
  Curriculum Component II. Developing the Generalist .......................................................... 9  
  Curriculum Component III. Expanding the Roles ............................................................... 11  
  Curriculum Strands: Weaving the Fabric of the USI Combined BS/MSOT Curriculum ........ 11  
  Modification History ............................................................................................................ 12  
**Accreditation Status** ........................................................................................................... 13  
**Code of Ethics** .................................................................................................................... 13  
**Expected Outcome Competencies of Graduates** ............................................................... 20  
  General Competencies ........................................................................................................ 21  
  Specific Competencies ......................................................................................................... 21  
**BS/MS OT Curriculum** ........................................................................................................ 28  
  Course Descriptions ............................................................................................................. 29  
  OT 151 Orientation to Occupational Therapy ................................................................. 29  
  OT 310 Applied Pathophysiology I ..................................................................................... 29  
  OT 312 Applied Pathophysiology II ..................................................................................... 29  
  OT 320 Professional Communication ................................................................................. 29  
  OT 330 Media and Modalities I ........................................................................................... 29  
  OT 331 Media and Modalities II .......................................................................................... 29  
  OT 340 Psychological and Social Considerations of Occupational Performance ............ 29  
  OT 342 Cognition and Occupational Performance ........................................................... 30  
  OT 350 Independent Study ................................................................................................... 30  
  OT 380 Professional Evaluation .......................................................................................... 30  
  OT 391 Professional Clinical Reasoning Skills .................................................................... 30  
  OT 440 Activities of Daily Living and Play/Leisure ............................................................. 30  
  OT 441 Work and Productive Activities ............................................................................. 30  
  OT 443 Occupational Performance Components II: Sensorimotor Skills ......................... 30  
  OT 450 Independent Study .................................................................................................. 30  
  OT 462 Professional Issues ................................................................................................. 31  
  OT 480 Occupational Therapy Research ............................................................................ 31  
  OT 493 Intervention Strategies ........................................................................................... 31  
  OT 495 Professional Practicum Seminar A .......................................................................... 31  
  OT 496 Professional Practicum Seminar B .......................................................................... 31  
  OT 671 Occupational Therapy Leadership .......................................................................... 31  
  OT 683 Advanced Occupational Therapy Research Strategies ......................................... 31
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>OT 690</td>
<td>Special Topics</td>
<td>32</td>
</tr>
<tr>
<td>OT 692</td>
<td>Specialized Evaluation Strategies</td>
<td>32</td>
</tr>
<tr>
<td>OT 696</td>
<td>Professional Fieldwork I</td>
<td>32</td>
</tr>
<tr>
<td>OT 697</td>
<td>Professional Fieldwork II</td>
<td>32</td>
</tr>
<tr>
<td>OT 698</td>
<td>Specialized Role Internship</td>
<td>32</td>
</tr>
<tr>
<td>OT 699</td>
<td>Occupational Therapy Synthesis</td>
<td>32</td>
</tr>
</tbody>
</table>

**General Information**

- College Offices ............................................................................................................ 32
- Status Change .................................................................................................................. 33
- Transfer Credit .............................................................................................................. 33
- Full-Time Working Policy .............................................................................................. 33
- Schedule Flexibility ....................................................................................................... 33
- Payment of Tuition ......................................................................................................... 33
- Student Identification Cards ....................................................................................... 33
- Student Nametags ............................................................................................................ 34
- Car Policies .................................................................................................................... 34
- Tobacco-Free Policy ....................................................................................................... 34
- Student Right-to-Know Act ............................................................................................. 34
- Professional Liability Insurance .................................................................................... 34
- Other Course Fees ......................................................................................................... 34
- Health Insurance ........................................................................................................... 34
- Professional Associations and Memberships .................................................................. 34
- Email Accounts: eagles.usi.edu ..................................................................................... 35
- Computers ....................................................................................................................... 35
- CPR Certification ........................................................................................................... 35
- BS Graduation ............................................................................................................... 35
- MSOT Application .......................................................................................................... 35
- MSOT Graduation ............................................................................................................ 35
- APA Style Requirements ................................................................................................ 35
- Authorship ..................................................................................................................... 35
- Student Copyright Infringement Policy ........................................................................ 36
- Temporary Credentials ................................................................................................... 37
- NBCOT Examination Registration ................................................................................... 37
- BS/MSOT Requirement .................................................................................................... 38
- Impact of Felony Conviction or DUI ............................................................................. 38

**Health Information**

- Medical Evaluation, Immunizations, and Record Keeping .............................................. 38
- Disability Status ............................................................................................................ 38
Pregnancy and Change in Health Status ................................................................. 39
Personal Injury ........................................................................................................ 39
Infection Control Policy .......................................................................................... 40
Introduction .............................................................................................................. 41
Medical Evaluation, Immunizations, and Record Keeping .................................. 42
  Vaccines Recommendations ................................................................................. 42
  Hepatitis B .............................................................................................................. 42
  Influenza ................................................................................................................. 43
  Measles, Mumps, Rubella (MMR) ........................................................................ 43
  Varicella .................................................................................................................. 43
  Tetanus/Diphtheria/Pertussis (Td/Tdap) ................................................................. 43
  Two-Step TST Testing ........................................................................................... 44
  Record Keeping ....................................................................................................... 44
HIV Positive, HBV, or HCV Chronic Carrier Students and Faculty .................... 44
Tuberculosis Exposure/Conversion ......................................................................... 45
Exposure Potential .................................................................................................. 45
Percutaneous/Mucous Membrane Exposure to Blood or Other Potentially Infectious Materials (Exposure Incident) ................................................................. 45
  Hepatitis B Procedure ......................................................................................... 47
  Hepatitis C Procedure ......................................................................................... 47
  Additional Information ......................................................................................... 47
Methods of Reducing Potential for Exposure to Pathogens ................................ 48
  Standard Precautions .......................................................................................... 48
  Engineering and Work Practice Controls .......................................................... 48
  Personal Protective Wear ...................................................................................... 49
    Gloves .................................................................................................................. 49
    Disposable gloves .............................................................................................. 50
    Utility gloves ...................................................................................................... 50
    Masks ................................................................................................................... 50
    Eye Protection ..................................................................................................... 50
    Protective Body Clothing ................................................................................... 50
  Housekeeping ....................................................................................................... 50
  Infectious Waste Management .......................................................................... 51
Definitions of Terms/Abbreviations .................................................................... 51
  AIDS ....................................................................................................................... 51
  Anti-HBs - Hepatitis B Surface Antibody ............................................................ 51
  Anti-HCV – Hepatitis C antibody virus ............................................................... 51
  CDC ....................................................................................................................... 51
  Delayed Report ..................................................................................................... 51
iv

Exposure Incident........................................................................................................52
HBIG  Hepatitis B Immune Globulin........................................................................52
HBsAg - Hepatitis B Surface Antigen ........................................................................52
HCP ..........................................................................................................................52
HIV - Human Immunodeficiency Virus ......................................................................52
LTBI ..........................................................................................................................52
OPIM - Other Potentially Infectious Materials .........................................................52
PEP ..........................................................................................................................52
Standard Precautions ..............................................................................................52
Universal Precautions ..............................................................................................52
Management of Exposure Incidents .........................................................................53
Management of Exposure Incidents Checklist .........................................................53
Acknowledgement of Refusal to Seek Management of Exposure Incident ............54
Student Exposure Incident Report ...........................................................................55
Instructions for Completing the Injury or Illness Report .........................................57
Injury or Illness Report ..............................................................................................58
Health Information Privacy Policies and Procedures (HIPAA) ................................59
  General Rule: No Use or Disclosure ......................................................................59
  Acknowledgement and Optional Consent ................................................................59
  Oral Agreement ......................................................................................................60
  Permitted Without Acknowledgement, Consent Authorization or Oral Agreement ...60
  Required Disclosures .............................................................................................61
  Minimum Necessary ..............................................................................................61
  Business Associates ...............................................................................................61
  Notice of Privacy Practices ......................................................................................61
  Individual Rights ....................................................................................................61
  Staff Training and Management, Complaint Procedures, Data Safeguards, Administrative Practices
  ..................................................................................................................................62
  State Law Compliance ............................................................................................64
  HHS Enforcement ...................................................................................................64
  Designated Personnel .............................................................................................64
Zachary Law Compliance Policy ................................................................................64
Health Professions Center Policies, Procedures, and Guidelines ..........................65
  Phone Calls ..............................................................................................................65
  Digital and Electronic Devices ................................................................................65
  Eating and Drinking Policies ..................................................................................65
Other Information ..................................................................................................................74
Fieldwork Absences ...............................................................................................................75
Clinical Locations ...............................................................................................................75
Relation of Fieldwork Completion to Didactic Work ..........................................................75
Transportation .......................................................................................................................75
Housing ..................................................................................................................................75
Errors and Incidents During Fieldwork ...............................................................................75
Required Health Forms for Third, Fourth, and Fifth Year OT Students .........................76
For Incoming Third Years ....................................................................................................76
For Fourth Years ....................................................................................................................76
For Fifth Years .......................................................................................................................76
Academic Rights and Appeal Policies .................................................................................76
Academic Grievance Process ...............................................................................................77
Family Educational Rights and Privacy Act (FERPA) .........................................................77
Student Organizations and Participation ..........................................................................77
Class Organizations .............................................................................................................77
SOTA: Student Occupational Therapy Association ............................................................78
University of Southern Indiana Student Organizations .......................................................78
Fundraising and Other College Activities ..........................................................................78
Personal Safety on USI Campus ..........................................................................................78
Security Website ...................................................................................................................78
Emergency Procedures: Evacuation .....................................................................................78
Directions .............................................................................................................................78
Evacuation from Evansville, IN ............................................................................................79
Welcome

On behalf of the Occupational Therapy Program, we welcome you into the combined BS/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 combined BS/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>
<thead>
<tr>
<th>Teacher-Based Learning</th>
<th>Student-Based Learning</th>
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<tbody>
<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>
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</table>

In the process of taking responsibility for your own learning—perhaps for the first time in your life—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. Occupational therapy services are not delivered in a one-size-fits-all format.

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. Interestingly, using print-based resources with current publication dates, just as you did successfully in the non-OT required courses, may not provide optimal options for future practice. This means that in the USI combined BS/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 combined BS/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, but 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 sufficient 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 combined BS/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 postbaccalaureate 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.

Another accreditation process took place in the fall of 2005. After submission of the 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 most recent accreditation process took place in the fall of 2012. The Self Study Report was submitted in June and the on-site visit was completed in September. The combined baccalaureate/master’s program was granted continuing education status by ACOTE with the suggestion that the curriculum change from a BS/MSOT curriculum to an MSOT curriculum only. Multiple strengths of the OT Program were indicated by ACOTE supporting the Program Director, Faculty, Academic Fieldwork Coordinator, Fieldwork Educators, and Students.

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 2002-2003 school year, Brad Menke, OTR, MPA, CHT was hired to teach the second media course, 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.

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 acquired an education in liberal arts and sciences and 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 life long 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 arts 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 postbaccalaureate 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 is now 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 are eligible for the certification exam only after earning the BS with an occupational therapy
major followed by the MSOT.

With full implementation of the combined BS/MSOT curriculum, the USI Occupational Therapy Program is now a 2 + 3 year curriculum: 2 years of prerequisite courses followed by 3 years of occupational therapy courses. The prospective occupational therapy student is a pre-occupational therapy major for the first two years of prerequisite coursework with emphases on the physical and social sciences as well as University Core Curriculum (the general education program at the University of Southern Indiana) requirements. In the winter of Year 2 (Y2), the prerequisite courses, students begin the competitive selection process for entry into the Occupational Therapy Program component which consists of occupational therapy coursework (65 credit hours in the BS curriculum and 32 credits hours in the MSOT curriculum) and a minimum of 1,160 clock hours of clinical experience (120 hours beyond Level II experiences). Upon successful completion of the competitive selection process, students who accept the invitation from the Occupational Therapy Program to begin taking 300-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 BS/MSOT curriculum design consists of three components: (1) building the foundation, (2) developing the generalist, and (3) expanding the role. The University Core Curriculum (USI’s term for general education) 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 combined BS/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 (BS) and then to expand the role of advanced generalist practitioner (MSOT). Please see the curriculum design in the next table.

**Curriculum Design**

<table>
<thead>
<tr>
<th>Component:</th>
<th>32 - hours MSOT: Expanding the Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>67 - hours BS: Developing the Generalist</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Curriculum Strands:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Professional Integrity</td>
</tr>
<tr>
<td>6. Health &amp; Social Justice</td>
</tr>
<tr>
<td>7. Systematic Inquiry</td>
</tr>
<tr>
<td>8. Partnership &amp; Collaboration</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prerequisite Courses: Building the Foundation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Core Curriculum</td>
</tr>
<tr>
<td>E. The Mind: Enhancement of Cognitive Abilities (English, communications, and mathematics)</td>
</tr>
<tr>
<td>F. The Self: Enhancement of Individual Development (ethics, arts, health/fitness)</td>
</tr>
<tr>
<td>G. The World: Enhancement of Cultural and Natural Awareness (history, developmental psychology, sociology, anatomy and physiology, western culture, and global communities)</td>
</tr>
<tr>
<td>H. The Synthesis: Integration and Application of Knowledge</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Prerequisite Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Pharmacology</td>
</tr>
<tr>
<td>5. Medical Terminology</td>
</tr>
<tr>
<td>6. Chemistry</td>
</tr>
</tbody>
</table>

The academic approach provides a focus on individualism. Techniques most commonly utilized in this approach are exposition and scientific inquiry with an emphasis on engaging students in emergent learning rather than merely having them recite known conclusions.
Curriculum Component I. Building the Foundation

(University Core Curriculum and Other Prerequisites)
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 University Core Curriculum requirements listed on pages 48-49 of the University of Southern Indiana 2007-2009 Bulletin. According to this document:

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

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

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

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

Since the University Core Curriculum has a diversity of aims, no single course addresses all of them. The program as a whole seeks to achieve the following goals and objectives. But two goals that do pervade the entire program are critical thinking and information processing.

Critical thinking is defined as “the ability to analyze and critically evaluate information.” Students who complete the University Core Curriculum 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 the University Core Curriculum should also know how to perform basic research tasks involving primary and secondary sources, including laboratory and file experiences. They should learn to retrieve and organize information stored in diverse formats, and use the computer to extend their ability to process information.
Table 3. Occupational Therapy Program’s Recommended non-OT Required Courses Compared With the University Core Curriculum

<table>
<thead>
<tr>
<th>Designation</th>
<th>Category</th>
<th>Hours</th>
<th>Occupational Therapy Program Prerequisite Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>ENG 201 Rhetoric and Composition II</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CMST 107 Introduction to Interpersonal Communication</td>
</tr>
<tr>
<td></td>
<td>A2 Mathematics</td>
<td>3-4</td>
<td>MATH 111 Survey of Mathematics/College Algebra</td>
</tr>
<tr>
<td>B. The Self: Enhancement of Individual Development (8 hours)</td>
<td>B1 Ethics</td>
<td>3</td>
<td>HP 356</td>
</tr>
<tr>
<td></td>
<td>B2 The Arts</td>
<td>3</td>
<td>Approved Arts course</td>
</tr>
<tr>
<td></td>
<td>B3 Health/Fitness</td>
<td>2</td>
<td>PED Activity course</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>OT 310 Applied Pathophysiology I</td>
</tr>
<tr>
<td>C. The World: Enhancement of Cultural and Natural Awareness (26-27 hours)</td>
<td>C1 History</td>
<td>3</td>
<td>Approved History course</td>
</tr>
<tr>
<td></td>
<td>C2 Individual Development/</td>
<td>6</td>
<td>SOC 121 Introduction to Sociology</td>
</tr>
<tr>
<td></td>
<td>Social Behavior</td>
<td></td>
<td>PSY 201 Introduction to Psychology</td>
</tr>
<tr>
<td></td>
<td>C3 Science</td>
<td>8-9</td>
<td>BIOL 121 Anatomy and Physiology I</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>BIOL 122 Anatomy and Physiology II</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CHEM 141</td>
</tr>
<tr>
<td></td>
<td>C4 Western Culture</td>
<td>6</td>
<td>Approved Humanities I course</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Approved Humanities II course</td>
</tr>
<tr>
<td></td>
<td>C5 Global Communities</td>
<td>3</td>
<td>HP 235</td>
</tr>
</tbody>
</table>

D. The Synthesis: Integration and Application of Knowledge (3 hours)

<table>
<thead>
<tr>
<th>Designation</th>
<th>Category</th>
<th>Hours</th>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Synthesis</td>
<td>3</td>
<td>OT 480 Occupational Therapy Research</td>
</tr>
</tbody>
</table>

The University Core Curriculum has four components: (a) the mind, enhancement of cognitive abilities; (b) the self, enhancement of individual development; (c) the world, enhancement of cultural and natural awareness; and (d) the synthesis, integration and application of knowledge. Please see Table 3 for a comparison of Occupational Therapy Program recommended required courses with the University Core Curriculum requirements.

Prior to the first semester of the combined BS/MSOT coursework, many students take OT 151 Orientation to Occupational Therapy, a one hour introductory course that provides an overview of occupational therapy history and foundations. Most students opt to take the introductory course prior to entering the combined BS/MSOT; however, students who have entered into the program and have not taken the course or a similar course at another university enroll in OT 151 Orientation to Occupational Therapy concurrently during the third year.

First and second year pre-occupational therapy majors essentially complete the first component of the combined BS/MSOT curriculum by taking University Core Curriculum courses and other required prerequisites that develop a broad foundation for professional study and provide a breadth and depth of knowledge in the liberal arts and sciences. In the third, fourth, and fifth years, students complete the other two curriculum components (developing the generalist and expanding the role) in the combined BS/MSOT educational program that integrates 1160 clock hours weeks of internships and practicum experiences (120 hours beyond Level II fieldwork).

Curriculum Component II. Developing the Generalist (65-hour BS)

The combined BS/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 (2007) 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 and Uniform Terminology for Occupational Therapy III.

In the planning of the baccalaureate curriculum, the second component—developing the generalist in the combined BS/MSOT program, 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 had no medical diagnosis-based classes. Both applied pathophysiology courses (OT 310 Applied Pathophysiology I and OT 312 Applied Pathophysiology II) 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, the pathology courses consider, 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 320 Professional Communication, OT 330 Media & Modalities I, OT 391 Clinical Reasoning, PED 383 Kinesiology, OT 331 Media & Modalities II, OT 340 Psychological & Social Considerations of OT, OT 342 Cognition, and OT 380 Professional Evaluation), help to provide an educational basis for students who tend to take new information at a literal level.

Specific techniques that consider the holistic, client-centered approach as considered across the lifespan are emphasized in the two media and modalities courses (OT 330 Media and Modalities I and OT 331 Media and Modalities II) presented in the first two semesters. In OT 330 Media and Modalities I, activity analysis allows students to analyze functional movement patterns across the lifespan while engaged in therapeutic activity and occupation. In OT 331 Media and Modalities II, 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 320 Professional Communication which emphasizes written, oral, and nonverbal professional communication, OT 391 Clinical Reasoning introduces the skills in relation to function across the lifespan, PED 383 Kinesiology integrates basic concepts of movement while OT 340 Psychological and Social Considerations and OT 342 Cognition educates students of such considerations in regard

2014 Occupational Therapy Student Handbook
to occupation across the lifespan. Students then progress through the third and fourth semesters by building on this knowledge and applying it in holistic, client centered manners across the lifespan. OT 380 Professional Evaluation covers basics screens, assessments, and evaluations of occupations, OT 440 Activities of Daily Living and Play/Leisure and OT 441 Work Productive Activities addresses functional aspects of such occupations, OT 443 Sensorimotor Skills focuses on sensory and motor components of functional activities across the lifespan while OT 493 Occupational Therapy Intervention allows students to study various interventions to establish/restore occupations across the lifespan, OT 495 Professional Practicum Seminar A and OT 496 Professional Seminar B provide students the opportunities to experience the acquired knowledge in an occupational therapy practice setting. Finally, the students begin a transition to evaluating such knowledge, through OT 462 Professional Issues in which leadership issues are introduced and professional responsibilities are learned and in OT 480 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
(32-hour MSOT)
The third curriculum component—expanding the roles (MSOT)—consists of 8 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 learned in the undergraduate curriculum. 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 (2007) 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 and Uniform Terminology for Occupational Therapy III. This portion of the curriculum, which continues with the functional approach to occupation across the lifespan is 32 credit hours consisting of OT 692 Specialized Evaluation Strategies which expands on the undergraduate evaluation course addressing more standardized evaluation methods, OT 690 Special Topics, in which study is concentrated on emerging, innovative, or specialized areas of the occupational therapy profession, 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 and OT 696 Professional Fieldwork I and OT 697 Professional Fieldwork II which enable students to synthesize knowledge into occupational therapy practice settings, OT 699 Occupational Therapy Synthesis which students synthesize knowledge in development of community projects, and OT 698 Specialized Role Internship Seminar in which students work with faculty to customize extra practice experience by selecting (a) more in-depth preparation in a particular area or setting (e.g., orthopedics, school system) or (b) study of a new area or setting they have not yet experienced.

In the planning of the graduate curriculum which completes the continuum of education to evaluation and synthesis, the curriculum design continued with a functional approach utilizing the comprehensive frames of reference as applied across the lifespan and the following documents:


Curriculum Strands: Weaving the Fabric of the USI Combined BS/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 2014 Occupational Therapy Student Handbook 11
curriculum strands (Professional Integrity, Health and Social Justice, Systematic Inquiry, and Partnerships and Collaboration, and wellness) which are threaded throughout courses in the combined BS/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 at least one aspect of each strand.

The first strand, Professional Integrity, includes aspects of professional ethics, conduct, communication, and leadership. This strand is initially introduced in OT 151 Orientation to OT and progresses each semester with courses such as OT 320 Professional Communication, OT 391 Clinical Reasoning, OT 331 Media & Modalities II, OT 380 Professional Evaluation, OT 440 ADL & Play/Leisure, OT 493 Intervention, OT 462 Professional Issues, OT 671 OT Leadership, OT 690 Special Topics, OT 495 Professional Practicum Seminar A, OT 496 Professional Practicum Seminar B, OT 696 Professional Fieldwork I, OT 697 Professional Fieldwork II, and OT 699 Synthesis.

Strand two, Health and Social Justice, incorporates issues relating to diversity, wellness, ethics, and service learning. As with other strands, strand two is introduced in OT 151 Orientation to OT and proceeds with OT 330 Media & Modalities, OT 340 Psychological & Social Considerations, OT 342 Cognition, OT 443 Sensorimotor Skills, OT 480 OT Research, OT 683 Advanced OT Research, OT 495 Professional Practicum Seminar A, OT 496 Professional Practicum Seminar B, OT 696 Professional Fieldwork I, OT 697 Professional Fieldwork II, and OT 699 OT Synthesis.


Finally, the fourth strand, Partnership and Collaboration, consists of aspects of client-centered practice, collaboration with OTAs and other health professionals, and service learning. Introduced in OT 151 Orientation to OT, this strand progresses through OT 330 Media & Modalities, OT 380 Professional Evaluation, OT 493 Intervention, OT 692 Specialized Evaluation Strategies, OT 671 OT Leadership, OT 495 Professional Practicum Seminar A, OT 496, Professional Practicum Seminar B, OT 696 Professional Fieldwork I, OT 697 Professional Fieldwork II, and OT 699 OT Synthesis.

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 a number of 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 new BS/MSOT curriculum allows 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 allows students to acquire a foundation of occupational therapy knowledge then progresses through application, evaluation, and synthesis of such knowledge.

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, well being, and quality of life” AOTA, 2004). Occupational therapy personnel have an ethical responsibility primarily to recipients of service and secondarily to society.

2014 Occupational Therapy Student Handbook 13
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 (Purtillo, 2005), Principle 7 specifically addresses fidelity as it relates to maintaining collegial and organizational relationships. Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. Practitioners, educators, and researchers alike must consistently balance their duties to service recipients, students, research participants, and other professionals as well as to organizations that may influence decision-making and professional practice.

**Occupational therapy personnel shall**

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

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

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

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

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

G. Use conflict resolution and/or alternative dispute resolution resources to resolve organizational and interpersonal conflicts.
H. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.

References


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Adopted by the Representative Assembly 2010CApr17.


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. The graduate of the Occupational Therapy Program at University of Southern Indiana shall:

**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 interprofessionally with those who provide care for individuals and/or populations in order to clarify each member’s responsibility in executing components of an intervention plan.
- 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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<tbody>
<tr>
<td>B.1.0.</td>
<td><strong>FOUNDATIONAL CONTENT REQUIREMENTS</strong></td>
</tr>
<tr>
<td></td>
<td>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</td>
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<tr>
<td>B.1.1.</td>
<td>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.</td>
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<td>B.1.2.</td>
<td>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.</td>
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<tr>
<td>B.1.3.</td>
<td>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.</td>
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<tr>
<td>B.1.4.</td>
<td>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.</td>
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<tr>
<td>B.1.5.</td>
<td>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.</td>
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<tr>
<td>B.1.6.</td>
<td>Demonstrate knowledge of global social issues and prevailing health and welfare needs of populations with or at risk for disabilities and chronic health conditions.</td>
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<tr>
<td>B.1.7.</td>
<td>Demonstrate the ability to use statistics to interpret tests and measurements for the purpose of delivering evidence-based practice.</td>
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<tr>
<td>B.1.8.</td>
<td>Demonstrate an understanding of the use of technology to support performance, participation, health and well-being. This technology may include, but is not limited to, electronic documentation systems, distance communication, virtual environments, and telehealth technology.</td>
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</table>

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

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

| B.2.1. | Articulate an understanding of the importance of the history and philosophical base of the profession of occupational therapy. |
| B.2.2. | Explain the meaning and dynamics of occupation and activity, including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors. |
| B.2.3. | Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support performance, participation, health, and well-being. |
| B.2.4. | Articulate the importance of balancing areas of occupation with the achievement of health and wellness for the clients. |
| B.2.5. | Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society. |
| B.2.6. | Analyze the effects of heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual. |
| B.2.7. | Demonstrate task analysis in areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors to formulate an intervention plan. |
| B.2.8. | Use sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. |
| B.2.9. | Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, personal, temporal, virtual) and environment. |
| B.2.10. | Use clinical reasoning to explain the rationale for and use of compensatory strategies when desired life tasks cannot be performed. |
| B.2.11. | Analyze, synthesize, and apply models of occupational performance. |

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

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

| B.3.1. | Apply theories that underlie the practice of occupational therapy. |
| B.3.2. | Compare and contrast models of practice and frames of reference that are used in occupational therapy. |
| B.3.3. | Use theories, models of practice, and frames of reference to guide and inform evaluation and intervention. |
| B.3.4. | Analyze and discuss how occupational therapy history, occupational therapy theory, and the sociopolitical climate influence practice. |
| B.3.5. | Apply theoretical constructs to evaluation and intervention with various types of clients in a variety of practice contexts and environments to analyze and effect meaningful occupation outcomes. |
| B.3.6. | Discuss the process of theory development and its importance to occupational therapy. |
| B.4.0. | SCREENING, EVALUATION, AND REFERRAL  
The process of screening, evaluation, and referral as related to occupational performance and participation must be culturally relevant and based on theoretical perspectives, models of practice, frames of reference, and available evidence. In addition, this process must consider the continuum of need from individuals to populations. The program must facilitate development of the performance criteria listed below. The student will be able to |
| B.4.1. | Use standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention. These tools include, but are not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, significant others, and community. |
| B.4.2. | Select appropriate assessment tools on the basis of client needs, contextual factors, and psychometric properties of tests. These must be culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process. |
| B.4.3. | Use appropriate procedures and protocols (including standardized formats) when administering assessments. |
| B.4.4. | Evaluate client(s)’ occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes  
- 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: |
| 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. |
| 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. |
| 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. |
| B.5.21. | Effectively communicate and work interprofessionally with those who provide services to individuals, organizations, and/or populations in order to clarify each member’s responsibility in executing an intervention plan. |
| B.5.22. | Refer to specialists (both internal and external to the profession) for consultation and intervention. |
| B.5.23. | Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client, the sociocultural context, and technological advances. |
| B.5.24. | Select and teach compensatory strategies, such as use of technology and adaptations to the environment, that support performance, participation, and well-being. |
| B.5.25. | Identify and demonstrate techniques in skills of supervision and collaboration with occupational therapy assistants and other professionals on therapeutic interventions. |
| B.5.26. | Understand when and how to use the consultative process with groups, programs, organizations, or communities. |
| B.5.27. | Describe the role of the occupational therapist in care coordination, case management, and transition services in traditional and emerging practice environments. |
| B.5.28. | Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention. |
| B.5.29. | Plan for discharge, in collaboration with the client, by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. This process includes, but is not limited to, identification of client’s current status within the continuum of care; identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming to facilitate the client’s progression along the continuum toward outcome goals. |
| B.5.30. | Organize, collect, and analyze data in a systematic manner for evaluation of practice outcomes. Report evaluation results and modify practice as needed to improve client outcomes. |
| B.5.31. | Terminate occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. This process includes developing a summary of occupational therapy outcomes, appropriate recommendations, and referrals and discussion of post-discharge needs with the client and with appropriate others. |
| B.5.32. | Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered. |

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

Context of service delivery includes the knowledge and understanding of the various contexts, such as professional, social, cultural, political, economic, and ecological, in which occupational therapy services are provided.
provided. The program must facilitate development of the performance criteria listed below. The student will be able to

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<tbody>
<tr>
<td><strong>B.6.1.</strong></td>
<td>Evaluate and address the various contexts of health care, education, community, political, and social systems as they relate to the practice of occupational therapy.</td>
</tr>
<tr>
<td><strong>B.6.2.</strong></td>
<td>Analyze the current policy issues and the social, economic, political, geographic, and demographic factors that influence the various contexts for practice of occupational therapy.</td>
</tr>
<tr>
<td><strong>B.6.3.</strong></td>
<td>Integrate current social, economic, political, geographic, and demographic factors to promote policy development and the provision of occupational therapy services.</td>
</tr>
<tr>
<td><strong>B.6.4.</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>B.6.5.</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>B.6.6.</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>

**B.7.0. MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES**

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

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<tbody>
<tr>
<td><strong>B.7.1.</strong></td>
<td>Describe and discuss the impact of contextual factors on the management and delivery of occupational therapy services.</td>
</tr>
<tr>
<td><strong>B.7.2.</strong></td>
<td>Describe the systems and structures that create federal and state legislation and regulations and their implications and effects on practice.</td>
</tr>
<tr>
<td><strong>B.7.3.</strong></td>
<td>Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.</td>
</tr>
<tr>
<td><strong>B.7.4.</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>B.7.5.</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>B.7.6.</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>B.7.7.</strong></td>
<td>Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non–occupational therapy personnel.</td>
</tr>
<tr>
<td><strong>B.7.8.</strong></td>
<td>Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.</td>
</tr>
</tbody>
</table>

**B.8.0. SCHOLARSHIP**

Promotion of scholarly endeavors will serve to describe and interpret the scope of the profession, establish new knowledge, and interpret and apply this knowledge to practice. The program must facilitate development of the performance criteria listed below. The student will be able to

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<tbody>
<tr>
<td><strong>B.8.1.</strong></td>
<td>Articulate the importance of how scholarly activities contribute to the development of a body of knowledge relevant to the profession of occupational therapy.</td>
</tr>
<tr>
<td><strong>B.8.2.</strong></td>
<td>Effectively locate, understand, critique, and evaluate information, including the quality of evidence.</td>
</tr>
<tr>
<td>B.8.3.</td>
<td>Use scholarly literature to make evidence-based decisions.</td>
</tr>
<tr>
<td>B.8.4.</td>
<td>Understand and use basic descriptive, correlational, and inferential quantitative statistics and code, analyze, and synthesize qualitative data.</td>
</tr>
<tr>
<td>B.8.5.</td>
<td>Understand and critique the validity of research studies, including their design (both quantitative and qualitative) and methodology.</td>
</tr>
<tr>
<td>B.8.6.</td>
<td>Demonstrate the skills necessary to design a scholarly proposal that includes the research question, relevant literature, sample, design, measurement, and data analysis.</td>
</tr>
<tr>
<td>B.8.7.</td>
<td>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).</td>
</tr>
<tr>
<td>B.8.8.</td>
<td>Demonstrate skills necessary to write a scholarly report in a format for presentation or publication.</td>
</tr>
<tr>
<td>B.8.9.</td>
<td>Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities.</td>
</tr>
</tbody>
</table>

### 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). |

Reference (Retrieved on 10/1/2013): AOTA.org Official Documents
BS/MS OT Curriculum

### Prerequisite Courses:

<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><strong>FIRST YEAR</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Fall Semester</td>
<td>ENG 101</td>
<td>Rhetoric &amp; Composition I</td>
<td>3</td>
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<tr>
<td></td>
<td>CMST 101/107</td>
<td>Communication</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>SOC 121</td>
<td>Principles of Sociology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>MATH 111</td>
<td>College Algebra</td>
<td>4</td>
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<tr>
<td></td>
<td>BIO 121</td>
<td>Anatomy &amp; Physiology I</td>
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<tr>
<td></td>
<td>OT 151</td>
<td>Orientation to OT</td>
<td>1</td>
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<tr>
<td>Spring Semester</td>
<td>ENG 201</td>
<td>Rhetoric &amp; Composition II</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HUM I</td>
<td>(C4)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PSY 201</td>
<td>Introduction to Psychology</td>
<td>3</td>
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<tr>
<td></td>
<td>BIO 122</td>
<td>Anatomy &amp; Physiology II</td>
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<td>ARTS</td>
<td>(B2)</td>
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<td>PE Activity</td>
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<td><strong>SECOND YEAR</strong></td>
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<td>HP 115</td>
<td>Medical Terminology</td>
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<td>HUM II</td>
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<td>PSY 261</td>
<td>Lifespan Dev Psychology</td>
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<td>CHEM 141</td>
<td>Intro to Chemistry</td>
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<tr>
<td><strong>FOURTH YEAR</strong></td>
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<tr>
<td>Spring Semester</td>
<td>HP 211</td>
<td>The Healthcare Delivery System</td>
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<tr>
<td></td>
<td>HP 255</td>
<td>Human Sexuality</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HP 265</td>
<td>Alcohol &amp; Drug Abuse</td>
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<tr>
<td></td>
<td>PHYS 101</td>
<td>Intro to Physical Sciences</td>
<td></td>
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<tr>
<td></td>
<td>SOCW 238</td>
<td>Disabilities in Contemporary</td>
<td></td>
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</table>

Choose one of the following electives: 3

- HP 211 The Healthcare Delivery System
- HP 255 Human Sexuality
- HP 265 Alcohol & Drug Abuse
- PHYS 101 Intro to Physical Sciences
- SOCW 238 Disabilities in Contemporary Society

Apply to BS/MSOT Program

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>Spring Semester</td>
<td>HP 236</td>
<td>Eastern Medicine</td>
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<tr>
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<td>PSY 322</td>
<td>Abnormal Psychology</td>
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<td>HA 356</td>
<td>Ethics &amp; Health Care</td>
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<td></td>
<td>HIST</td>
<td>(C1)</td>
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<tr>
<td></td>
<td>HP 225</td>
<td>Pharmacology &amp; Therapeutics</td>
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*If not taken in prerequisites.

### Professional Coursework:

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<th>Semester</th>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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<tr>
<td>Fall Semester</td>
<td>OT 151</td>
<td>Orientation to OT*</td>
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<td></td>
<td>OT 310</td>
<td>Applied Pathophysiology I</td>
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<td></td>
<td>OT 320</td>
<td>Professional Communication</td>
<td>3</td>
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<td>OT 330</td>
<td>Media &amp; Modalities I</td>
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<td>PED 383</td>
<td>Kinesiology</td>
<td>3</td>
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<td>OT 391</td>
<td>Clinical Reasoning</td>
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<td>Spring Semester</td>
<td>OT 312</td>
<td>Applied Pathophysiology II</td>
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<td>OT 331</td>
<td>Media &amp; Modalities II</td>
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<tr>
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<td>OT 340</td>
<td>Psych &amp; Social Considerations</td>
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<td>OT 342</td>
<td>Cognition</td>
<td>3</td>
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<td>OT 380</td>
<td>Professional Evaluation</td>
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<tr>
<td><strong>FOURTH YEAR</strong></td>
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<tr>
<td>Fall Semester</td>
<td>HP 302</td>
<td>Biostatistics</td>
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<td>OT 440</td>
<td>ADL &amp; Play/Leisure</td>
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<td>OT 443</td>
<td>Sensorimotor Skills</td>
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<td>OT 493</td>
<td>Intervention</td>
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<td>OT 495</td>
<td>Prof Practicum Seminar</td>
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<td>Spring Semester</td>
<td>OT 441</td>
<td>Work &amp; Productive Activities</td>
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<td>OT 462</td>
<td>Professional Issues</td>
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<td>OT 480</td>
<td>Occupational Therapy Research</td>
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<td>OT 496</td>
<td>Prof Practicum Seminar B</td>
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<td>OT 692</td>
<td>Specialized Evaluation Strategies</td>
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</table>

Apply for Admission to Graduate Studies

**FIFTH YEAR**

<table>
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<tr>
<th>Semester</th>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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<td>Summer Semester</td>
<td>OT 696</td>
<td>Professional Fieldwork I</td>
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<td><strong>FIFTH YEAR</strong></td>
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<tr>
<td>Fall Semester</td>
<td>OT 671</td>
<td>OT Leadership</td>
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<td>OT 683</td>
<td>Advanced OT Research</td>
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<td>OT 698</td>
<td>Specialized Role Intern</td>
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<td>OT 699</td>
<td>OT Synthesis</td>
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<tr>
<td>Spring Semester</td>
<td>OT 697</td>
<td>Professional Fieldwork II</td>
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<tr>
<td></td>
<td>OT 690</td>
<td>Special Topics</td>
<td>2</td>
</tr>
</tbody>
</table>

2014 Occupational Therapy Student Handbook 28
Course Descriptions

**OT 151 Orientation to Occupational Therapy**
1 credit hour. This course provides a general overview of occupational therapy history, philosophy, and practice. Students gain a beginning understanding of the value of occupation or purposeful activity in daily life, survey the role of occupational therapy with various populations and in a variety of settings; recognize national and state credentialing requirements; identify occupational therapy association functions at all levels, and recognize AOTA standards, ethics, and policies and their effects on occupational therapy practitioner conduct and patient treatment.

**OT 310 Applied Pathophysiology I**
3 credit hours. This course begins with an introduction to occupational performance (areas, components, and contexts) and an integrated theoretical approach. The course proceeds with an overview of the etiology, clinical course, management, and prognosis of congenital and developmental disabilities, acute and chronic disease processes, and traumatic injuries, and examines the effects of such conditions on functional performance throughout the lifespan as well as explores the effects of wellness on the individual, family, culture, and society. This course has been approved for the one-hour nonactivity requirement of Category B3. Health/Fitness of the University Core Curriculum.

**OT 312 Applied Pathophysiology II**
5 credit hours. Providing a focus in the areas of neurology 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, while exploring the effects of health promotion and disability prevention on the individual, family, culture, and society. Developing skills in investigating, formulating, and discussing significant clinical and functional factors of such conditions is emphasized.

**OT 320 Professional Communication**
3 credit hours. The emphasis of this course is the development of professional level skills in the areas of listening, speaking, reading, and writing. This course includes skills such as interviewing, group interaction; documentation to ensure accountability and reimbursement of services, critical reading of research and scholarly papers, public speaking, and participation in meetings. Additionally, students learn to utilize single system research design as a strategy to evaluate clinical change.

**OT 330 Media and Modalities I**
3 credit hours. This course explores various activities and emphasizes detailed activity analysis of occupational performance, development and planning of activities to address delineated goals, grading and adapting of activities for therapeutic intervention, and evaluation of given activities for effectiveness in goal achievement.

**OT 331 Media and Modalities II**
3 credit hours. This course provides a strong orthotics core as well as emphasizes the application of therapeutic intervention for the accomplishment of purposeful activities (occupation) including family/caregiver training, environmental adjustments, orthotics, prosthetics, assistive technology, physical agent modalities, and other technology.

**OT 340 Psychological and Social Considerations of Occupational Performance**
4 credit hours. This course emphasizes the identification and examination of appropriate theoretical frameworks and the application of purposeful activities and occupations as therapeutic intervention to enhance psychological and social aspects of daily living. The course focuses on these aspects of occupation as related across the lifespan.
and in relation to various contextual factors of occupational performance.

**OT 342 Cognition and Occupational Performance**

3 credit hours. This course emphasizes the identification and examination of appropriate theoretical frameworks and the application of purposeful activities and occupations as therapeutic intervention to enhance cognitive aspects of daily living. The focus is also upon cognition as related across the lifespan as well as in relation to various contextual factors.

**OT 350 Independent Study**

1-12 credit hours. This elective course may be customized for the special interest of the student. Students may complete this independent study by participating in faculty approved supervised service delivery, research projects under the direction of faculty, or another faculty approved project.

**OT 380 Professional Evaluation**

3 credit hours. This course emphasizes: 1) evaluation of the need for occupational therapy intervention; 2) the selection, administration, and interpretation of standardized and non-standardized tests and evaluations; 3) interpretation of evaluation in relation to occupational performance, treatment planning, therapeutic intervention, and age-appropriate theoretical frameworks; 4) reevaluation for effect of occupational therapy intervention and need for continued and/or changed treatment; and 5) the appropriate use of the certified occupational therapy assistant in the screening and evaluation process.

**OT 391 Professional Clinical Reasoning Skills**

4 credit hours. In this course, students identify, examine, and apply various types of clinical reasoning (narrative reasoning, interactive reasoning, procedural reasoning, pragmatic reasoning, and conditional reasoning) in relation to occupational therapy evaluation and interventions.

**OT 440 Activities of Daily Living and Play/Leisure**

4 credit hours. The emphases of this course are the meaning and dynamics of purposeful activity and occupation to enhance role functioning across the lifespan, particularly in basic activities of daily living, instrumental activities of daily living, and play and leisure exploration and participation. Also emphasized are the interplay of occupation performance skills, patterns, and contexts in relation to activities of daily living and play and leisure occupations.

**OT 441 Work and Productive Activities**

4 credit hours. The emphases of this course are the meaning and dynamics of purposeful activity and occupation to enhance role functioning across the lifespan, particularly in the areas of work, education, and social participation. Also emphasized are the interplay of occupational performance skills, patterns, and contexts in relation to engagement in work, education, and various social systems.

**OT 443 Occupational Performance Components II: Sensorimotor Skills**

4 credit hours. This course emphasizes the identification and exploration of various sensorimotor theoretical frames of references, the selection and specification of purposeful activities that incorporate the concepts of a given frame of reference, and the practice and provision of therapeutic interventions in the sensorimotor occupational performance components. Sensorimotor components include sensory abilities (sensory awareness, sensory processing, and perceptual skills), neuromuscular abilities (reflexes, range of motion, muscle tone, strength, endurance, postural control, postural alignment, soft tissue integrity), and motor abilities (gross motor coordination, crossing the midline, laterality, bilateral integration, motor control, praxis, fine motor coordination/dexterity, visual-motor integration, and oral-motor control), and are related across the lifespan and performance contexts.

**OT 450 Independent Study**

1-12 credit hours. This elective course may be customized for the special interest of the student. Students may complete this independent study by participating in faculty approved supervised service delivery, research projects.
under the direction of faculty, or another faculty approved project.

**OT 462 Professional Issues**

4 credit hours. This course provides opportunities to understand the necessity of participating in the promotion of occupational therapy through interaction with other professionals, consumers, third party payers, and the public; to assume individual responsibility for planning professional development in order to maintain a level of practice consistent with accepted standards, and to understand environmental and policy issues which impact the provision of occupational therapy services. Also, this accelerated course, offered in the months of April and May after two professional fieldwork internships, provides a continuation of professional issue examination with a focus on the development of leadership abilities. The course emphasizes integration and synthesis of professional coursework with internship experiences. To simulate the timing necessary to integrate professional development into the work environment, certain assignments for this class are due during February and March even though students are completing Level II internship experiences during that time.

**OT 480 Occupational Therapy Research**

3 credit hours. This course is designed to provide the student opportunities to synthesize the requisite foundation of liberal arts and sciences (including biology, psychology, sociology, English, communications, and ethics) with the professional sequence of occupational therapy coursework. An introduction covers the philosophical underpinnings of inquiry, the importance of research, the traditions of research including process stages and essential components, basic versus applied research, and rigor in research. Next, students utilize discovery learning in various areas of inquiry. This course has been approved for Category D: Synthesis of the University Core Curriculum.

**OT 493 Intervention Strategies**

4 credit hours. This course emphasizes intervention principles, strategies, and theoretical bases in relation to the practice of occupational therapy throughout the lifespan. Students learn of factors affecting occupational performance such as environmental demands, available resources, media, modalities, and collaboration with all involved individuals in relation to intervention strategies.

**OT 495 Professional Practicum Seminar A**

2 credit hours. Along with a 40 clock hour Level I fieldwork experience, this first practicum seminar course provides students opportunities to discuss fieldwork matters and integrate fieldwork with occupational therapy process and practice issues.

**OT 496 Professional Practicum Seminar B**

2 credit hours. Along with a 40 clock hour Level I fieldwork experience, this second practicum seminar course provides students opportunities to discuss fieldwork matters and integrate fieldwork with occupational therapy process and practice issues.

**OT 671 Occupational Therapy Leadership**

3 credit hours. Principles of management such as planning, organizing, staffing, coordinating/directing, controlling, budgeting, marketing, and strategic planning are explored on a personal and professional level and applied to the delivery of occupational therapy services in a variety of service models including medical, community, and educational systems. There is an emphasis on the development of supervisory skills for occupational therapy students, occupational therapy assistants, and other personnel.

**OT 683 Advanced Occupational Therapy Research Strategies**

3 credit hours. 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
3 credit hours. This course provides opportunities for concentrated study in an emerging, innovative, or specialized area of the occupational therapy profession.

OT 692 Specialized Evaluation Strategies
3 credit hours. Providing an advanced study of tests and measurement principles within the centralized role of specialization, this course emphasizes: (a) clinical reasoning aspects; (b) selection, administration, and interpretation of standardized and non-standardized tests and evaluations; (c) interpretation of evaluation results; (d) documentation within an appropriate practice setting; and (e) reevaluation for effect of occupational therapy intervention and need for continued and/or changed treatment; (f) integration of evidence based practice into the evaluation process; and (g) changes in treatment goals that result from various evaluation results.

OT 696 Professional Fieldwork I
6 credit hours. In this Level II fieldwork experience of at least 12 weeks full-time, 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) ages across the lifespan of persons requiring occupational therapy services, (b) the setting with regard to chronicity (long term versus short term), and (c) facility type (institutional versus community bases).

OT 697 Professional Fieldwork II
6 credit hours. In this Level II fieldwork experience of at least 12 weeks full-time, 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 II must vary from Fieldwork I to reflect a difference in (a) ages across the lifespan of persons requiring occupational therapy services, (b) the setting with regard to chronicity (long term versus short term), and (c) facility type (institutional versus community bases).

OT 698 Specialized Role Internship
3 credit hours. Integrated within this course is a 120 clock-hour fieldwork internship experience in which students apply knowledge, values, and skills related to their selected central role of specialization. Such roles may include educator, researcher, entrepreneur, administrator, consultant, and advanced clinical practitioner. Students also meet in seminar fashion to reflect upon and share their learning experiences, providing additional synthesis of this internship.

OT 699 Occupational Therapy Synthesis
5 credit hours. 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 such as a research project or innovative scholarly project, 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 reflected in the syllabi students receive on their first day of classes.

**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 also 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, cost $5.00 each. If a student loses his/her name badge, the student will be charged a $10.00 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/usi-tobacco-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 supplies (e.g., OT 331: Media and Modalities II and OT 380 Professional Evaluation) 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 office.

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 usieagles.org account regularly for University correspondence. In addition, there are times when you will need to know your eagles.usi.edu email address; for example, you will need your mail.usi.edu address to access MyUSI, Blackboard, or the Rice Library.

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.

CPR Certification

Students are required to have current infant and adult CPR certification to begin and complete any fieldwork experience (OT 495, OT 496, OT 696, OT 697, and OT 698). 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.

BS Graduation

During fall semester of Year 4, you are responsible for completing two graduation forms: Formal Application for Graduation and Diploma Form, to earn your BS degree. Both forms are available from the Occupational Therapy Program. See the University of Southern Indiana Bulletin for more information.

MSOT Application

To begin taking graduate courses, you are responsible for completing and submitting the Graduate Studies application (which includes a $40.00 application fee) during the spring semester of Year 4. You must meet all admissions requirements of the MSOT Program. Please note: you are not eligible to apply for the graduate degree until you have completed all non-OT required courses including the University Core Curriculum requirements.

MSOT Graduation

During the fall of Year 5, you are responsible for completing two graduation forms: Formal Application for Graduation and Diploma Form, to earn your MSOT degree. Both forms are available from the Occupational Therapy Program. See the University of Southern Indiana Bulletin for more information.

APA Style Requirements

Unless notified of the use of different style guidelines, 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**

**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 take action 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

11/7/2013 Initial Draft
1/7/2014 Final V1.0

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.). Since Illinois and Kentucky no longer accept these official letters, students who want to work in these states must wait until their MSOT degree is posted to their transcripts and complete the required paperwork.

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, 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 combined BS/MSOT 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.
BS/MSOT Requirement

To take the Certification Examination for the Occupational Therapist Registered®, a student must graduate from a program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). USI, according to a May 24, 2004 letter from ACOTE, is now classified as a combined BS/MSOT degree program, not as a BS-only curriculum. Therefore, students are eligible to take the certification exam only after earning the combined BS/MSOT curriculum.

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 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 (Pink)
2. Report of Medical Examination (Salmon): Please have your doctor complete the report of medical 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**
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 on page 65.

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 the Office of Disability Resources (ODR) as soon as possible. Students who have or who receive an accommodation letter from ODR are encouraged to meet privately with me 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 ODR, Orr Center Rm. 095, 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 also 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 also 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.
College of Nursing and Health Professions

Infection Control Policy

REVISED May 2014
**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.

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2014 Occupational Therapy Student Handbook 41
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.

**Vaccines Recommendations**

*Adapted from Immunization Coalition  www.immunize.org*

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Recommendations in brief</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B</strong></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><strong>Influenza</strong></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><strong>MMR</strong></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><strong>Varicella</strong> (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><strong>Tetanus, diphtheria, pertussis</strong></td>
<td>Givea 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><strong>Meningococcal</strong></td>
<td>Give 1 dose to microbiologists who are routinely exposed to isolates of N. meningitidis. 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**

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

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

For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood. 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)
HCP who work in medical facilities should be immune to measles, mumps, and rubella.
• HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity (HCP who have an “indeterminate” or “equivocal” level of immunity upon testing should be considered nonimmune) or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday, separated by 28 days or more, and at least 1 dose of live rubella vaccine).

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

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

References
www.immunize.org • www.vaccineinformation.org

All students and faculty who have client contact are required to be immunized or provide documentation of laboratory confirmation of disease or immunity against varicella, mumps, measles, rubella. All students and faculty who have client contact are required to be immunized against tetanus, pertussis and diphtheria, and to receive annual influenza immunization.

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 or quantiFERON Blood Gold Test.
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. 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. The Dean and the Infection Control and HIPAA Committee will review each case individually and, if indicated, will recommend appropriate modifications of the clinical experiences.

B. All information regarding a student's medical status will be considered confidential and will not be disclosed or reported without the student's express written consent.

C. A student's HIV, HBV and/or HCV status will not determine a student's opportunity to be admitted or progress in a program. The HIV, HBV, and/or HCV status will be considered only as it relates to: (1) the student's ability to safely carry out the normal assignments associated with the course of study and (2) the student's long term health.

**Tuberculosis Exposure/Conversion**

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

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

<table>
<thead>
<tr>
<th>Exposed Person</th>
<th>Source Client HBsAg Positive</th>
<th>Source Client HBsAG Negative</th>
<th>Source Client Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unvaccinated</td>
<td>Administer HBIG* X 1 and HB vaccine</td>
<td>Initiate HB vaccine</td>
<td>Initiate HB vaccine</td>
</tr>
<tr>
<td>Previously vaccinated Known responder</td>
<td>Test exposed person for anti-HBs 1. If inadequate, HB vaccine booster dose 2. If adequate, no treatment</td>
<td>No treatment</td>
<td>No treatment</td>
</tr>
<tr>
<td>Previously vaccinated Known non-responder</td>
<td>HBIG X 2 or HBIG X 1 plus 1 dose HB vaccine</td>
<td>No treatment</td>
<td>If known high risk source, may treat as if +</td>
</tr>
<tr>
<td>Previously vaccinated Response unknown</td>
<td>Test exposed person for anti-HBs 1. If inadequate, HBIG X 1, plus HB vaccine booster dose 2. If adequate, no treatment</td>
<td>No treatment</td>
<td>Test exposed person for anti-HBs 1. If inadequate, HB booster 2. If adequate, no treatment</td>
</tr>
</tbody>
</table>

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

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://www.nccc.ucsf.edu/about_nccc/pepline/

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

Immunization Action Coalition:
www.immunize.org & www.vaccineinformation.org

2014 Occupational Therapy Student Handbook 47
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.

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 Wear

1. Personal protective equipment such as gloves, gowns, laboratory coats, face masks, eye protection or face shields, resuscitation bags, pocket masks or other ventilation devices shall be used whenever there is the potential for exposure to blood or OPIM.

2. Personal protective equipment must not permit blood or OPIM to pass through to or reach the student’s clothes, skin, eyes, mouth, or other mucous membranes.

3. All personal protective equipment must be removed prior to leaving the treatment area. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Gloves
Gloves shall be worn in the following situations:
• when it can be reasonably anticipated that hands may contact blood, OPIM, mucous membranes, or non-intact skin.
• when performing vascular access.
• when handling or touching contaminated items or surfaces.

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

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

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

Eye Protection
• goggles or glasses with solid side shields, or chin length face shields, shall be worn whenever splashes, spray, spatter, aerosols, or droplets of blood or OPIM may be generated and eye, nose or mouth contamination can be reasonably anticipated.

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

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 airborne 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 Professions’ Infection Control Manual for further information.

Management of Exposure Incidents Checklist

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

☐ Injury or Illness Report completed.

☐ Student Exposure Incident Report completed.

☐ Clinical Facility’s Incident Report completed.

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

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

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

Clinical Faculty Signature: __________________________ Date: ____________

☐ The completed Injury or Illness Report, Student Exposure Incident Report and exposure checklist 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: ____________

2014 Occupational Therapy Student Handbook 53
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: _________________________________________________________________
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Student Name: ___________________________________________________________________

Student Signature: ___________________________  Date/Time: __________________

Advising Faculty: ___________________________  Date: _____________________
Student Exposure Incident Report

Exposed Student Information:
Program: _____________________________________________ DOB: __________________

Student Name: ___________________________ DOB: _________

Date Incident Occurred: _________ Time Incident Occurred: _______ Time Reported: _______

Has the student completed the hepatitis B vaccination series? [ ] yes [ ] no
If yes, dates of vaccination: 1st _________ 2nd _________ 3rd _________

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): ______________________________

2014 Occupational Therapy Student Handbook 55
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 the need to receive additional medical evaluation for the presence of HIV infection at 6 weeks, 3 months, 6 months, and 12 months following the occurrence of this exposure incident. I authorize the release of the information related to this exposure incident for treatment, payment activities, and healthcare operations according to the policies contained in the College of Nursing and Health Professions HIPAA documents.

Student Signature: ____________________________ Date: ________________

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/August 2007
Instructions for Completing the Injury or Illness Report

1. Completion of Forms
   
   A. Employee and Student Worker injury or illness will be completed by security and or student health services if first aid or medical treatment is needed. If first aid or additional medical treatment is not needed, this form is completed by the department head or supervisor and forwarded to human resources. The form should be completed and returned to Human Resources within 24 hours of occurrence.

   B. Student and Visitor (non-employee) injury or illness reports will always be completed by security and or Student Health Services.

   C. Acknowledgement of refusal to seek management of exposure incident must be completed if the person in question refuses to seek management of exposure incident.

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

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

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

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

□ Employee
□ Student Worker
□ Student
□ Visitor

Name of Injured: ________________________________ □ Male □ Female

Permanent Address: ________________________________
City: __________________________ State: _______________ Zip Code: __________

Telephone Home: (_____)_______ Work: (_____)_______ SSN: __________

Name(s) Witness: ________________________________
Telephone Home: (_____)_______ Work: (_____)_______

Statement of Injured Person or Witness
(If injured person or witness is unavailable, information is to be completed by individual completing report.)

Date of Accident _____/_____/______ Time ________ □ a.m. □ p.m.
Location of Accident: ________________________________

Summarize how injury, illness, or exposure occurred: ________________________________
Kind of Injury: __________________________________________
Part of Body Affected (Specific part of the body, i.e., left wrist, right leg): ________________________________
Describe any contributing factors or objects: ________________________________
Signature of injured person or witness: ________________________________

To be Completed by first Aid Provider
Symptoms and complaints of the injured person: ________________________________
Describe the nature and extent of the injury: ________________________________
Treatment, recommendations, and referral: ________________________________
Signature of First Aid Provider: ________________________________

To be Completed by Supervisor for Employee Injury/ Illness (attach additional information if necessary)
Evaluation of how accident occurred/ contributing factors: ________________________________
Possible preventive actions: ________________________________

For Human Resources Only
Lost Time: □ Yes □ No
Number of Days: ________ Anticipated Release: __________
Work Restrictions: ________________________________
Medical Treatment: ________________________________

Employee and Student Worker reports to Human Resources Department  Student and Visitor Reports to Student Health Services

Must be completed within 24 hours of the accident
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;
   
   xi. As required by law;
xii. As part of research projects; and
xiii. 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 each individual 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.
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

Below are examples of privacy and security violations and the minimum disciplinary / corrective actions that will be taken. Depending on the nature - Violations at any level may result in more severe action or termination.

<table>
<thead>
<tr>
<th>Table 8. Violation Levels and Disciplinary /Corrective Actions</th>
<th>Minimum Disciplinary /Corrective Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level of Violation</strong></td>
<td><strong>Examples</strong></td>
</tr>
</tbody>
</table>
| Level I Carelessness | • Failing to log-off/close or secure a computer with protected health information displayed.  
• Leaving a copy of protected health information (PHI) in a non-secure area.  
• Discussing protected health information (PHI) in a non-secure area (lobby, hallway, cafeteria, elevator) | **Students**: Verbal warning with documentation by clinical faculty and/or Program Director  
**Faculty**: verbal warning with documentation by Program Director or Dean |
| Level II Undermining Accountability | • Sharing ID/password with another coworker or encouraging a coworker to share ID/password.  
• Repeated violation of previous level | **Staff**: Written performance counseling  
**Students**: Written performance counseling by clinical faculty and/or Program Director  
**Faculty**: Written performance counseling by Program Director or Dean |
| Level III Unauthorized Access | • Accessing or allowing access to protected health information (PHI) without having a legitimate reason.  
• Repeated violation of previous levels. | **Staff**: Final performance improvement counseling  
**Students**: Written performance counseling and Program Director determines disciplinary action.  
**Faculty**: Written performance counseling and Program Director or Dean determines disciplinary action. |
| Level IV Blatant Misuse | • Accessing or allowing access to protected health information (PHI) without having a legitimate reason and disclosure or abuse of the protected health information (PHI).  
• Using protected patient information (PPI) for personal gain.  
• Tampering with or unauthorized destruction of information.  
• Repeated violations of previous levels | **Staff**: Initiate termination of employment  
**Students**: Initiate dismissal procedures  
**Faculty**: Dean determines disciplinary action/sanction including initiating termination of employment |

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/cij_sor](http://www.in.gov/serv/cij_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.

**Digital and Electronic Devices**

Digital and electronic devices such as cell phones, pagers, iPods, cameras, Blackberries, MP3 players, and personal computers are prohibited during all educational activities.

**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.

**Pictures**

Students may not post or share any pictures taken during learning activities to Facebook, MySpace or other electronic media.

**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 located 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
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 of time.

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 and then posted on the Occupational Therapy website.

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 particular class session is competency-based. After receiving new material, students apply new theoretical approaches, practice new skills,
etc., until they are deemed “competent” by the instructor. The material may never again be presented. Absence from that particular class causes that student to miss the opportunity of achieving that specific professional competency.

To keep a record of the content of each class session and student attendance, faculty in the Occupational Therapy 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, Specialized Role Practicum, or Level II affiliation) must notify his or her fieldwork educator 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 11 for specifics. This policy will be enforced in each course throughout the curriculum.

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

**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 undergraduate OT course incorporates, at a minimum, a midterm exam, a comprehensive final examination, and 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 BS degree courses and 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 9. Occupational Therapy Program Grading Scale (BS)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Letter Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>93% - 100%</td>
<td>A</td>
</tr>
<tr>
<td>90% - 92%</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>69% - 76%</td>
<td>D</td>
</tr>
<tr>
<td>0% - 68%</td>
<td>F</td>
</tr>
</tbody>
</table>

Table 10. Occupational Therapy Program Grading Scale (MSOT)

<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>0% - 81%</td>
<td>F</td>
</tr>
</tbody>
</table>

Absences and tardiness also affect Level II internships. For specifics, please refer to Table 11: The Effects of Absences on Course Grades listed under the section entitled "attendance."

Table 11. The Effects of Absences on Course Grades

<table>
<thead>
<tr>
<th>Percentage of Grade Decrease</th>
<th>Maximum Percentage of Grade Possible</th>
<th>Maximum Letter Grade Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>100%</td>
<td>A</td>
</tr>
<tr>
<td>8%</td>
<td>92%</td>
<td>B+</td>
</tr>
<tr>
<td>12%</td>
<td>88%</td>
<td>B</td>
</tr>
<tr>
<td>16%</td>
<td>84%</td>
<td>C+</td>
</tr>
<tr>
<td>20%</td>
<td>80%</td>
<td>C</td>
</tr>
<tr>
<td>24%</td>
<td>76%</td>
<td>D</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. 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.

Student Progression, Probation, Suspension, and Removal Policies

Progression

To progress in the combined BS/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, D, 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 65 hour BS (occupational therapy major) and 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 Y3 fall 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 Y3 spring semester courses:
      i. Successful completion of Y2 fall courses.
      ii. Pass all competency testing required up to this point of the curriculum.
   c. To begin Y4 fall semester courses:
      i. Successful completion of Y3 spring courses.
      ii. Submission of evidence of updated health records or immunizations as needed.
      iii. Submission of current CPR certificate for photocopying (before any fieldwork experience may be started).
      iv. Submission of current health insurance certificate.
   d. To enroll in Y4 spring semester courses.
      i. Successful completion of Y3 fall courses.
      ii. Pass all competency testing required up to this point of the curriculum.
   e. To enroll in Y5 summer MSOT courses.
      i. Successful completion of Y4 courses, or consent of majority of OT Faculty.
   f. Admittance into the Graduate Program
      i. To enroll in courses offered during the Y5 fall semester.
         i. Consent of advisor
      ii. To enroll in courses offered during the Y5 spring semester.
         i. Consent of advisor

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 OT 697: Professional Fieldwork II, the student will be dismissed from the OT Program.

Probation/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. 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, including PED383 and HP302, resulting in an instance of academic deficiency.
- fails to achieve at least a 3.00 on a 4.00 grade point scale across the 65 hour BS (occupational therapy major) and 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.
- earns a letter grade of D in a course within the OT curriculum, or a D in the orthopedic or neurology section of OT 312. The student must repeat the course the next school term the course is offered (usually the next year) before the student will be allowed to continue coursework in the OT Program. Additionally, the student must submit a plan of correction for improved academic performance to his/her advisor. This situation also results in an instance of academic deficiency.

A student will be dismissed from the OT Program if the student:

- earns a letter grade of F in a course within the OT curriculum. The student is no longer eligible to continue coursework in the Occupational Therapy Program.
- earns a second term of academic deficiency. The student is no longer eligible to continue coursework in the Occupational Therapy Program.
- 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. The student is no longer eligible to continue coursework in the Occupational Therapy Program.

**Student Suspension or Removal**

A student may be suspended (termination of student status for a period of time) or removed (permanent termination of student status) from the Occupational Therapy 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 director notifies the student and 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 Dean of the College of Nursing and Health Professions to respond to the Occupational Therapy Program director’s charges.
3. The Dean of the College of Nursing and Health Professions concurs with the Occupational Therapy Program director.
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 Dean of College of Nursing and Health Professions 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 director of 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.

Fieldwork Policies

Fieldwork Experiences

Fieldwork experiences are scheduled internships during which time students have opportunities to apply their knowledge of occupational therapy. The combined BS/MSOT degree occupational therapy curriculum has two 40-hour traditional fieldwork levels—Level I and two Level II fieldwork experiences as well as a specialized practicum. The BS curriculum features two Level I courses: OT 495 Professional Practicum Seminar A and OT 496 Professional Practicum Seminar B. 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. In addition to the 24 weeks of Level II fieldwork in OT 696 and OT 697, students complete the 120-hour OT 698 Specialized Role Practicum.

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 director of Occupational Therapy Program shall have the power to veto a facility selection if she 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.

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 495 Professional Practicum Seminar A and OT 496 Professional Practicum Seminar B of two specific classes and 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 as part OT 495 Professional Practicum Seminar A. 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 as part of OT 496 Professional Practicum Seminar B. 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 spring 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.
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 OT 495 Professional Practicum Seminar A (including paperwork requirements and submission to fieldwork coordinator) prior to beginning OT 496 Professional Practicum Seminar B. The student must successfully complete OT 496 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 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.

**Specialized Role Practicum**

With the purpose of preparing of graduates for employment in shifting practice arenas of health care, education, industry, and community programs, the specialized role practicum provides students with hand-on application of skills. Similar to practicing occupational therapy practitioners who must maintain continuing competence and develop knowledge and skills in other areas, the student is responsible for all aspects of the OT 698 Specialized Role Practicum. Each stage of the graduate internship experience must be approved by the AFWC. The Occupational Therapy Program at the University of Southern Indiana must have a contract with the site before the student begins the practicum or internship experience. This practicum can be done in education, administration, research, or clinical settings. Students must choose their Specialized Role Practicum from a list of sites where the university already has established contracts.

**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 for the Y5 summer sessions and Y5 spring semester. 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.

2014 Occupational Therapy Student Handbook
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 a group interview of interested students. Following a facility interview, the fieldwork educator works with the academic fieldwork coordinator to determine which students will be granted 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 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 reserves the option of removing students and/or sites from the lottery. In most cases students will be notified prior to the lottery that they will not participate. At times the academic fieldwork coordinator may have to remove a student during the lottery to make an academic placement. For example, a student holding the number 1 selection in the first lottery selects a mental health internship for her first internship will removed from the second lottery if the only site available to her (since she will be last to choose) is a mental health site. Administrative placement consists of a student-site match proposed by the academic fieldwork coordinator and approved by other faculty members. 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 who do not pass the MMT/ROM check off in OT496 will not be eligible to do their first level one in summer rotation and will wait until January and then do two back to back. They will be administratively placed for both level twos.

Other Information
The first Level II Internship (OT 696 Professional Fieldwork I), generally completed in Y5 summer sessions, 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 495 Professional Practicum Seminar A and OT 496 Professional Practicum Seminar B. Also, the student cannot start any (Level I, II, or specialized role) 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), generally completed in Y5 spring semester, 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 Handbook.
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 495 Professional Practicum Seminar A, and OT 496 Professional Practicum Seminar B, 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 495, OT 496, OT 696, OT 697, OT 698) 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 Forms for Third, Fourth, and Fifth Year OT Students

For Incoming Third Years
Due June 11 or sooner:
Health history (pink)
Report of medical exam form (salmon): please refer to Medical/Record health info sheet (green)
National Criminal history check:  www.sentrylink.com
Criminal History Check (Zachary’s Law (processed by OT Administrative Assistant))
Permission form (for communication with FW)
Consent form for pictures, etc.
Permission to disclose personal/confidential information
AOTA student membership form (pink form)
Agreement to submit medical information form
Request of immunization records form.  All shots must be current.
Proof of health insurance
Drug Test – 5 panel
2 step TB
Series of three Hepatitis shots and/ or titer (if more than a year since last shot).  Two shots need to be done by July 10, last one by February 10 (part of OT 342)
Yearly Flu vaccine:  OT 320 DUE IN OCTOBER

For Fourth Years
Due September 10 or sooner (as part of grade for OT 495):
National Criminal history check:  www.sentrylink.com
Criminal History Check (Zachary’s Law (processed by OT Administrative Assistant))
CPR certification (Infants, Children, Adults)
Pass HIPAA/OSHA tests online through OT 495 Blackboard site
Updated proof of health insurance
Current Drug Test – 5 panel
Repeat 2 step TB
Yearly Flu vaccine:  OT 495 DUE IN OCTOBER

For Fifth Years
Due September 10 or sooner (as part of grade for OT 698):
National Criminal history check:  www.sentrylink.com
Criminal History Check (Zachary’s Law (processed by OT Administrative Assistant))
CPR certification (Infants, Children, Adults)
Pass HIPAA/OSHA tests online through OT 495 Blackboard site
Updated proof of health insurance
Current Drug Test – 5 panel
Repeat 2 step TB
Yearly Flu vaccine:  OT 698 DUE IN OCTOBER

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

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

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

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

Family Educational Rights and Privacy Act (FERPA)

The University of Southern Indiana College of Nursing and Health Professions 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.

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 director 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. 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 Evansville Snow Routes. pdf for a diagram of specific snow routes.

Evansville Snow Routes.pdf

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 Blackboard course sites.