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THE UNIVERSITY OF TEXAS AT EL PASO
MISSION STATEMENT

The University of Texas at El Paso (UTEP) commits itself to providing quality higher education to a diverse student population. The University aims to extend the greatest possible educational access to a region that has been geographically isolated with limited economic and educational opportunities for many of its people. UTEP will ensure that all of its graduates obtain the best education possible, one which is equal, and in some respects superior, to that of other institutions so that UTEP's graduates will be competitive in the global marketplace. UTEP also envisions using its bi-national location to create and maintain multi-cultural, inter-American educational and research collaborations among students, faculty, institutions and industries, especially in northern Mexico.

Through the accomplishment of its mission and goals via continuous improvement, UTEP aspires to be a model of educational leadership in a changing economic, technological, and social environment. The UTEP community -- faculty, students, staff and administrators -- commits itself to the two ideals of excellence and access. In addition, it accepts a strict standard of accountability for UTEP's institutional effectiveness as the University educates students who will be the leaders of the 21st Century.

UTEP is dedicated to teaching and to the creation, interpretation, application and dissemination of knowledge. UTEP works to prepare its student to meet lifelong intellectual, ethical, and career challenges through quality educational programs, excellence in research and in scholarly and artistic production, and innovative student programs and services, which are created by responsive faculty, students, staff and administrators.

As a component of The University of Texas System (U.T. System), UTEP accepts as its mandate the provision of higher education to the residents of El Paso and the surrounding region. Because of the international and multi-cultural characteristic of this region, the University provides its students and faculty with distinctive opportunities for learning, teaching, research, artistic endeavors, cultural experiences, and service.
UTEP OCCUPATIONAL THERAPY PROGRAM

Mission Statement
The UTEP Occupational Therapy Program is committed to providing access and excellence in occupational therapy education with a 21st Century demographic. We are committed to providing students with an education rooted in occupation and driven by evidence-based values. We strive to develop progressive professionals who are critical thinkers, scholars, and leaders in the field to meet the unique needs of the border region.

Vision Statement
The vision of the Occupational Therapy Program at the University of Texas at El Paso is to positively impact the field of occupational therapy through education, practice, research and service. The OT program will become a leader in multicultural and multinational occupational therapy education producing entry-level occupational therapists who strive to maintain integrity of the profession, initiate necessary change in health care practice and policy, conduct evidence-based research, and integrate authentic occupational therapy practice with 21st century advancements in knowledge and technology.
Philosophy of the UTEP Occupational Therapy Program

Consistent with the Philosophical Base of Occupational Therapy (AOTA, 2006), the following statements were derived from faculty discussions related to our beliefs about humans, occupation, occupational therapy, how people learn, and occupational therapy education. They reflect the program’s vision, mission and curriculum design and guide the implementation of program objectives.

Beliefs About Humans
We believe humans are active beings who are capable of adaptation and change necessary for self-actualization and successful participation in life activities. Human beings are shaped by their environments, and life experiences and social and environmental contexts can support or impede one's ability to participate fully in life. Humans are diverse beings who bring unique experiences and backgrounds that have shaped them into the people they have become.

Beliefs About Occupation
We believe that humans are occupational beings who have a natural tendency to engage in occupations which are purposeful, meaningful, and influence health and wellness. Occupation refers to the “[A]ctivities…of everyday life, named, organized, and given value and meaning by individuals and a culture. Occupation is everything people do to occupy themselves, including looking after themselves…enjoying life…and contributing to the social and economic fabric of their communities…” (Law, Polatajko, Baptiste, & Townsend, 1997, p. 32). Occupation is what drives us to be human.

We believe that humans possess strengths and challenges that impact their ability to participate fully in occupational activities. Participation in occupation is also impacted by the contexts in which humans live (physical, social, cultural, personal, spiritual, temporal, and virtual). Engagement in occupational activities can be used as both a means and an end to promote, establish, restore or maintain health, modify a context, and prevent the secondary and tertiary effects of disease or disability.

Beliefs About Occupational Therapy
At the root of occupational therapy is the science of understanding how occupation affects well-being and wellness in the presence or absence of disease. Occupational therapy is a health profession that facilitates finding meaning, satisfaction and independence in individuals, groups and populations to adapt to life change in response to illness, disease, trauma or disaster. We believe that the occupational therapy process should be client-centered, focusing on the needs, desires and priorities of the client in the evaluation and intervention process, whether the client is an individual, a group of individuals or population. We believe that when clients participate in occupational activities which are individually defined and intrinsically motivating, the client becomes an active participant in the occupational therapy process.

UTEP Occupational Therapy Education
In order to meets the occupational needs of an increasingly complex and diverse society, the need for highly qualified, competent, ethical occupational therapy practitioners is crucial. To that end, the UTEP Occupational Therapy Program is committed to access and excellence in educating the 21st Century demographic by providing students with an education rooted in
occupation and driven by evidence-based values. We strive to develop progressive professionals who are critical thinkers, scholars, and leaders in the field to meet the unique needs of the border region.

**Beliefs About Teaching and Learning**

As we view the occupational therapy process as client-centered, so too do we view the occupational therapy educational process as student-centered. Further, we see the pursuit of an occupational therapy education as engagement in meaningful, purposeful, inherently-motivated activities. We believe that students (as humans) are active beings capable of growth and change. We believe that all humans are multisensory beings who learn through all of the senses (visual, gustatory, olfactory, auditory, tactile, vestibular and kinesthetic). Students have preferred learning styles based on how they take on and process stimuli from their body senses. Teaching with multi-sensory strategies taps into each student’s primary learning style, that material is learned more efficiently, grasped more thoroughly, and better retained for later application.

Further, we believe that students should be actively involved in the learning process. Active learning strategies employed in courses include discussion groups, questioning, case studies, service learning and observational experiences embedded within the context of clinical courses. These strategies have been effective in making the learning experiences relevant and motivating to the students, while encouraging professional growth through reflection and critical thinking.

Additionally, students learn best in an environment that fosters mutual trust and respect between professors and students. Such an environment allows for the development of the student-faculty partnership in the teaching-learning process, creating opportunities for self-reflection, collaboration, and constructive feedback which allow students to grow into autonomous, self-directed, life-long learners. We recognize that educational process is in a constant state of flux as new technologies emerge and new generations of students enter into the process. In order to continue to produce quality entry-level practitioners, our methods, strategies and tools will change as the times change.

Learning is a developmental process and occurs as a result of interaction with the environment and the people within that environment. Based on the theory of constructivism, learning occurs when the learner uses previous knowledge to build understanding of the new knowledge at hand. The learner plays an active role in the personal creation of knowledge based on experiences and interaction with the environment. Learning, then, becomes a process of development through the cognitive, affective and psychomotor experiences.

The outcome of the educational process in occupational therapy is an entry-level practitioner who applies professional knowledge and human understanding of the value of occupation in ever-changing, diverse, and multi-cultural society.
PROGRAM FOUNDATION AND SCOPE

The foundation of the program is the belief that humans are complex beings engaged in a dynamic process of interaction with their physical, social, psychosocial, cultural, temporal, and spiritual environment. Through active engagement within these environments, humans evolve, adapt, and change.

The scope of the curriculum is to achieve competence through academic knowledge, interactive learning, direct application, hands-on experience, didactic communication, critical thinking, clinical reasoning, and creative problem-solving. The program scope provides preparation for practice as a generalist including current practice settings (e.g. public schools, acute care hospitals, inpatient rehabilitation units, outpatient rehabilitation facilities, skilled nursing facilities, home health, etc) and emerging practice areas (e.g. technology and assistive device development and consultation, wellness promotion and consulting, psychosocial needs of children and youth, design and accessibility consulting and home modification, ergonomics consulting, private practice community health services, low vision services and driver rehabilitation). The curriculum prepares students to work in diverse, multicultural settings with a variety of populations (e.g. children, adolescents, adults & elderly persons) in areas of physical and mental health. [A.6.1] Content is selected based on review of workplace needs, content experts and mission of the program. [A.6.5]

CURRICULUM DESIGN

The design of the occupational therapy program at the University of Texas at El Paso reflects the mission of the University and the philosophical foundations of the profession. The Master of Occupational Therapy Program consists of 85 credit hours divided into eight semesters of professional educational courses and Fieldwork experiences.

The curriculum relies on the integration of a strong foundation of physical sciences, natural sciences, behavioral sciences, liberal arts, and humanities. As students progress through the curriculum, they are expected to increase their capacity to gain knowledge of the human body and function; comprehend and understand relevant occupational theories; demonstrate principles of theory application; develop, analyze and synthesize fundamental skills for clinical and community practice; and discriminate/support advanced concepts of occupational therapy through the integration of cognitive, affective, and psychomotor experiences.

The curriculum scope, design, and sequence are developmental in nature and is analogous to a tree, which demonstrates growth, maturity, and self-sufficiency of students over time.

The foundation (soil) is the belief that humans are complex beings engaged in a dynamic process of interaction with their physical, social, psychological, cultural, temporal, and spiritual environments, and capable of growth, change, and adaptation. Embedded in the soil, is a root system grounded in the natural sciences, physical sciences, behavioral sciences, liberal arts, and humanities (see prerequisite courses below). As students progress during the program, they grow through cognitive, affective, and psychomotor experiences that emphasize critical thinking, clinical reasoning, creative problem-solving, reflection, and evidence-based research. Additionally, they derive nourishment through experience in a constant stream of service-learning opportunities and Level I Fieldwork infused throughout the program in varying degrees of requirements and complexities. For example, in courses within the first year, students have opportunities to observe and identify occupational therapy principles within area clinics and
community programs. As the students mature (tree maturation/growth of trunk and branches) and gain abilities in analysis (year two), they use Level I fieldwork and service-learning experiences to compare and contrast methodology and intervention from more guided experiences within the community. Learning occurs at a higher level, allowing for critical thinking, and integration and application of knowledge to new scenarios.

Upon completion of the academic portion of the program, students begin Level II Fieldwork. They have opportunities to participate in areas focused on physical health, mental health, developmental health, and/or community health. After 24 weeks of successful Fieldwork, students graduate from the occupational therapy program. The outcome of the program is the development of students (mature fruit trees) who are safe, effective, ethical, and competent entry-level practitioners, who are prepared for clinical/community practice, leadership, life-long learning, and active participation in their professional organizations and communities.

Fruit tree propagation, like the development of OT students into OT practitioners, is done by “budding” the desired variety onto a suitable “rootstock.” Reproduction of a fruit tree begins when the pollen from a male germ cell fertilizes a female germ cell of the same species. Each seed (student), when germinated, will grow to become a new specimen tree (occupational therapist). The new tree inherits characteristics of both its parents (faculty members), but will not grow ‘true’ to the variety of either parent from which it came (The faculty of the UTEP OT program are not interested in producing clones of themselves, but rather practitioners who will take the best of what each of us had to offer, folded into their interests, desires, talents and opportunities, to develop into safe, effective, competent, entry-level practitioners with their own unique characteristics). Therefore, the mature fruit tree will be a new entity with an unpredictable combination of characteristics unique to itself. This is desirable because it produces novel combinations and varieties of fruit trees (unique and individual practitioners) from the richness of the gene pool of the two parent trees (highly qualified and experienced educators). This concept of propagation is related to the concept that human beings are shaped by their environments and life experiences, and that social and environmental contexts can support or impede one’s ability to participate fully in life, and in this case, in the UTEP Occupational Therapy Program.

**Curriculum Themes or Threads**
Considering the program’s mission, vision, philosophy and curriculum design, the program identified the following three themes threaded throughout the curriculum: occupation-based (authentic) intervention, multicultural practice/cultural competence and evidence-based practice.

**Occupation-based (authentic) intervention:** As the profession moves away from the reductionistic model and toward a client-centered, occupation-based model, it is our desire as a program to help students understand what occupation is and how humans are occupational beings. It is our desire to produce entry-level therapists who are skilled to support health and “participation in life through engagement in occupation.” To that end, the practice of authentic, occupation-based therapy is developed throughout the curriculum.

**Multicultural Practice/ Cultural Competence:** President Diana Natalicio, the President of The University of Texas at El Paso, is committed to providing “access and excellence to a 21st Century Demographic.” It is well documented that demographics are rapidly shifting to a more diverse population. Graduates from the program will see an increasing demographic shift in the clients that they serve. We are committed to preparing students, across the curriculum, to provide excellent occupational therapy services (access) to a rapidly changing client population.
**Evidence-Based Practice:** In a healthcare environment that demands quality care by insurance payers, and consumers alike, it is vital that new graduates are able to choose intervention strategies that have been scientifically proven to be safe and effective. Students and new graduates must not only be effective consumers of evidence-based research, but also be equipped with the ability to conduct research in the clinical setting to make sound clinical decisions and to add to the body of knowledge of evidence-based intervention strategies.

**Sequence and Content of Coursework**

Professional courses during the first year prepare students to understand the human body and function (DRSC 5301: Normal Physiology/Embryology; OT 5102: Surface Anatomy; DRSC 5495: Anatomy for Health Sciences; DRSC 5390: Neuroscience for Health Sciences; DRSC5396: Medical Kinesiology and Biomechanics; DRSC 5388: Pathophysiology). As students examine the principles underlying occupation and how humans (occupational beings) function, coursework is presented involving basic principles in occupational therapy theory, occupation-based activity analysis, and evidence-based practice (OT 5311: Concepts and Foundations of Occupation-Centered Practice; OT 5301 and 5302: Analysis and Adaptation of Occupation I & II; OT 5315: Ethical Issues in OT). Building on the foundation of theory and further enhancing the concept of humans as occupational beings, the application of practice is introduced in the following courses: OT 5312: Psychosocial Aspects of Occupational Therapy. Further, foundational experiences in research and evidence-based practice are introduced (DRSC 5389: Research Methods). The achievement of cultural competence is a developmental process that is addressed throughout the curriculum. From the first semester, students are guided to develop cultural awareness, cultural knowledge and finally, cultural skill.

The sequence and content of the second year coursework builds upon basic OT theories and application by establishing a foundation regarding how occupation relates to disability, health, wellness, and occupation-centered practice across practice settings and the developmental continuum. Courses such as OT 5136: Preceptorship; OT 5424: Occupational Performance in Mental Health; OT 5324 and OT 5325 Occupational Performance in Early Childhood and Occupational Performance in the School-Aged Child, respectively; OT 5628 and OT 5629: Occupational Performance in Adults I and II, respectively; and OT 5320: Occupational Performance in Older Adults, establish the foundation of activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation throughout the lifespan with respect to the client’s underlying “client factors” including his/her values, beliefs and spirituality, body functions, and body structures. Students at this point focus on higher-level communication, problem solving, clinical reasoning, evaluation, evidence-based interventions, critical thinking, and documentation across the lifespan and across multiple clinical environments. Additionally, students are required to take advanced courses (OT 5316: Leadership in Occupational Therapy; OT 5388 and 5389: Graduate Project I & II, for preparation for leadership and evidence-based practice within their communities and practice settings. The development of cultural competence is further refined throughout the curriculum in the second year as students have more opportunities to apply the concepts learned in the first year, particularly in OT 5312: Concepts and Foundations in Community Engagement.

In the Occupational Performance in Early Childhood course, students have the opportunity to observe typical and atypical development by engaging in active learning experiences to conduct developmental screenings and reflex testing on actual children. In the Occupational Performance
in School-aged Children, students have the opportunity to engage in activities in the community such as Health Fairs and Backpack Awareness events where they are able to interact with children and families and observe the environmental influences on them. Students also have the opportunity to engage in multi-sensory and active learning by participating in a “play” lab at a park, during which the students simulate certain disabilities while attempting to play alone and/or with other “children” with and without disabilities. The Occupational Performance in Adults I and II courses frequently use simulation or real patients for student practice which allows the student to get hands on practice to apply what they have seen and heard in lectures.

Again, students participate in Level I fieldwork/service learning opportunities within the context of all clinic-based application courses. This provides the opportunity for students to immediately apply what they have learned in the classroom to real-life clinical scenarios. It provides faculty with opportunities to use real-life scenarios that students have witnessed firsthand as a basis for learning experiences aimed at improving understanding of occupation, critical thinking skills, cultural competence, clinical reasoning and developing evidence-based practice. Further, these experiences support the University’s and College’s mission and goals to give back to the underserved community in which we live and work, and helps students make connections and network within the community where many will choose to remain for work. Many of the sites chosen for Level I service learning activities have become community partners with our program and others in the College and University, providing opportunities for collaborative research, teaching and service. Many of these same entities become the sites where students conduct their graduate research projects.

In the final semesters, students prepare for and participate in their Level II Fieldwork experiences. Synthesis of their didactic experiences and preparation for the upcoming fieldwork rotations is achieved with a series of graduate seminars designed to assist the students’ preparation for Level II Fieldwork and assist faculty in gaining critical feedback from the students regarding the curriculum, their experiences, and strengths and areas of growth for the program.

During the final semesters students are expected to be active, independent learners as they participate in their Level II Fieldwork experiences. Students perform 24 weeks of practicum to further advance their mastery of theory, evaluation, occupation-based intervention, critical inquiry, documentation, clinical reasoning, didactic communication, cultural skill, and creative problem solving to provide safe and effective evidence-based interventions to clients with whom they work. Students select Level II Fieldwork experiences from over 100 contracted Fieldwork Sites across the states of Texas, New Mexico, Nevada, Arizona, and throughout the US. Fieldwork areas offered include Physical Health, Mental Health, Developmental Health, and Community Health. Students also have options to participate in international Fieldwork opportunities as outlined in ACOTE’s Fieldwork Guidelines.

In summary, the design and content of the curriculum, using the analogy of a tree, emphasizes a dynamic approach to occupational therapy theory and practice, firmly grounded in occupation and meaningful activity. Cognitive, affective, and psychomotor experiences are infused into the coursework to promote optimal professional growth at each stage of development. The sequence of the courses are organized to provide knowledge from simple to more complex with increasing complexity as the student understands, applies, synthesizes, compares, and evaluates OT theory and practice. The ultimate goal of the program is to prepare students for entry-level practice in a variety of traditional and non-traditional settings both safely and effectively.
**Graduate Outcomes**

Upon completion of the Master of Occupational Therapy, the student will be able to:

1. Articulate the role of occupation in the individual’s life experience and the rationale for its use in occupational therapy practice.
2. Synthesize normal human development processes and tasks throughout the life span into occupational therapy practice
3. Analyze the impact of environmental, cultural, and socioeconomic influences on human development throughout the life span.
4. Apply states of health and pathology to human development and occupational performance.
5. Demonstrate respect for culture and diversity in occupation-centered practice.
6. Integrate the historical, philosophical and theoretical values and beliefs basic to authentic occupational therapy and their application to consumer needs.
7. Select appropriate occupational therapy screening and evaluation tools based on theoretical perspectives, models of practice, frames of reference, and cultural influences.
9. Utilize evidence from published research & related resources to make informed clinical decisions.
10. Successfully complete the National Board for Certification of Occupational Therapists (NBCOT) certification exam and become eligible for state licensure as an OTR.
Prerequisite Course Work:

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<tr>
<th>Natural/Physical Sciences</th>
<th>Human Anatomy and Physiology with Lab</th>
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<tr>
<td>Biology 2311-2111</td>
<td>Human Anatomy and Physiology II</td>
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<td>Biology 2313-2113</td>
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<td>Psychology 1301</td>
<td>Introduction to Psychology</td>
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<td>Psychology 1303</td>
<td>Statistical Methods</td>
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<td>Psychology 2310</td>
<td>Life Cycle Development/Human Growth and Development</td>
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<td>Psychology 2312</td>
<td>Abnormal Psychology</td>
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<td>Visual Arts</td>
<td>CORE menu (three hours)</td>
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<td>Performing Arts</td>
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<td>University Option</td>
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## Master of Occupational Therapy Course Rotation - Class of 2014

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<th>Summer I (4)</th>
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<td>OT 5310: Concepts &amp; Foundations 1</td>
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<td>OT 5102: Surface Anatomy</td>
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<td>OT 5315: Ethical Issues in OT</td>
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<td>OT 5136: Preceptorship</td>
<td>OT 5424: Occ Perf In Mental Health</td>
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<td>OT 5314 Concepts &amp; Foundations in Community Engagement</td>
<td>OT 5324: Occupational Perf. In Early Intervention</td>
<td>OT 5629: Occupational Performance In Adults II</td>
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<td>OT 5628: Occ Perf In Adults I</td>
<td>OT 5316: Leadership in OT</td>
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<td>OT 5389: Graduate Project II</td>
<td>OT 5302: Occupational Analysis &amp; Adaptation II</td>
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<td>OT 5320- Occupational Perf. in Older Adults (Maymester- online)</td>
<td>OT5341: FW Ib</td>
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<td>OT 5340 FW Ia</td>
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Subject to change

Revised 1-27-12
## CURRICULUM SEQUENCE
Master of Occupational Therapy Class of 2015

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<td>OT 5310: Concepts &amp; Foundations 1</td>
<td>DRSC 5390: Neuroscience</td>
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<tr>
<td>OT 5102: Surface Anatomy</td>
<td>DRSC 5495: Human Anatomy</td>
<td>OT 5312: Psychosocial Aspects of Occupation</td>
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<tr>
<td>OT 5315: Ethical Issues in OT</td>
<td>DRSC 5388: Pathophysiology</td>
<td>DRSC 5396: Medical Kinesiology and Biomechanics</td>
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<tr>
<td>OT 5301: Occ Anal &amp; Adapt I</td>
<td>DRSC 5390: Neuroscience</td>
<td>OT 5302: Occup Analysis &amp; Adapt. II</td>
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<th>Summer 2 (7)</th>
<th>Fall 2 (16)</th>
<th>Spring 2 (15)</th>
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<td>OT 5136: Preceptorship (May)</td>
<td>OT 5424: Occ Perf In Mental Health</td>
<td>OT 5325: Occ Perf in Sch-Aged Child</td>
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<td>OT 5388: Grad Project I</td>
<td>OT 5628: Occ Perf In Adults I</td>
<td>OT 5316: Leadership in OT</td>
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<td>OT 5389: Graduate Project II</td>
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<td>OT 5320- Occupational Perf. in Older Adults</td>
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<td>OT5341: FW Ib</td>
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<td>OT 5342: FW IIa</td>
<td>OT 5342: FW IIa</td>
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<td>OT 5323: FW- IIb</td>
<td>OT 5323: FW- IIb</td>
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Subject to change
ACADEMIC STANDING- POLICIES & PROCEDURES

As stated in the Graduate School rules and regulations, all graduate students are required to maintain an overall GPA of 3.0 for the duration of the program. They are also required to adhere to a code of professional behaviors and ethics set forth by the MOT program and the OT profession.

The Master of Occupational Therapy (MOT) Program has therefore set the following directives for our student body:

- Maintain an overall GPA of 3.0 for all coursework with the program.
- A student may pass a DRSC course with a grade of “C” provided that their overall GPA does not fall below 3.0.
- A student must pass all “OT” courses with a “B” or better. Any student who makes a “C” in an OT course will be dismissed from the MOT Program.
- Conditional probation is a one semester reprieve whereby students can attend classes on the condition they bring their overall GPA back up to a 3.0, should it fall below the required 3.0.
- Students who are in probation for a second semester or fail to resolve their GPA issue will be terminated from the program.
- Students who make a failing grade (D or F) in any course will be terminated from the program according to UTEP Graduate Rules and Regulations.
- Readmission into the MOT program after withdrawal for academic reasons is not permitted.
- All students must be enrolled in the MOT program on a full-time basis. Part-time enrollment will not be permitted. A student may be granted a leave of absence under extenuating circumstances with approval from the program director. A leave of absence would require complete withdrawal from the program until the student is able to return on a full-time basis. A leave will not be granted for longer than a one year period, at which time the student must return on a full-time basis or withdraw from the program entirely.
- Students are requested to meet with their faculty advisor at least once during each long semester to review their academic and professional performance. It is the student’s responsibility to initiate this meeting and students without advising for duration of six months or longer will be subject to review by the Program Director and will be counseled appropriately.
- Students who do not demonstrate strong professional behaviors will be counseled and given an action plan for improvement. If the student is not successful in remediating professional behavior issues by the following semester, the student may be: (1) dismissed from the Program; or (2) prohibited from enrolling in a future coursework until behaviors are remediated. Decisions are made based upon the students past performance and faculty evaluation of student’s potential to demonstrate professionalism in the clinic. All decisions are final.
- Once all didactic instruction has been successfully completed, students are eligible to complete the required 24 weeks (or equivalent on a part-time basis) of clinical fieldwork education.
- Once the didactic and clinical education portions of the curriculum have been completed successfully, students are eligible for graduation.
- Graduates of the program will be eligible to sit for the National Certification Examination for the Occupational Therapist administered by the National Board for Certification in Occupational Therapy (NBCOT). After successful completion of this exam, the individual will be an occupational therapist, registered (OTR). In addition, most states require licensure in order to practice; however, state licenses are usually based on the results of the NBCOT certification examination. A felony conviction may affect a graduate’s ability to sit for the NBCOT certification examination or attain state licensure.

NOTE: A felony conviction may affect a graduate’s ability to sit for the NBCOT certification examination or attain state licensure.

Rev. 5/13
Dr. Stephanie Capshaw, OTD, OTR
Program Director
Clinical Associate Professor
College of Health Sciences, Rm 302
(915)747-7269
scapshaw@utep.edu

Position vacant
Academic Fieldwork Coordinator
Clinical Assistant Professor
College of Health Sciences, Rm XX
(915)747-XXXX

Dr. Melissa A. Carroll, Ph.D., M.S.
Assistant Professor
College of Health Sciences, Rm 306
(915) 747-7260
macarroll2@utep.edu

Dr. Cecilia Fierro, OTR, OTD
Clinical Assistant Professor
College of Health Sciences. Rm 315
(915) 747-7263
Cfierro6@utep.edu

Dr. Eugenia Gonzalez, Ph.D., OTR
Assistant Professor
College of Health Sciences, Rm 302
(915)747-8218
ecgonzalez3@utep.edu

Dr. Katherine Lawson, PhD, LMSSW, OTR
Assistant Professor, Rm 305
(915) 747-8517
kalawson@utep.edu

Teri Cast
Administrative Assistant
College of Health Sciences, Rm 304
(915)747-7268
tcast@utep.edu

Gretchen Schmalz M., EdD, OTR
Professor Emeritus
gschmalz@utep.edu
THE UNIVERSITY OF TEXAS AT EL PASO

**Occupational Therapy Program:**

Dr. Stephanie Capshaw – Director  747-7269
OT Office  747-7268

**Helpful numbers**

University Bookstore  747-5594
Library  747-5671
Student Development Center  747-5670
Student Health Center  747-5624
Student Counseling Services  747-5302

**Emergency Numbers:**

All emergencies on-campus—call University Police  747-5611
(fire, police, ambulance)

Fire, Police (City)  911

**Useful Numbers:**

Dean – Dr. Kathleen Curtis  747-7201
Assistant Dean for Student Affairs – Connie Gamboa  747-7266
Dean of Students – UTEP  747-5648

Main Switchboard  747-7280
STUDENT INFORMATION
Student Administrative Information—From the Program Administrative Assistant

Student Contact Information

It is critical for the program Administrative Assistant to be able to contact you by phone (home and/or cellular), address, and email for the entire time you are an OT student. This includes during your fieldwork. *Please keep your information up to date!* At the end of this handbook is a blank “Contact Information” form. Please fill one out as soon as any change takes place—even if temporary—and turn it in to the OT office. Please do not assume that the contact information we have is current and correct.

Registration

Overview

Registration can be accomplished through Touch Tone Registration, Web Registration, or in person. Before the first day of registration for each semester, you will be provided with the program’s schedule for that semester with assigned lab groups and call numbers. Please follow this to register for your classes. The program Administrative Assistant will also remove the program holds and give department approvals and/or overrides, if needed, for your classes and sections through Goldmine. Because holds can reappear after a time, if you must late-register please let the Administrative Assistant know so s/he can check your status before you attempt registration.

Under usual circumstances, the program’s administrative assistant registers all the students at once. If a student has holds from financial aid or others, an email is sent explaining who they have to contact and reminding of the time line, etc for registration. The student has the responsibility to let the program administrative assistant know when they have resolved the issue so that they can be registered.

Holds, Dept Approvals, Error Messages

Approximately one month before registration begins for a semester, a Major Advising Hold is automatically placed on every OT student by Goldmine. This is the only hold that is related to the OT program and the one that is removed by the program Administrative Assistant. There are many other holds that are possible. While the program Administrative Assistant can identify those holds for you and direct you to the department responsible for them, s/he cannot remove those holds. You should also be able to view your holds on Goldmine on the web after you log in.
If there is any problem with your registration, you will be given an error message. Please pay close attention to what the error message says and write it down. It will give the Administrative Assistant clues as to what the problem is if it is not immediately apparent and also the remedy to the problem.

If you encounter any problems registering, please contact the department office as soon as you can so that the problem can be solved before your registration time is up. For this reason, please register as early as possible. The department cannot help you with any late registration fees due to registration problems if you wait until the last minute to register. If you run into problems after the office is closed, call and leave a detailed message on the office voice mail. Please include your name, identification number, the call number(s) of the course that you had problems with, and any error message that you received. This will give the office time to correct it before your next registration period.

Financial Aid

Tuition payments from Financial Aid are made on the date that payments are due for all students at the University for each semester. You can find this date listed on the Academic Calendar on the UTEP website or in the class schedule for that semester. Typically it is about 1 week before the start of the semester.

“Walks” in classes/labs

The tradition of “walks” in classes (being free to leave without penalty if the faculty member does not appear within 15 minutes from the start of class) is not an official university policy. Therefore it is not honored in the OT program. If the faculty for your class or lab does not show up within 10 minutes, please contact the department office for information unless prior arrangements have been made between the class and the faculty. The Administrative Assistant will contact the program director or the faculty member in charge for instruction before any permission will be given to leave without penalty.

Items to Faculty via the Program Administrative Assistant

If a faculty member is not in their office when you need to drop off an item, book, or assignment, you may leave them with the program Administrative Assistant by following these instructions:

1. Do NOT leave anything or put anything into the faculty member’s box without telling the program Administrative Assistant that you are doing so. Otherwise it is easily overlooked and may not be noticed for some time.
2. All assignments or anything that will be graded MUST be dated, timed, and initialed by a staff member (or in emergency, another faculty member). This will be the date and time that you hand the item over to be turned in. If this is not done, there is a risk that it could be counted late since there is no documentation of when it was turned in.
3. Please make efforts to drop off non-graded items when the faculty member is in their office. The program office does not have extra space to store items—extra items are actually hazardous to step around. The office will accept these items if you cannot or do not connect with the faculty in their offices. Please leave a note attached to the item with your and the faculty’s name on it.

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**Final Exam Schedule**

The program does not follow the University’s final exam schedule. The schedule will be determined by faculty based on room scheduling and faculty needs.

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**Liability Insurance**

All OT students are required to have liability insurance while they are in the program.

Students are required to have professional liability insurance through the group plan offered through UTEP for their entire duration in the UTEP MOT Program. Liability Insurance coverage is based on an academic year; and is tied to academic classes. It does not cover periods in which students are not taking class such as semester breaks. Students are responsible for making sure their liability practice insurance is renewed appropriately.

Under this insurance policy students are not covered for any claims relating to the operation of their personal motor vehicles. Since the University has ruled that students cannot provide services for which they are at risk without liability coverage, students may not transport clients within the field as part of their fieldwork rotation. AGENCIES SHOULD NOT ASK OR ALLOW STUDENTS TO TRANSPORT CLIENTS USING THEIR PERSONAL VEHICLES WHILE IN FIELD PLACEMENT.
Community-Wide Orientation
All MOT students are required to complete the online Community-wide orientation training. The module and information can be found on the UTEP College of Health Science’s Compliance webpage:
http://chs.utep.edu/complianceclearances/students/occupational_therapy_compliance_requirements.php

Graduation Process for Students

Application for graduation
You must apply for graduation before the degree application submission deadline in each semester’s Schedule of Classes. If you submit your application after the early application deadline, you will be charged a late application fee in addition to the stated graduation fee – and you run the risk of your name not appearing in the Commencement program.

Step 1: APPLY
Graduate and Doctoral degree candidates apply with your academic advisor, and then take your application to the Graduate Student Services Office for approval;
Check with your advisor and Graduate Student Services for clearance dates.
Submit your graduate advisor approved application form to the Graduate Student Services Office two weeks prior to the published date for the early application deadline to allow sufficient time for a complete review of your academic record. Applications received after that date are not guaranteed to be approved prior to the late fee assessment.

Step 2: PAY
Take your approved application to the Cashiers in the Academic Services Building and pay the appropriate fee.

Diploma Application Fee
$30 if paid by the set deadline. (There is an initial deadline set each semester.)
$45 if paid after the initial deadline through the last day of finals
A completed diploma application must be turned in to the cashier when the fee is paid.

Diploma Mailing Fee
FREE- USPS first class mail
$30 - UPS overnight
$50 - all foreign countries via UPS
Diploma Replacement Fee
$10 within the first year graduation
$30 thereafter
$30 for express orders at any time

NOTE: To have your name appear in the printed Commencement Program, your application must be submitted by the official submission deadline to the Registration and Records Office.

NBCOT Exam

The NBCOT website is http://www.nbcot.org You need to access that website in order to register for your NBCOT exam, order your handbook, and order the study guide (if desired). All exams are administered by computer and testing is now on-demand. After your registration for the exam is complete you must arrange for testing within 90 days. After 90 days, you will have to pay an extra fee to reactivate your testing eligibility. UTEP transcripts that would include the fall semester’s grades and conferral of degree are not ready until the beginning of January. Keep that in mind with regards to obtaining a temporary license [see next section].

NBCOT also recommends the following: “...many states require official notification of eligibility (Confirmation of Eligibility Letter) for limited or temporary licenses and a score report for permanent licenses. Please encourage your students to request these services at the time of application. This will reduce their waiting time for the temporary or permanent license.”

Transcript requests

NBCOT will need to receive your transcript with your degree posted before your application to take the NBCOT exam is complete. However, do not send a transcript until after you have registered for the exam and paid the exam fee. Otherwise your transcript will be discarded. A Transcript Request Forms are available on the NBCOT website. You need to request an official transcript to be mailed to the following address: NBCOT, Attn: Transcript Processing, 800 S. Frederick Avenue, Suite 200, Gaithersburg, MD 20877-4150. Please note that your degree will not be posted until after January 1 (if you graduate in the fall.)

NOTE: The program is not responsible for specific information pertaining to the NBCOT exam nor licensure in the sections following. The information presented here is general in nature and is included for the sole purpose of providing a surface view of what is involved. You must contact the NBCOT and the licensing board for specific and more detailed information.
Texas Licensure

To find information on Texas licensure, including temporary licenses, go to the TBOTE website at http://www.ecptote.state.tx.us. You can find the licensing information for OTs by following these links: Services, Applications, OT Licensure. This is the definitive source of information on Texas licensure and should be consulted for all questions.

The website gives the following advice: “You must have a regular or temporary license in hand to work as an OT or OTA. Don’t promise to start work on a specific date unless you have the license in hand.” Note that in addition to completing the application packet they send on request, you also need to submit to them the Confirmation of Examination Registration and Eligibility to Examine Notice from NBCOT. In a recent phone call, TBOTE stated that letters from the department would not be honored for the purpose of confirming award of the MOT. A passing score on an “open text” jurisprudence exam must be presented to the board before your temporary license will be issued. This exam is obtained through the licensing board. There are other additional requirements. Again, check the website and know that the earliest you would likely have your temporary license in hand will not be for a month or two after graduation.

Questions regarding anything in this booklet or the program, and requests for assistance should be directed to the department Administrative Assistant or your advisor.

Questions regarding the NBCOT exam should be directed to NBCOT at their website or the following number: 1-301-990-7979. NBCOT: 12 South Summit Avenue Suite 100 Gaithersburg MD 20877

Questions regarding Texas licensure should be directed to the Texas Board of Licensure at their website or at the following number: 1-512-305-6900. http://www.ecptote.state.tx.us/ot/

A felony conviction may affect a graduate's ability to sit for the NBCOT certification examination or attain state licensure.
PROFESSIONAL/REGULATORY ORGANIZATIONS
OF OCCUPATIONAL THERAPY

AOTA
The American Occupational Therapy Association is the national professional organization. This organization has several special interest sections, an education accreditation department, and a political committee, which monitors legislation pertinent to the profession. This organization additionally provides continuing education courses, self-study courses and specialty certification in pediatrics and the neurologically impaired patient. They also sponsor an annual conference, which is traditionally held in April of each year. Some advantages to belonging to AOTA include: Reduced fees to conference, continuing education, AOTA books and other products, networking with other OT’s. Literature and information regarding the profession is available from the national library. There is an annual fee for membership. Student members are eligible for AOTF scholarships. An application for membership may be obtained from AOTA 1-800-729-2682.

NBCOT
The National Board for Certification in Occupational Therapy, Inc., is the board which writes and administers the national registration examination and confers the designation “Registered” to the OT upon passing the examination. This board is a private board at the present time. The Board also requires the practicing therapists to renew their certificate of registration every five years. There is a fee for the certification examination and a fee for the renewal of the certification.

TBOTE
Texas Board of Occupational Therapy Examiners is the licensing board of the state of Texas. It is this organization to which your certification examination grade will be sent and to whom you will pay your fees for State of Texas licensure. Licenses are renewed every two years.

TOTA
The Texas Occupational Therapy Association is the professional organization of the State of Texas. This is the organization that is the state level counterpart of the American Occupational Therapy Association. The group keeps track of state legislation regarding the OT profession and health care, provides support for continuing education and sponsors an annual regional conference called the Mountain Central Conference. There is an annual membership fee. Student members are eligible for scholarships and student loans. An application for membership is attached to this handbook.

RIO GRANDE DISTRICT
This organization is the regional group of the Texas Occupational Therapy Association. Since Texas is so large, it is more manageable to divide the state into six districts to provide more effective information gathering and service delivery within the state as a whole. The district meetings are held quarterly and provide a local network for therapists. Membership is based on payment of TOTA membership dues.

SOTA
The Student Occupational Therapy Association is the student organization affiliated with the American Occupational Therapy Association. This is your organization. There is a membership fee.

PI THETA EPSILON
Membership is based on GPA, scholarly activity, and is by invitation.

The local UTEP chapter is the Alpha Chi Chapter (currently inactive.) There is a membership fee.
ORGANIZATIONAL FLOW CHART

Voluntary Membership | Required Membership

National Level
- AOTA
- NBCOT
- SOTA

State Level
- TOTA
- TBOTE
- SOTA

Rio Grande District of TOTA
- SOTA
The Accreditation Council for Occupational Therapy Education (ACOTE)

ACOTE is the organization, which accredits educational programs for occupational therapy in the United States. Each educational program is required to meet the Essentials as set down by the organization. Students, however, must pass the NBCOT, Inc. registration examination whereby they are entitled to use COTA or OTR designations after their name. In Texas, occupational therapists are additionally licensed by the Texas Board of Occupational Therapy Examiners.

STUDENT OCCUPATIONAL THERAPY ASSOCIATION (SOTA)

The Student Occupational Therapy Association is a campus student organization whose mission is to promote occupational therapy through involvement with the community, at the university, local and state levels. This mission is pursued through the following goals:

1. Campus and community public education activities, such as health fairs;
2. Community service activities, such as therapeutic horsemanship and volunteer programs;
3. Cooperative activities with the Rio Grande District of the Texas Occupational Therapy Association and with Alpha Chi Chapter of Pi Theta Epsilon, the National Honor Society for occupational therapy (when active);
4. Fundraising activities to support the objectives and activities of the club; and
5. Social and educational activities to enhance the learning and professionalization experience of the occupational therapy students of UTEP’s Occupational Therapy Program.

Any student enrolled in the professional Occupational Therapy Program may join the Student Occupational Therapy Association by paying the annual dues, as established by the membership.
History

Pi Theta Epsilon (PTE) was developed as a specialized honor society for occupational therapy students and alumni. The society recognizes and encourages superior scholarship among students enrolled in professional entry-level programs at accredited schools across the United States. Pi Theta Epsilon is sponsored by the American Occupational Therapy Foundation (AOTF).

The objective of the society is to contribute to the advancement of occupational therapy through special projects of its members; to provide a basis for relationship among the accredited schools of occupational therapy; and to work in cooperation with the aims and ideals of the occupational therapy club (known as the Student Occupational Therapy Association or SOTA).

The mission of Pi Theta Epsilon is to promote research and scholarship among occupational therapy students.

MEMBERSHIP ELIGIBILITY

1. Selection of new members shall include those who have demonstrated superior scholarship, those who are eligible shall rank not lower than the highest 20% of their class in scholarship and have a GPA of at least 3.5 on a scale of 4.0 since entering the occupational therapy program, and shall have attained second semester junior status in the occupational therapy program.

2. Lapsed members may rejoin the local PTE Chapter (Alpha Chi) by paying only the current year’s membership fee. Membership in a local Chapter automatically bestows membership in the national society.
UTEPEmail Accounts Policy

1. All occupational therapy students, without exception, are required to get a UTEP email account.
2. Students are responsible for checking their UTEP email account on a daily basis.
3. All email communication between faculty and students, and between students and clinical sites, will be through UTEP email accounts regardless of any personal email accounts that might exist.

Procedure for getting an email account:
1. The University provides all currently registered students at the University of Texas at El Paso a free email account.
2. You may access a networked computer from the ILC on the first floor of the College of Health Sciences, in the UTEP library, in the Student Union building, and various other locations on the Main Campus.
3. You may access your UTEP email from home by going to the UTEP website (http://www.utep.edu) and clicking on the link to webmail.
4. For assistance with your UTEP email account, contact the UTEP Help Desk at 4357 from any University phone or 747-5257 from off campus.
INDEPENDENT LEARNING CENTER (ILC)

There is a computer laboratory available to occupational therapy students on the first floor of the College of Health Sciences building. This laboratory is for the students to access computers for word processing, E-mail and other computer needs. There is access to the AOTA website, MedLine, the Internet and Eric Library System from this laboratory. A software program for anatomy and physiology called Body Works is available. Operation hours are posted on the door of the ILC.

LIBRARY AND OTHER RESOURCES

The University of Texas at El Paso offers a wide array of services for students to ensure that student needs, concerns, and interests are addressed.

The library is located on the main campus on Wiggins Road. (Refer to the Undergraduate Student Catalog for more information). There are journals, books, video tapes, films and audio cassettes which are available to the student with a proper current ID card. The faculty will place selected items on reserve for specific classes or assignments. Faculty will allow students to review articles and books from their own personal libraries upon request, and at the convenience of the individual faculty member. There is a temporary library parking permit available from Alice Garcia, College Receptionist, at the front desk in the College of Health Sciences building. It may be checked out for 24 hours for the purpose of studying/performing research at the UTEP library. It is on a first come/first serve basis. Abuse of this privilege in any way will result in ineligibility to use the parking pass for the remainder of your time as a student at the College.

Adelante Child Development Center
Phone Number: (915) 747-5270
Website: http://studentaffairs.utep.edu/childcare
Child care is available for children of all students, staff, and faculty of the University. The Adelante Child Development Center is managed and operated by Adelante Childcare, Inc. Children aged three months to 12 years are accepted, depending on space availability (hourly, daily, weekly care available; Summer Camp for school age children). Age appropriate early childhood developmental programs are offered in the curriculum. The Adelante Child Development Center is licensed by the Texas Department of Protective and Regulatory Services. Financial assistance is available for qualifying parents through Child Care Services.

Campus Cultural Programs
Website: www.utep.edu
Each year departments across campus sponsor hundreds of cultural events including concerts, music theatre productions, plays, art exhibits, ballet and dance performances, films, and lectures. Theatre and dance productions are performed in the Wise Family Theatre, the Studio Theatre in the Fox Fine Arts Center, and the Magoffin Auditorium. University Dinner Theatre productions are presented in the Student Union West Building. Music activities such as the University’s Symphony Orchestra, Symphonic Band, Opera, Jazz Bands, Pandemonium Steel Drums, Choral and Chorus, Jazz Singers, and chamber groups are held in the Fox Fine Arts Center’s Recital Hall or the Magoffin Auditorium. Faculty, student, and touring art shows are exhibited in the Stanlee and Gerald Rubin Center for Contemporary Art, the Glass
Gallery in the Fox Fine Arts Center, and the Student Union Gallery in the Union East Building. A film series is also presented annually in the Student Union East Building. Lectures and a variety of other public programs are part of the yearly schedules of all UTEP Colleges, Academic Departments and Centers as well as the University Centennial Museum and Chihuahuan Desert Gardens. The Student Development Center provides a wide-variety of student programming ranging from lectures to artistic performances.

**University Career Center**  
**Phone Number:** (915) 747-5640  
**Website:** [www.utep.edu/careers](http://www.utep.edu/careers)

The University Career Center, as part of the Division of Student Affairs, provides programs and services designed to foster the career development of UTEP students and alumni from all academic disciplines. Toward this end, the Department provides the following services:

- Career Advising
- Resource Center (career development literature, employer information, and on-line resources)
- Career Development Activities and Workshops (resume writing, interviewing, job search correspondence, etc.)
- Resume Reviews
- Job Listings and Referrals (part-time student employment, cooperative education and internship opportunities, and professional employment)
- Cooperative Education/Internship Program (career-related experience for college students)
- On-Campus Interviews
- Career Fairs

Students are encouraged to visit the University Career Center early in their university career to develop a personalized career-development action plan. Career counseling services are offered by the University Counseling Center.

**Disabled Student Services Office (DSSO)**  
**Phone Number:** (915) 747-5148 Voice/TTY  
**Website:** [www.utep.edu/dsso](http://www.utep.edu/dsso)

The Disabled Student Services Office (DSSO) provides a program of support to students with physical, or mental impairments, as well as those who become temporarily disabled due to an injury or recent surgery, and to women with "at risk" pregnancies.

DSSO provides the following services as accommodations: note taking, sign language interpreters, reader services, priority registration, use of adaptive technology, alternative test formats, testing accommodations and advocacy.

Students requiring accommodations must schedule an intake interview with the Director of DSSO and provide medical and/or diagnostic documentation verifying a disability. The documentation must clearly state symptoms and limitations that adversely affect academic performance. All information provided to DSSO is treated as confidential. Students should be aware that faculty members are not obligated to provide accommodations without proper notification from DSSO.

If a student has, or suspects they have, a disability that is adversely affecting academic performance, he/she should contact the Disabled Student Services Office immediately to discuss available options.

**El Paso Centennial Museum/Chihuahuan Desert Gardens**  
**Phone Number:** (915) 747-5565  
**Website:** [www.utep.edu/museum](http://www.utep.edu/museum)

The El Paso Centennial Museum was built in 1936 with funds allocated by the Commission for the Texas Centennial Celebration. As the University’s museum, it serves students and the El Paso/Juarez communities. The mission of this natural and cultural history museum is to preserve, document, exhibit, and educate about the Southwest and Mexico. Noteworthy collections pertaining to Geology, Anthropology, Archaeology, Paleontology, Ornithology, and Mammalogy include rocks, crystals, minerals, pottery, stone tools, shell jewelry, and baskets. The Chihuahuan Desert Gardens, dedicated in 1999, are located on the west side of the museum. They contain plants of the region in settings that can be adapted for area businesses and homes. Basic museum and special project classes are offered to UTEP students.
Temporary exhibits, lectures, gallery talks, youth classes, adult workshops, and volunteer activities are educational offerings. The Museum is free and open to the public.

**Food Services**  
**Phone Number:** (915) 747-5628  
**Website:** www.admin.utep.edu/sodexho  
UTEP Food Services strives to provide the best quality food at the most convenient locations. Students, staff and faculty members are encouraged to visit one of the many food venues located throughout campus.  
* B* - Breakfast available  
* E* - Open during evening hours  
UTEP Union East Building 2nd Floor (Food Court)  
* B* Chick-Fil-A (deli)  
Firehouse Grill (grill and tortas)  
* B* El Cazo (comida Mexicana),  
Garden Gourmet (hand tossed salads, soups, and display cooking featuring international cuisine)  
UTEP Union East Building 2nd Floor  
Pizza Hut Express (pizza and wings)  
* E* Mine Shaft (pizza, wings, grab and go)  
Chopsticks (Asian cuisine)  
UTEP Union East Building 1st Floor  
* B* * E* Freshens/Starbucks (Starbucks coffees, smoothies, frozen yogurt, grab and go)  
The El Paso Natural Gas Conference Center  
* E* Quiznos (deli)  
* B* Delicious Mexican Express (comida Mexicana)  
Miner Grill (grill)  
* B* * E* Pete’s Arena (pizza and pasta)  
Library  
* E* Jazzman’s Café (upscale coffee and pastry shop)  
College of Business Administration 3rd Floor  
* B* * E* Miner Stop (grab and go)  
College of Education 2nd Floor  
* B* * E* Café a la Cart (grab and go)  
College of Health Sciences  
* B* Healthy Corner (grab and go)  
Swimming and Fitness Center  
* E* Gold rush (energy stop, smoothies, grab and go)  
Academic Services Building  
* B* Jazzman’s Café (upscale coffee, sandwiches, salads, and pastries)  
Miner Meals are dollars placed on the Miner Gold card that are held in reserve exclusively for food purchases. With Miner Meals, students, faculty, and staff can receive an automatic 10% discount on all food purchases. Miner Meals can be purchased in $50 increments at Student Business Services, located on the first floor of the Academic Services Building.  
UTEP Catering Services offers a full range of services for banquets, receptions, meetings, conferences, and private functions. A dynamic menu is designed to meet the diverse needs of any group and function. UTEP Concessions provides a variety of tasty options at sporting and special events. From traditional hot dogs to local favorites, your cravings are sure to be satisfied.

**Intercollegiate Athletics**  
**Phone Number:** (915) 747-5347  
**Website:** www.utepathletics.com  
UTEP is an NCAA Division IA school and is a member of Conference USA. Sponsored sports are football, men’s and women’s basketball, men’s and women’s cross country, men’s and women’s golf, men’s and women’s indoor track and field, men’s and women’s outdoor track and field, women’s tennis, women’s rifle, women’s soccer, women’s softball, and women’s volleyball.
Football is played in the 52,247-seat Sun Bowl Stadium, which is located on campus and nestled in the southern tip of the Rocky Mountains; men's and women's basketball plays in the 11,767-seat Don Haskins Center; and women's volleyball plays at Memorial Gymnasium, which seats 3,000 people. Soccer plays at the University Soccer Field with the Rocky Mountains as a backdrop. The track program runs at Kidd Field, which seats 15,000 people. Teams nationally ranked in recent years include men’s basketball, football, men’s golf, cross country, indoor and outdoor track and field and women’s rifle.

**International Programs**

Phone Number: (915) 747-5664  
Website: [http://studentaffairs.utep.edu/oip](http://studentaffairs.utep.edu/oip)

The Office of International Programs (OIP) is the primary source of information and assistance for the international community at UTEP. Services include:

- Advising for international students and scholars, on immigration, financial cross-cultural and personal issues;
- PASE (Programa de Asistencia Estudiantil) program administration: a Texas initiative for a waiver of out-of-state tuition for Mexican nationals who can prove financial need;
- International and multicultural activities on campus, highlighting the multicultural nature of El Paso and UTEP through cultural events, and presentations, involving the University’s diverse nationalities;

The Office is located at 203 Union East, and can be contacted at (915) 747-5664 (fax: 915-747-5794), at oip@utep.edu, or at [http://studentaffairs.utep.edu/oip](http://studentaffairs.utep.edu/oip).

**KTEP Public Radio**

Phone Number: (915) 747-5152  
Website: [www.ktep.org](http://www.ktep.org)

KTEP 88.5 FM broadcasts news, information, and cultural programming 24 hours per day for the University as well as El Paso, Southern New Mexico, and Juarez. KTEP is a member of National Public Radio and Public Radio International. The station trains UTEP students in broadcasting, and students can work at the station either as interns or volunteers. KTEP is equipped with the latest in digital broadcast technology. KTEP began broadcasting in 1950 and was the first FM station in El Paso and one of the first in the Southwest. A quarterly programming guide is available by calling (915) 747-5152.

**Miner Village**

Phone Number: (915) 747-5352  
Website: [www.utep.edu/housing](http://www.utep.edu/housing)

While there are several offices and departments on campus that are devoted to student success, there is only one that welcomes students home! Since 2001, the dedicated Housing and Residence Life staff of Miner Village has served the students of UTEP in one of the most modern facilities in the state of Texas. All apartments are fully furnished, with local telephone service, basic cable, refrigerated air, and internet connections. There are laundry facilities, a sand volleyball court, and off-campus restaurants and stores in walking distance.

Whether you are a student-athlete with a busy season ahead, an international student visiting the United States for the first time, or an El Paso native looking for a new experience away from home, Miner Village offers its residents a unique on-campus environment…and the skills needed to be a responsible student, roommate, and citizen.

**Professional and Public Programs**

Phone Number: (915) 747-5142  
Website: [www.utep.edu/pace](http://www.utep.edu/pace)

The role of the PACE is to offer a variety of continuing education and professional development opportunities, along with credit course offerings. Professional and Continuing Education consists of ten major program areas:
1. **Credit Courses** are designed to meet the needs of students at various stages of their careers and education attainment levels. All credit courses are accredited and are transferable to degree programs at UTEP.
2. **Community Programs** offer short courses quarterly for personal and professional enrichment for adults and youth.
3. **Career Development Programs** offer courses that provide individual professional growth.
4. **Business, Manufacturing, and Professional Programs** offer opportunities for individuals of varying levels of experience from both the public and private sectors to develop new skills, meet license or certification renewal requirements, and update knowledge.
5. **Technology Education Programs** provide critical training for a broad range of computer software and user levels to the general public and business community.
6. The **English Language Institute (ELI)** conducts intensive English training on a full-time basis for the TOEFL to enter UTEP.
7. **Faculty and Staff Training and Development** provides training offerings to University employees through the One-Stop Training Shop offered in collaboration with the University’s Human Resource Services office.
8. **Summer Athletic Camps**: PACE oversees the athletic camps offered by the various UTEP NCAA Athletic programs.
9. **Advanced Placement Summer Institute** trains area teachers and administrators to prepare students for the AP exam.
10. The **Center for Lifelong Learning (CLL)** is an educational program planned and operated by and for individuals fifty years of age or older. The CLL provides learning opportunities for those eager and willing to learn and take an active role in renewing or expanding their education and enriching their lives.

For more information contact PACE at (915) 747-5142 or visit the office at Miners’ Hall, Room 108.

**Recreational Sports**
**Phone Number:** (915) 747-5103  
**Website:** [www.utep.edu/rsd](http://www.utep.edu/rsd)

The Recreational Sports department provides an opportunity for each member of the University community to voluntarily participate in a wide variety of sports and leisure activities.
- **Intramural Sports Program** offers approximately 40 activities for men and women with a valid UTEP ID
- **Outdoor Adventure Program** offers equipment rental and outdoor trips to UTEP students, staff and faculty
- **Challenge Course** is a half day or full day team development program
- **Fitness Programs** are non-credit exercise classes offered to UTEP students, staff and faculty at a minimal fee
- **Sports Clubs** are available for registered UTEP students who may want to participate in extramural competition
- **Open Recreation** provides the use of sport facilities for leisure play. Equipment is provided with a valid UTEP ID
- **Swimming and Fitness Center** consists of an exercise room with cardio machines, weight machines, free weights and two swimming pools.

For further information visit the Recreational Sports website or call Memorial Gym at (915) 747-5103 or the Swimming and Fitness Center at (915) 747-8100.

**Special Events**
**Phone Number:** (915) 747-5481  
**Website:** [www.utep.edu/events](http://www.utep.edu/events)

There is no business like show business! For over a decade the Office of Special Events has been dedicated to bringing quality entertainment to the UTEP and El Paso communities.

The office operates as a full production house in the booking of the following UTEP special event facilities: Sun Bowl Stadium, Don Haskins Center, and Magoffin Auditorium. A variety of events are presented each year. Past events include Juanes, Aerosmith, Linkin Park, Fleetwood Mac, Cher, Shakira, The Eagles,
Ricky Martin, NSYNC, The Rolling Stones, HBO’s Oscar de la Hoya Fight, WWE, and international soccer
Pumas vs. Tigres among many, many others.
The Office of Special Events is also responsible for the programming of the Wednesday Music Café FREE
Concert Series, the Union Exhibition Gallery and the Art and Foreign Film series, host of the Cinema Novo
Film Society of El Paso, the only art film society in the city.

Student Development Center
Phone Number: (915) 747-5670
Website: http://studentaffairs.utep.edu/sdc
The Student Development Center (SDC) is a one-stop clearinghouse of information and resources for
UTEP students involved, or who want to become involved, in campus life. The SDC provides students with
opportunities to get involved in leadership activities, campus activities, health awareness, diversity
initiatives, student organizations and/or Greek Life.
The Student Development Center works with over 180 student organizations on campus. These
organizations are categorized as follows: Academic/Professional, Advocacy, Graduate, Greek, Governing,
Honorary, International, Professional, Recreational, Religious/Spiritual, Service, Special Interest, Social,
and School/Community Spirit. The SDC provides a variety of programs to enhance student organizations
through personal consultations, publications and workshops. Please visit the SDC website for more
information on how to start an organization and view helpful links for student organizations.

Student Government Association
Phone Number: (915) 747-5584
Website: http://studentaffairs.utep.edu/sga
The Student Government Association (SGA) is the official voice of the student body. The SGA maintains
an open channel of communication between the student(s) and university administration by voicing to the
University administration the concerns of the student body and informing students about changes in policy
that will affect campus life and student activities. SGA’s goal is to make every student's college experience
a complete one – developing them both academically and personally.
SGA takes pride in the diversity of the student body and is dedicated to providing assistance to and
support for all student organizations and campus activities whenever possible. Recognizing the campus’
unique diversity, SGA works to assure that every student or group of students is treated with respect and
dignity in order to maintain an atmosphere of tolerance and understanding among all members of the
campus community.

Student Health Center
Phone Number: (915) 747-5624
Website: www.utep.edu/dsso
The Student Health Center (SHC) is located directly across from the Library and offers confidential health
care services to all University students presenting a valid UTEP ID. FREE services include: office visits,
nutritional counseling and HIV/AIDS testing (which is done every Wednesday from 11:00 a.m. - noon).
Laboratory tests, pap smears, vaccinations and many other services are provided at reduced rates.
Referrals outside the Student Health Center for stitches, x-rays, specialists, etc. are at the student's own
expense. All emergencies are referred to local hospitals. Minor illness, injury or health concerns are
treated by the SHC's professional staff.
Student insurance is available and recommended for every student without insurance coverage.
Information on student health insurance may be obtained by calling: (888) 344-6105.

Student Publications
Phone Number: (915) 747-5161
Website: www.utep.edu/studentpublications
Student Publications offers motivated students the opportunity to gain hands-on, professional experience
in a variety of facets of publishing through The Prospector, a semi-weekly student newspaper, and Minero
Magazine, a bilingual, bicultural publication produced once each fall and spring semester.
Students who work within the department receive training to become reporters, photographers, graphic
designers, editors or advertising sales representatives in a professional environment using the latest
computer-based publishing technology. Students must maintain a GPA of at least 2.0 and be enrolled for at least 9 undergraduate hours or 6 graduate level hours.

To ensure freedom of expression, a Student Publications Committee, composed of UTEP faculty, staff and students, oversees the student-produced publications. Student Publications’ mission is to produce talented, ethical and well-qualified journalists, photographers, designers and advertising professionals through experiential training that will lead them to successfully pursue and thrive in their chosen careers.

**Student Support Services Program (SSSP)**
**Phone Number:** (915) 747-5349/8602
**Website:** http://studentaffairs.utep.edu/sssp

This federally funded TRIO program provides intensive academic and personal support for first-generation, economically disadvantaged students with academic need from their freshman year through graduation. First year participants are enrolled in learning communities for two semesters to help them adjust to the demands of college. Students meeting the above criteria may apply to the program in Room 300 of the UTEP Library.

**Union**
**Phone Number:** (915) 747-5711
**Website:** www.utep.edu/union

The Union Building is the community center for the University of Texas at El Paso. Its primary goal is to provide services and facilities for the university community in support of the academic and student development mission of the University.

As the “epicenter” of the campus, the Union Building not only serves as a gathering place but also provides an atmosphere that fosters the exchange of ideas representing the diverse backgrounds of members of the university community.

The Union Services office is located in the Union Building, Room 307.

**University Bookstore**
**Phone Number:** (915) 747-5594
**Website:** www.utepbookstore.com

The University Bookstore is responsible for having required academic textbooks and supplies for students. The Bookstore also provides the University community a large variety of reference books, school and office supplies, computer software and accessories, calculators, UTEP apparel and gift items, commencement apparel and invitations, magazines, book buy backs, special book and software orders, specialty plaques, and computer hardware orders. The University Bookstore is managed and operated by Follett Higher Education Group.

**University Counseling Center**
**Phone Number:** (915) 747-5302
**Website:** www.utep.edu/counsel

The University Counseling Center provides free and confidential services in Spanish and English to currently enrolled UTEP students. Services include career counseling to help students clarify their academic or career goals and overcome obstacles to learning and decision making. The Center also provides personal counseling to address issues that can affect a student’s ability to perform optimally in his or her academic and professional endeavors. Lastly, the University Counseling Center provides educational workshops, outreach programs, and self-help resources on everything from stress and time management to self-esteem and relationship issues. Hours of operations are 8:00 a.m. – 5:00 p.m., Monday through Friday with extended hours (open until 7:00 p.m.) during the fall and spring semesters on Mondays and Tuesdays.

**Women’s Resource Center**
**Phone Number:** (915) 747-5291
**Website:** http://studentaffairs.utep.edu/wrc

The Women’s Resource Center (WRC) empowers women to achieve their holistic (personal, academic, professional and spiritual) goals, promote social justice through education programs, support groups, and a safe environment to foster health and wholeness in all people. The WRC provides students with a library
of books, magazines, videotapes, and health-related brochures as well as access to a computer lab. There is also a microwave, refrigerator, and telephone designated for student use. The WRC’s knowledgeable staff offers community resource information and networking opportunities. These services are available to women and men who identify as allies, including staff, faculty, and families. The WRC is a welcoming space for Lesbian, Gay, Transgender, Queer and Intersex (LGBTQI) community members. It is committed to promoting an environment free from hatred and discrimination based on sexual orientation, gender identity, or gender expression. The WRC empowers everyone to be authentic and share their experiences. Students will find understanding and acceptance here.
Students with Disabilities

Individuals with disabilities have the right to equal access and opportunity. In support of this endeavor, The Center for Accommodations and Support Services (CASS) maintains that when given appropriate support services and accommodations, students with disabilities can participate in higher education, and complete their desired degree program.

We welcome the opportunity to provide needed accommodation to those who believe or suspect a disability and need assistance in their pursuit of higher education including the opportunity to participate and benefit from all University sponsored programs, social activities and events. CASS ensures that reasonable accommodations and services are afforded to students with disabilities such that they have equal opportunities to achieve their academic and professional goals. However, the program will not provide accommodations and support services unless a student has registered with CASS and appropriate documentation has been received.

CASS Staff serves as liaisons between students and faculty, administrators, and outside agencies.

Disability Law

Section 504 of the Rehabilitation Act of 1973

“No otherwise qualified individual with disabilities in the United States….Shall, solely by reason of his/her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal Financial Assistance.”

Section 508 of Rehabilitation Act

On August 7, 1998, Congress amended Section 508 of the Rehabilitation Act to include proper access to electronic and information technology. This requires agencies that develop, procure, maintain, or use electronic and information technology to ensure that the material are accessible. Therefore, the university must make university-maintained Web site and video materials accessible (i.e. Web sites should allow for the use of speech output systems for individuals who are blind or visually impaired, and videos must be captioned for individuals who are Deaf/Hard of Hearing and audio described for individuals who are blind/low vision).

ADA Amendments Act of 2008:

This new law, which clarifies the intent of the ADA, was signed September 25, 2008 and went into effect on January 1, 2009. This law expands the definition of major life activities, and specifies that one should not consider mitigating measures (i.e. medication, prosthetics, assistive technology, etc.) when determining eligibility for accommodations.
THE UNIVERSITY OF TEXAS AT EL PASO
UNIVERSITY COUNSELING CENTER

The University Counseling Center offers a variety of psychological services to the UTEP community. Our staff of professionals helps students address individual and relationship concerns, manage stress, explore career directions, and enhance their overall personal and academic success. The UCC offers personal, career, and crisis counseling to currently enrolled UTEP students and outreach and consultation to faculty, staff, and students.

University Counseling Center services are free to UTEP students, and all contact is confidential. Visit their offices Monday through Friday, in the West Union Building, Room 104, to make an appointment.

College students encounter many new and challenging experiences, and they often face difficult personal problems and life decisions. Students come to us with a variety of concerns, including family conflicts, relationship problems, and academic pressure. You may want to talk with us about such issues as…

- Stress and anxiety
- Depression
- Suicidal thoughts
- Self-esteem
- Assertiveness
- Family pressures
- Loneliness and isolation
- Childhood experiences
- Eating disorders
- Sexual orientation
- Relationship abuse
- Sexual assault
- Anger
- Grief and loss

In addition to helping students with personal and relationship problems, we can provide help with academic problems such as:

- Test anxiety
- Time management
- Perfectionism
- Fear of failure

The UCC provides a safe and confidential place for you to talk about problems that might interfere with your personal growth or academic achievement. Couples' counseling is available to assist students with relationship or marital problems. Our staff can also suggest various referral options in the El Paso area if you need extended or specialized services.

Appointments can be made by visiting the University Counseling Center during their regular business hours, Monday through Friday. You will be asked to take a few minutes to fill out some brief paperwork. Your first appointment with a professional counselor can usually be scheduled within the next few days. At certain times of the semester, this wait may be longer.

No appointment is needed for crisis counseling. Students in crisis are seen immediately by an available counselor during regular business hours.

For more information and services offered, you can stop by or call them at (915) 747-5302.
SCHOLASTIC STANDARDS & ACADEMIC POLICIES & PROCEDURES
Classroom expectations and policies

1. Come prepared. Complete the assigned readings before the scheduled lecture. Additional reading materials may be provided in class for the following week. Reading assignments are subject to spontaneous evaluation. Questions over the reading assignments will be used to facilitate discussion during class and labs.

2. Students are expected to be active members of the learning experience and to contribute to the stimulation of other students through participation in the active learning process. The lab participation grade is also based on student’s professional behavior in and out of the classroom. Students are expected to comport themselves in a professional manner at all times whether in class, in clinics, or in the community. If necessary, a Professional Behavior Action Plan will be developed with the student and the instructor. Students who do not adhere to this plan or to constructive feedback will be referred to the Dean of Students for further disciplinary action.

3. Hand in assignments on time. You need to contact the instructor prior to an exam or an assignment due-date if there are circumstances that limit your ability to participate in the exam or to turn an assignment in on time. Consult individual course syllabi for specific penalties for late or absent assignments.

4. Seek help from the instructor if you are having difficulties, do not wait until it is too late to remedy the situation.

5. Take exams/quizzes as scheduled. Exceptions will be made only for verifiable emergencies. Notify instructor in advance if unable to take an examination. Reasonable excuses for missing an exam include: an acute medical problem, an extreme personal emergency or official University business. Documentation is required. An unexcused absence from an exam or quiz will result in a “0” for that exam or quiz. Authorized make-up exams will be given at the discretion of the instructor.

Attendance:
All students are expected to arrive promptly for class and to attend every class unless prior notification is given to the instructor by phone or e-mail. Consult individual course syllabi for specific penalties for tardiness and absences.
Electronic Devices:
1. All cell phones, pagers, laptops and other electronic devices will be off during class except in certain situations pre-approved by the instructor.
2. The program Administrative Assistant will take urgent messages and deliver them to you. You may give family or other appropriate people (schools or day care, etc) the department phone number: 747-7268 for this purpose. If the program Administrative Assistant will not be in the office for a day or more, the Administrative Assistant will give an alternate number on her voice mail.
3. If you are expecting an urgent message, either ask for pre-approval from your class instructors or alert the program Administrative Assistant.
5. Cell phones and laptops are NOT to be on during exams.

Disruptive Behavior:
Behaviors which detract from students learning will not be tolerated. These behaviors include, but are not limited to: talking during class when an instructor or other student has the floor, attire that distracts from students' learning, entering and exiting during instruction, and receiving incoming messages on electronic devices. Students engaging in disruptive behavior will be asked to leave the classroom.

Notice of Policy on Cheating:
Policy on Cheating: Students are expected to be above reproach in all scholastic activities. Students who engage in scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and dismissal from the university. "Scholastic dishonesty includes but is not limited to, cheating, plagiarism, collusion, the submission for credit of any work or materials that are attributable in whole or in part to another person, taking an examination for another person, any act designed to give unfair advantage to a student or the attempt to commit such acts." Regents’ Rules and Regulations. Part One, Chapter VI, Section 3, Subsection 3.2, Subdivision 3.22. Since scholastic dishonesty harms the individual, all students, and the integrity of the university, policies on scholastic dishonesty will be strictly enforced.
This memorandum outlines the Occupational Therapy Program’s position related to implementing the opportunity afforded to students with disabilities by The Americans with Disabilities Act of 1990. Further, it serves both potential students and enrolled students as a guideline for action that may facilitate successful achievement in the occupational therapy program. The Occupational Therapy Program actively supports the opportunities derived from the ADA legislation and encourages potential students to explore their interests and the match between their abilities and the job requirements for a career in occupational therapy.

After acceptance into the program, students with disabilities requiring accommodations for successful achievement in the program are encouraged to identify their needs as soon as possible to enable the department and course instructors to provide reasonable accommodations. The student should first contact Susan J. Lopez, Director of Disabled Student Services, Rm. 106 East Union Bldg., 747-5148, to establish that she/he has a disability that requires accommodation under the ADA. Supporting documentation, such as a letter from a physician indicating functional limitations that affect mobility and/or academic performance, must be supplied. The Director of Disabled Student Services will assist the student in identifying modifications that will be required. This process may take several weeks, so students are encouraged to begin well before the first day of class. To arrange for modifications specific to a particular course, the student should then contact the primary instructor. Students are encouraged to meet also with the Fieldwork instructor prior to the first semester of enrollment to identify needs for the clinical segment of the program. Planning in this manner enables timely and appropriate clinical placements.

An individual is not obligated to disclose a disability unless he or she desires accommodation. If a student chooses not to disclose this information, neither the academic nor fieldwork sites is obligated to make accommodations. If a student chooses to delay disclosure, the accommodations cannot be made retroactively, i.e. grades received before that time will not be changed.

Acceptance into the program and successful completion of the program do not guarantee any student employment following graduation. The same reality is true for an individual with a disability. The job search for any student involves seeking a position wherein there is a good match between the individual’s interest, expertise, and ability and the requirements of the position.
Student Faculty Advisor Policy

Each student is assigned to an advisor from the occupational therapy faculty upon entering the program. The faculty advisor continues to advise the student throughout his or her academic work.

The objectives of the faculty advisor are as follows:

- Provide consistent, readily available faculty contact with whom the student can communicate,
- Provide an opportunity for immediate OT faculty contact upon the student’s arrival on campus,
- Provide reinforcement to student on continuity of curriculum,
- Serve as a resource person and answer questions about the program regarding: academic work, learning experiences, professional concerns,
- Facilitate the student’s individual development in academic course work and fieldwork,
- Facilitate the student’s understanding of his/hers assets and limitations, and assist in putting these into perspective relative to the profession,
- Serve as a resource person for obtaining assistance in dealing with problems unrelated to school, but which may be affecting school performance,
- Facilitate preliminary planning for electives and fieldwork based on understanding of the individual student,
- Provide information about academic reinforcement programs and make referral when appropriate,
- Provide information on available counseling services when necessary.
FACULTY ADVISORS - 2013-14

Will be assigned at the beginning of the fall 2013 semester.
Student Counseling Policy

Faculty will counsel students who, based upon faculty evaluations (for example, examinations, quizzes, oral presentations, papers, reports, professional development evaluations, and the like), do not meet the program requirements or engage in acts that obstruct or disrupt any teaching or other authorized Occupational Therapy Program activity.

Student Academic Counseling Procedures:

1. Any student who receives a grade of less than 70% on any major assignment or exam is expected to meet with his or her faculty advisor within one week of being informed of the grade.

2. Instructors will inform the student’s faculty advisor in a written note of the grade, the course in which the grade was received, and other any relevant data such as current course standing within one working day after completing the grading of the assignment/exam.

3. The program coordinator will also be informed in writing whenever any student has a course average of less than 80%.

4. The student, upon being informed of an assignment/exam grade of C or less, will meet with the faculty advisor during the advisor’s office hours, or by special appointment if necessary. The purpose of academic counseling is to assist the student in identifying specific study patterns, test-taking skills, content areas or other problems, which contribute to the student’s poor performance on the assignment, and to implement steps to improve the performance. Any OT course in which a student makes less than a B results in the student being withdrawn from the program (or C in a DRSC course); therefore, timely intervention is necessary to improve low grades.

5. The faculty advisor will document the counseling meetings on a student academic counseling log kept in the advisor’s student files and signed by both student and advisor (Instructor/Advisor Meeting Log).

6. The advisor may recommend that the student also meet with the instructor in whose course the low grade was received, in order to review the work and identify methods for improvement. Students who receive poor grades on an exam should promptly review the exam with the course instructor. Program faculty members communicate closely with each other regarding the progress of students at risk.

7. Faculty advisors may also recommend additional steps to the student, such as reviewing study skills tapes available at the Library, more frequent meetings with the advisor, or personal counseling at the University Counseling Center, if an interpersonal or intrapersonal problem is interfering with academic performance.
Student Behavior Counseling Procedures:

8. Behaviors, which generally interfere with class process, or which in the faculty’s opinion may put the student at risk for interpersonal difficulties or impaired performance in fieldwork or clinical practice are addressed through the Professional Development Evaluation process. All faculty members document professional behavior and deficits using the PDE Form, which is a counseling tool.

9. More serious behaviors, which obstruct or disrupt any teaching, fieldwork, or other authorized Occupational Therapy Program activity, or infringe on other’s rights, are addressed through immediate intervention and counseling. Faculty, upon observing a student engaging in such acts, may deny the student access to participate in class activity.

10. In addition, faculty will refer the student to his or her faculty advisor for counseling to assist the student in identifying the problems, which contribute to the student’s obstructive or disruptive behavior and to implement steps to improve the behavior.

When Grades/Behavior/Performance Are Not Improving:

11. If after two class sessions, the student’s obstructive or disruptive behavior are not improving, the Program Director will refer student to the Office of the Dean of Students for additional disciplinary intervention including withdrawal from the course or courses.

12. If, after the following examination or assignment, grades are not improving, the student and advisor will document the problem, discussion during advising meetings, and specific remedial steps the student will be expected to take on the Student Consultation Form, which will be signed by both the advisor and student and placed in the student’s permanent record in the Program Office. The student may request and receive a copy of this form. All completed student consultations forms will be filed promptly in the office and will remain a part of the student’s permanent record. Advisors will also document and file in the permanent record any failure on the student's part to follow up on the remediation plan.

13. Students failing to maintain a GPA of 3.0 in the major curriculum are placed on academic probation in accordance with the policy in the UTEP Graduate Catalog. The University of Texas at El Paso

The Professional Development Evaluation (PDE) Form that will be used in student advising to document and track professional behaviors can be found in the Appendix.
ACADEMIC INTEGRITY

The University of Texas at El Paso prides itself on its standards of academic excellence. In all matters of intellectual pursuit, UTEP faculty and students must strive to achieve excellence based on the quality of work produced by the individual. In the classroom and in all other academic activities, students are expected to uphold the highest standards of academic integrity. Any form of scholastic dishonesty is an affront to the pursuit of knowledge and jeopardizes the quality of the degree awarded to all graduates of UTEP. It is imperative, therefore, that the members of this academic community understand the regulations pertaining to academic integrity and that all faculty insist on adherence to these standards.

Any student who commits an act of scholastic dishonesty is subject to discipline. Scholastic dishonesty includes, but is not limited to, cheating, plagiarism, collusion, the submission for credit of any work or materials that are attributable in whole or in part to another person, taking an examination for another person, and any act designed to give unfair advantage to a student or the attempt to commit such acts. Proven violations of the detailed regulations, as printed in the Handbook of Operating Procedures (HOP) and available in the Office of the Dean of Students and the homepage of The Dean of Students at www.utep.edu/dos, may result in sanctions ranging from disciplinary probation, to failing a grade on the work in question, to a failing grade in the course, to suspension or dismissal, among others.

THE FOLLOWING GRADING SCALE IS USED IN THE OCCUPATIONAL THERAPY PROGRAM:

Letter Grade Equivalents:

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90-100</td>
</tr>
<tr>
<td>B</td>
<td>80-89</td>
</tr>
<tr>
<td>C</td>
<td>70-79</td>
</tr>
<tr>
<td>D</td>
<td>60-69</td>
</tr>
<tr>
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Examinations and Quizzes Policy

When exams are administered, students are to place bookbags, papers, purses, and other personal items at the front of the room. Students will spread out around the exam room when seating themselves. No hats, caps or bulky clothing may be worn. Students will turn exam papers in to the exam monitor before leaving the room for any reason; once a student has left the exam room, he/she may not continue with the examination.

There will be no talking, of any kind, during an exam or quiz. Such behavior may result in a “0” on the exam or quiz, and referrals to the Dean of Students and Academic Affairs.

Instructors will identify additional conditions in course syllabi to include specific restrictions about make-up exams, or other exam restrictions, i.e. if a student misses an exam, a make-up exam may be taken only if the student has informed the instructor of the absence prior to the beginning of the examination, and only if the absence is due to a significant emergency approved by the instructor, or make-up exams may be taken if a student is absent from the scheduled exam time, but an automatic deduction of 10 points will result.
Test Appeals in the Occupational Therapy Program

Purpose:
1. To clarify uncertainty about your understanding of concepts tested.
2. To give additional recognition and credit when “missing” a question was caused by:
   - Ambiguity in the reading material
   - Disagreement between the reading material and our choice of the “correct” answer
   - Ambiguity in the wording of the question

Appeals are granted when you can demonstrate:
1. That you understood the concept(s) but missed the question anyway or
2. That your confusion was due to ambiguity in the reading material.

Guidelines for Preparing Successful Appeals:

If the appeal is based on ambiguity in the question, you should:
1. Identify the source of the ambiguity in the question and,
2. Offer an alternative wording that would have helped you avoid the problem.

If the appeal is based on either inadequacies in the reading material or disagreement with our answer, you should:
1. State the reason for disagreeing with our answer and,
2. Provide specific references from the reading material to support your point of view.

*** Acceptance of an appeal is up to the discretion of the lead professor for any course.

Impact of appeals on test scores:
When an appeal is accepted on a question that was missed:
- The points will be added to that person’s score
- Only the person who appeals will be given credit.
- Students who originally had the correct answer will continue to receive credit on the question that was appealed.

All appeals must be in writing and must be the student’s individual work. One person cannot appeal for the whole class.
Student Welfare and Grievance Committee
Procedures for Grade Challenges and Student Grievances

Formal grade appeals must be officially filed with the Student Grievance Committee of the Faculty Senate no later than one year after the official grade has been released to the student; for a student who has graduated, the filing deadline is three months following the semester in which the degree was awarded.

1. Meet directly with the faculty member who issued the grade and discuss your concern.
2. If you are unable to resolve the difference you should then meet with the chair of the department or faculty member’s administrative supervisor.
3. Please note that some colleges and/or departments have a unique set of procedures for grade appeal. You are responsible for following college and/or departmental procedures prior to filing a complaint with the Student Welfare and Grievance Committee.
ATTENDANCE POLICY

Policy:
On-time student attendance at all class and learning sessions is expected. Mastery of course content and professional competencies requires that students be on time for all class or learning sessions and attend and actively participate in all class or learning sessions. On rare occasions it may be necessary for a student to be late or absent from class. Except in a case of emergency, you must notify your instructor that you will be late or absent, BEFORE the start of the class time.

It is recommended that student can be absent from no more than three lecture hours of any course. However, each instructor has discretion to determine the maximum number of absences allowable before the students’ mastery of material is compromised.

It is recommended that students can be late arriving to class or learning session, or arriving late after a break in class or learning session no more than three times. However, each instructor has discretion to determine the maximum number of allowable times being late before the students’ mastery of material is compromised. After the second time late, whether excused or unexcused, the student’s faculty advisor will be notified for the development of an action plan to prevent further occurrences. The student is responsible for any missed material and assignments resulting from tardiness.

Procedure:
The maximum allowable numbers of absences will be stated in the syllabus for each course. This policy is in accordance with the UTEP Catalog statement: “When,…in the judgment of the instructor, a student has been absent to such a degree as to impair his or her status relative to credit for the course, the instructor may drop the student from the class with a grade of “W” before the course drop deadline and with a grade of “F” after the course drop deadline.”
Occupational Therapy Program
College of Health Sciences
The University of Texas at El Paso

Policy on Timely Completion of Degree Program

Policy: Students in the UTEP Occupational Therapy Program will complete the curriculum in a timely manner to ensure that skills and theoretical knowledge learned is current and relevant to practice demands the student must meet at the time of graduation.

Part-time participation in the program is not permitted. Permission may be granted for a student to take a medical leave from the program for extenuating circumstances. Such a leave would require complete withdrawal from all courses in the OT program until such a time as the student is able to return to the program on a full-time basis.

All students are expected to complete the entire curriculum, including 24 weeks of full-time, or no more than 48 weeks of part-time fieldwork, within four calendar years from admission to the program. This includes a maximum of 9 semesters for the didactic instruction and one year for Level II Fieldwork.
Policy on Readmission to the Program due to Failure for Academic Reasons

Readmission into the program after a student has been withdrawn for academic reasons, is not permitted.
Equal Opportunity/Affirmative Action/Non-Discrimination Policy

The University of Texas at El Paso is an Equal Opportunity/ Affirmative Action Employer. The University is committed to providing equal opportunity to all employees and individuals seeking employment or access to its programs, facilities or services, and will not discriminate against these persons on the basis of race, color, national origin, sex, religion, age, disability, genetic information, veteran’s status or sexual orientation. In addition to this commitment, the University will take affirmative steps to insure that applicants are employed, and employees are treated, during all aspects of employment, in a non-discriminatory manner. The University shall maintain and annually update its Affirmative Action Plan and will make good faith efforts to achieve established goals, to the extent permitted by applicable law.

An institutional commitment to these policies provides for selection procedures based upon objective, defensible qualifications like promotions based upon documented performance, merit, and potential achievement as well as evaluations which are accurate and unbiased. In addition, the University commits itself to increased recruitment efforts to assure that qualified minorities, women, veterans, and individuals with a disability are represented in the applicant pool and are evaluated equitably by search committees and administrative personnel.

The Equal Opportunity Policy and Affirmative Action Plan shall be implemented throughout the University.

All regulations, programs, and documents required by these regulations are available for inspection by employees, applicants for employment, and the general public in the University Equal Opportunity/Affirmative Action Office on any workday.

Any member of the University community who engages in discrimination or other conduct in violation of University policy is subject to the full range of disciplinary action, up to and including separation from the University.
Sexual Harassment Policy

Given the nature of the occupational therapy curriculum, there are courses and learning experiences where students complete cadaver dissection and palpation activities to learn muscle origin, insertion, and activity. Students enrolled in the MOT program are expected to maintain strong professional behaviors at all times, treating the cadavers, and the human body (his/her own and those of other classmates) with the utmost of respect and dignity. To that degree, the MOT program strongly enforces the UTEP Sexual Harassment policy outlined below. Any violation of this policy will be addressed swiftly and with serious consequences, including immediate dismissal from the program.

The University condemns sexual harassment of or by its students, staff, and faculty and is committed to the principle that the learning and working environment of its students, employees, and guests should be free from sexual harassment and inappropriate conduct of a sexual nature. Sexual harassment is a form of sex discrimination, is illegal, and is actionable under civil and criminal law. Sexual misconduct and sexual harassment are unprofessional behaviors. Such conduct is prohibited as a matter of institutional policy and will be subject to disciplinary action.

This policy applies to all University administrators, faculty, staff, students, visitors, and applicants for employment or admission, and beneficiaries of University programs, services, and activities. It applies not only to unwelcome conduct that violates state and federal laws concerning sexual harassment, but also to inappropriate conduct of a sexual nature. It is also applicable regardless of the gender of the complainant or the alleged harasser.

3.4 Definitions

3.4.1 Sexual Misconduct

Sexual misconduct includes unwelcome sexual advances, requests for sexual favors, or verbal or physical conduct of a sexual nature directed towards another individual and is unprofessional and inappropriate for the workplace or classroom.

3.4.2 Sexual Harassment

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, verbal or physical conduct of a sexual nature when:

a. submission to such conduct is made a term or condition of employment or student status, either explicitly or implicitly;
b. submission to or rejection of such conduct is used as a basis for evaluation in making personnel or academic decisions affecting that individual; or

c. such conduct has the purpose or effect of unreasonably interfering with an individual’s performance as an administrator, faculty member, staff, or student, or creating an intimidating, hostile, or offensive environment.

3.4.3 Examples

Examples of behavior that could be considered sexual misconduct or sexual harassment include, but are not limited to:

a. physical contact of a sexual nature, including touching, patting, hugging, or brushing against a person’s body;

b. explicit or implicit propositions of offers to engage in sexual activity;

c. comments of a sexual nature, including sexually explicit statements, questions, jokes, or anecdotes;

d. remarks of a sexual nature about a person’s clothing or body;

e. remarks about sexual activity;

f. speculation about sexual experience; exposure to sexually-oriented graffiti, pictures, posters, or materials; and/or

g. physical interference with or restriction of an individual’s movements.
University of Texas at El Paso  
College of Health Sciences  
Occupational Therapy Department

Safe and Effective Practice Policy

This policy must be adhered to in order for a student to succeed in clinical health care courses.

This policy identifies the essentials of health care practice, and is complementary and supplementary to the objectives of all clinical health care courses.

More specific criteria for performance may be required by individual programs within the department, and will be provided to those program’s students.

All overt and covert acts which comprise the health care process must be directed toward quality care and promotion of health for the patient/client/family.

The Student Demonstrates Safe and Effective Health Care Practice When He/She:

* Demonstrates knowledge about patient’s/client’s health status within the knowledge and practice base of the student’s discipline of study;

* accurately interprets, reports and records all patient information, changes in patient’s condition, and/or accurately performs, interprets, reports and records results of clinical laboratory tests and/or patient evaluations, within the parameters of the student’s discipline of study;

* demonstrates through overt and covert acts assurance of the delivery of quality health care;

* sets priorities and carries through with appropriate health care interventions related to the student’s discipline of study;

* demonstrates the ability to evaluate and make substantive judgments relative to the quality of health care specific to his/her discipline of study;

* plans and administers care procedures safely, and documents such procedures correctly;

* demonstrates knowledge of all Quality Control/Quality Assurance for Continuous Quality Improvement in the practice setting (hospital, clinic, laboratory, etc.);
* demonstrates responsibility for safeguarding the patient’s/client’s right to privacy by judiciously protecting information of a confidential nature.

As health care professionals with a commitment to the welfare of patients/clients, the faculty of the College of Health Sciences reserves the right to refuse the opportunity to a student to care for patients or perform evaluation/testing procedures if the student’s health interferes with performance or if the student gives evidence of unsafe and/or ineffective health care practice. A student may not render care, tests or evaluations when under the influence of prescribed or over-the-counter medication which may affect judgment or if the student imbibes and/or is under the influence of alcohol or illicit drugs. A student who is deemed to or demonstrates unsafe practice will fail the course and be dropped from all clinical courses in which she/he is enrolled at that time, and may be dismissed from the program.

Since the faculty-student ratio in the clinical area varies, it is impossible for a faculty member to be present continually with each student to observe every situation. It is therefore imperative that each student assume personal responsibility to be prepared for each clinical practice experience. Each student is expected to check immediately with the instructor, clinical supervisor or other appropriate agency staff if in doubt about patient care or condition, and to report to the instructor and/or staff when leaving the clinical area, in order to assure continuity of care for patients.
University of Texas at El Paso  
Occupational Therapy Program  

DRESS CODE - Classroom

All students enrolled in the Occupational Therapy Program are expected to dress appropriately for classes, labs, fieldtrips, and fieldwork rotations. It is essential that students present a consistent, professional, competent image.

All students are expected to be well-groomed and neatly dressed. Violations of the dress code will be addressed through the student’s Professional Development Evaluation.

- All clothing should be clean, appropriate, safe, loose-fitting and conservative. During classroom instruction, shorts and skirts may be worn as long as the length is no shorter than two inches above the knee. Tank tops, tube tops, midriff tops, tight tops, strapless and sleeveless tops/dresses, halter tops, transparent clothing, cutoffs, excessively low cut blouses or high hemlines are unacceptable at any time. Shirts should be long enough to be tucked in. No skin should be visible around the waist in the front or the back.
- Shoes should be well-fitting, in good repair, and neat in appearance. High heels, platforms, and flip flops are unacceptable. Sandals and open-toed shoes are acceptable only during lecture sessions, but should not be worn during labs.
- High standards of personal hygiene should be followed. Hair should be kept clean, and worn in a conservative style. Long hair should be tied back during hands-on experiences.
- Extremes and “fads” in dress and jewelry are unacceptable. Tattoos and body adornments are not to be visible at any time, except for conservative, non-dangling earrings.
- Fingernails should be kept clean with filed, smooth edges. Long nails are not appropriate in most settings. Brightly colored, flashy nail polish is unacceptable.
- Hats and sunglasses in the classroom are inappropriate.
- Inappropriate logos that depict content of a sexual nature are strictly prohibited.

The dress code for in-class presentations requires that the student be more aware of professional behaviors. Presentation dress should be more formal than daily classroom dress. Example (but not required): collared shirts, ties, dress slacks for men; dresses, skirts, dress slacks and conservative blouses for women.

Students violating the dress code policy will be asked to leave the class and the session will be counted as an unexcused absence.
DRESS CODE- Clinic, Service Learning, & Fieldtrips

All students enrolled in the Occupational Therapy Program are expected to dress appropriately for classes, labs, fieldtrips, and fieldwork rotations. It is essential that students present a consistent, professional, competent image. Students on fieldwork are expected to comply with the dress code for the facility at which the student is affiliated.

All students are expected to be well-groomed and neatly dressed. Violations of the dress code will be addressed through the student’s Professional Development Evaluation.

- All clothing should be clean, appropriate, safe, loose-fitting and conservative. Shorts and skirts are unacceptable during fieldwork unless approved by the facility. Blue jeans and t-shirts with printed slogans or advertisements should not be worn on fieldtrips or on fieldwork rotations. Tank tops, tube tops, midriff tops, strapless and sleeveless tops/dresses, halter tops, transparent clothing, cutoffs, excessively low cut blouses or high hemlines are unacceptable at any time. Shirts should be long enough to be tucked in. No skin should be visible around the waist in the front or the back.
- Shoes should be well-fitting, in good repair, and neat in appearance. High heels, platforms, and flip flops are unacceptable. Sandals and open-toed should not be worn during lab, fieldtrips, or fieldwork rotations unless approved by the facility.
- Name badges should be worn at all times while on fieldwork rotations, or during fieldtrips.
- High standards of personal hygiene should be followed. Hair should be kept clean, and worn in a conservative style. Long hair should be tied back during patient care.
- Extremes and “fads” in dress and jewelry are unacceptable. Tattoos and body adornments are not to be visible at any time, except for conservative, non-dangling earrings.
- Fingernails should be kept clean with filed, smooth edges. Long nails are not appropriate in most settings. Brightly colored, flashy nail polish is unacceptable.
- Perfumes and aftershave may be used in light scents, and may not be appropriate at all during fieldwork rotations.
- Hats and sunglasses in the clinic are inappropriate.

The dress code for presentations requires that the student be more aware of professional behaviors. Presentation dress should be more formal than daily clinic dress. Example (but not required): collared shirts, ties, dress slacks for men; dresses, skirts, dress slacks and conservative blouses for women.

Students violating the dress code policy will be asked to leave the session and the absence will be counted as unexcused.
Accumulated Knowledge Policy

Each course presented in the Occupational Therapy Program serves as the prerequisite for future OT courses in the program. Information presented in all occupational therapy courses is considered to be part of the student's knowledge base. Students are responsible for retaining knowledge from previous OT courses and applying, reviewing, and synthesizing knowledge throughout the OT program. Students may be tested, on any exam, over material covered in previous related coursework.
Electronic Device Policy:

1. All cell phones, pagers, laptops and other electronic devices will be off during class except in certain situations pre-approved by the instructor.

2. The program Administrative Assistant will take urgent messages and deliver them to you. You may give family or other appropriate people (schools or day care, etc) the department phone number: 747-7268 for this purpose. If the program Administrative Assistant will not be in the office for a day or more, the Administrative Assistant will give an alternate number on her voice mail.

3. If you are expecting an urgent message, either ask for pre-approval from your class instructors or alert the program Administrative Assistant.

6. Cell phones and laptops are NOT to be on during exams.
Notice regarding accessibility to labs

Please take notice that accessibility to labs is restricted to class times. When not in use, labs are locked for security purposes. This applies to all labs.

If students need to go into a lab at other than class times, the instructor of the specific class will be the only one who can authorize their access to the lab.

Students will remain in the lab only for the authorized time and date.
CLASSROOM USE

Use of classrooms in the College of Health Sciences is restricted to instructional purposes and/or academic related activities, and their capacity cannot be exceeded.

- The following is not permitted in any of the classrooms:
  
  - Food
  - Drinks
  - Social activities of any kind
  - Loud noise

- Classes are expected to maintain a normal noise level so as not to disturb classes in session in other classrooms.

- DO NOT USE CLASSROOMS WITHOUT PRIOR SCHEDULING

- Classes start promptly and end 10 minutes before the hour or half hour to give time for the new class to come into the room.

- Do not use a classroom ahead of a scheduled class.

- Use of classrooms for studying or eating is not permitted.

- Any materials left behind in classrooms will be disposed of.

- Furniture cannot be taken out of the room. If it is re-arranged, it must be put back to the original set up at the end of class/event.

- Report malfunction of air conditioning or furniture in poor condition to the Program Director, at Ext. 7269 and of audiovisual equipment, projection screens, etc., to the Independent Learning Center, Ext. 7112.

- Classrooms are scheduled through Teri Cast.
University of Texas at El Paso
College of Health Sciences
Occupational Therapy Department

Media Lab/Wood Shop Safety Instructions

The document will be given to students enrolled in OT 5301 and/or OT 5302.
Definition: The rules are for student conduct and safety in the cadaver lab.

Purpose: The rules will let the students know how they are expected to act and to promote safety in the lab

Procedures:
1. All tissue removed from the cadaver is to be placed in the plastic bag lined trashcan that has the number corresponding to the tank number.
2. All non-human waste (paper towels, gloves, etc) is to be placed in the large blue trashcans labeled “Chemical Waste”.
3. When raising or lowering cadavers, grasp the handles firmly and raise or lower them slowly to avoid splashing.
4. Upon raising a cadaver, be sure the safety latch is engaged over the handles before you release the handle.
5. The sprayers at the sink are eye washers to wash the eyes if you get any foreign materials or chemicals in your eyes. Do not use them for any other purposes.
6. Leave head blocks and instrument trays on the counter after cleaning them thoroughly and drying them so they will be available to the next class.
7. Behavior in the lab need not be somber but it should be dignified.
8. Wear protective eyewear, and latex gloves to prevent injury. (Masks are optional)

The following are not permitted in the lab:
1. Food or drink
2. iPods, MP3s, etc
3. Visitor’s without the instructor’s permission
4. Removal of any human material, gold fillings, or prosthetics from the lab. Any such removal is grave robbing and punishable by law
5. Cameras (or any photo-capable device ie cell phones)

First Aid
A. Chemical splashes:
1. If in eyes, use eyewash (yellow capped sprayer at sink) for 15 minutes. Ask a classmate or instructor to time you.
2. If on skin such as forearm, run water over area at sink for 15 minutes (or less if minor irritation and no open wounds)
3. If large part of your body is involved, stand over drain under emergency shower and pull down on handle. It will automatically run for 15 minutes and shut itself off.
4. Fill out an incident/injury report.
B. Cuts and nicks from instruments or rough edges of bones:
1. Immediately take off your gloves while walking to sink. Run water and allow bleeding to occur. Ask someone else to remove his or her gloves and pour the antibacterial/germicidal soap over your cut. Ask your classmate or instructor to time you while you scrub the wound with the germicidal soap for 60 seconds. Rinse the soap and ask your classmate or instructor to care for the cut (i.e. pour hydrogen peroxide or use an alcohol pad for sterilizing). Dry all areas except for the wound. Apply a band-aid. Do not dissect for the remainder of the class.
2. Fill out an incident report.
3. Clean the wound and change the bandage at bedtime and in the morning, looking for any signs of wound infection. See your physician if signs of wound infection are present.
5. All material needed to care for a small injury and incident/injury reports are kept in an overhead glass fronted cabinet in the dissection lab. The cabinet is labeled “First Aid”.

C. Higher level of aid but not emergency
1. Call university police at 747-5611. The police will take the injured person to the appropriate facility and bring all required forms.
2. Fill out incident/injury report

D. Emergency aid
1. If emergency assistance is needed, call 911 for ambulance, then call the university police at 747-5611 to report the occurrence.
2. Fill out incident/injury report

Evaluation: The anatomist in charge of the class will review the policy annually via student and faculty feedback as well as evaluation of any injuries or violations that have occurred.

First Aid

Contents:
1. Dial Antibacterial/germicidal soap (60-second scrub)
2. Hydrogen peroxide (pour over cut after rinsing)
3. Alcohol pads (sterilization)
4. Band-aids (apply over cut)
5. Gauze/tape (immediate care for large cuts)
4. Incident/injury Report Forms (fill one out)
The University of Texas at El Paso

Fire Alarm Evacuation Procedure

Do not ignore a fire alarm signal—even if you have reason to believe that it may be false!

The university’s fire alarm systems are tested and maintained to afford building occupants the best possible warning in case of fire. Before an alarm sounds, take note of the following:

1. Always identify at least two evacuation routes and exits in case of an emergency. The route you always take may not be accessible.
2. Identify the locations of the fire alarm pull stations so that you may send an alarm in case of fire.
3. Determine how to operate the pull station.
4. Learn to recognize the sound of the alarm.
5. Do not prop open the stairwell doors. They must close and latch to keep smoke and heat out in order to maintain a safe passageway for building occupants. Report stairwell doors that do not self-close and latch.
6. Your supervisor should identify an area that your department should gather so that everyone is accounted for. If you haven’t been told where—ask.

In the event that the fire alarm sounds in your building, the following steps should be taken:

1. Close any open windows. Close the door to your office or room when leaving. This will help slow a fire by reducing the oxygen that feeds a fire. Also, closing your door will reduce the probability of smoke ruining the contents of your room. Don’t lock the door. Firefighters must gain entry to all rooms when fire occurs to verify that everyone has escaped.
2. Use the stairs to get out. DO NOT USE THE ELEVATORS! The elevator control panel or the building electrical system may be disabled due to the emergency thus trapping the car between floors. The elevator shaft can become like a chimney flue, filling with hot smoke, gases and flames, in a fire’s natural progression. Exit the building and proceed to a designated assembly area that is a safe distance from the building. Do not block driveways or parking lots. Emergency equipment may need access.
3. Report to your supervisor. Do not wander off until you have been accounted for. Precious time may be lost searching for you. Every effort should be made to account for everyone.
4. Do not re-enter the building until it has been declared safe by Campus Police or the city fire department.
If a fire starts in your area, remember to close the door to the fire area, activate the fire alarm, call 9-911 from a safe telephone, evacuate the building, do not use elevators and if caught in smoke, get down low. The clearest air is closer to the floor.

Just because you can’t see or smell smoke doesn’t mean that there isn’t an emergency. There may still be a fire or some other emergency requiring exit from the building. A fire alarm pull station may be activated to evacuate the building for emergencies other than fire, such as a chemical emergency, gas leak, medical emergency, or even to draw attention to a crime in progress.

**Do not ignore a fire alarm signal—even if you have reason to believe it may be false.**

If you become trapped, go to a window and wave something white to catch the attention of those below. If a telephone is available, call 9-911 and be prepared to give a detailed description of your area. Remember, the rescuers are not as familiar with campus buildings as you are.

**PERSONS WITH DISABILITIES**

We all have an obligation to look out for each other. Each department should develop procedures for evacuating those students, staff or faculty who have disabilities. Persons with hearing impairment should be alerted when an alarm sounds and those with visual impairments will need our help in exiting a building. Notify emergency personnel when a person with disabilities remained behind in a stairwell area of refuge.

Persons with disabilities should make a point to become familiar with the building. Stairwells should be checked out, making note of landings and whether they may be used as an area of refuge. Locations of exits, telephones, signs and fire alarm pull stations should be noted. Remind co-workers that you may need their assistance in case of an emergency. When an emergency occurs, request help. Don’t wait for someone to offer it.

**COLLEGE OF HEALTH SCIENCES SPECIFIC INSTRUCTIONS**

All persons evacuating from the College of Health Sciences are to gather in the parking lots across the streets at either Campbell and Arizona or Kansas and Arizona. Remain across the street until you are advised it is safe to return to the building.

There are at least two coordinators per floor who will help evacuate the building and provide assistance if needed.

There is an Emergency Evacuation Chairs for disabled persons in the building, located on the north emergency exit of the 3rd floor. An electric Emergency Evacuation Chair is located in room 600. Floor coordinators and staff in the College are trained to operate these chairs.

For questions or assistances please contact: UTEP Police Ext 5611, Environmental Health & Safety Department Ext 7124, or the Dean’s Office Ext 7201.
University of Texas at El Paso  
College of Health Sciences  
Occupational Therapy Department  

**Weapons Policy**

The Texas state law concerning the carrying of concealed weapons does not apply to the UTEP campus. It is and will continue to be a felony violation of State Law to carry or possess a weapon on the premises of the University regardless of whether the person is licensed to carry a concealed weapon or not. This includes the transporting and/or storage of weapons by residents of University housing.

The University Police Department provides locked, temporary storage cabinets, at police headquarters, for use by individuals in possession of a firearm and who need to conduct business on the University campus.

**Individuals driving or parking their vehicles in parking lots on the campus with weapons must remember they will be in violation of this law.**
CLINICAL EDUCATION
MEMORANDUM OF UNDERSTANDING
(Student consent)

I understand that a portion of my education in the University of Texas at El Paso, College Health Sciences, and the Occupational Therapy Program in which I am enrolled will include a clinical or practicum placement in a health care facility. One purpose of clinical education is to acquaint students with the reality of clinical practice of a health profession. I understand that during clinical placement, I will be subject to the known and unknown risks members of my profession experience in the provision of health care. These may include exposure to people with infectious and communicable diseases; chronic and degenerative diseases; mental illness; and risks attendant to the work environment. I realize, however, that as a student, I am not eligible for coverage under University’s workmen’s compensation insurance, and that there is no mechanism for compensation in the event I am injured during my clinical placement.

Every attempt has been made by the OT Program to protect my interest. I have been provided basic instruction in prevention procedures and in the application of reasonable and prudent clinical practices which can serve to limit unnecessary exposure and constitute a measure of safety for me and the patients I treat. I understand that it is my responsibility to apply these procedures and to take appropriate steps to protect my patients and myself. As a condition of placement in a clinical affiliation, I may be required by the facility to show proof of health insurance. Further, I will be expected to abide by whatever policy(ies) the facility has regarding risk exposure management for its employees, even though I am not considered by the University or the facility to be employee of the facility.

The clinical coordinator for the OT program in which I am enrolled has offered to answer any questions I may have about these risks and precautions I can take to avoid them. If I have any questions before, during, or after the clinical affiliation, I may contact my clinical coordinator or department chairperson. Also, I understand that I may stop any participation in the clinical affiliation at any time I think my personal safety or that of the patients I treat is in jeopardy.

I have a right to privacy, and all information obtained in connection with this affiliation that can be identified with me will remain confidential as far possible within state and federal law.

I voluntarily agree to participate in clinical affiliations arranged by The University of Texas at El Paso, College of Health Sciences, and the Occupational Therapy Program in which I am enrolled.

__________________________________________  __________________________________________
Signature of Student                                             Signature of Department Chair

_______________________________  ______________________________
Date_________________________  Date_____________________________
The University of Texas at El Paso
College of Health Sciences
Occupational Therapy Program

Preceptorship
FIELDWORK OBJECTIVES

General and Specific Objectives:
Through clinical experience and seminar participation, the student will have the opportunity to:

1.0 Demonstrate responsible professional behavior. (ACOTE B.9.0.; B.10.14.)
   1.1 Be punctual in attendance.
   1.2 Respect the rights and freedoms of others. (ACOTE B.9.1.)
   1.3 Assume responsibility for own actions. (ACOTE B.9.5.)
   1.4 Seek supervision when needed. (ACOTE B.9.6.)
   1.5 Modify performance based on constructive criticism. (ACOTE B.9.6.)
   1.6 Initiate efforts to upgrade own knowledge and skill through available resources. (ACOTE B.9.4.)
   1.7 Maintain confidentiality of the patient, family, and facility. (ACOTE B.9.1.)

2.0 Demonstrate basic skill in professional communication processes.
   2.1 Establish effective rapport with occupational therapist(s), clinic staff, and other health professionals. (ACOTE B.5.18.)
   2.2 Establish effective rapport with patients and families. (ACOTE B.5.18.)
   2.3 Communicate the purpose of treatment activities to patients. (ACOTE B.2.5.; B.5.18.)
   2.4 Develop beginning documentation skills. (ACOTE B.4.10.)
   2.5 Use appropriate language for communication with patients, families, and professional staff. (ACOTE B.5.18.)

3.0 Demonstrate knowledge of the scope and focus of occupational therapy. (ACOTE B.3.0.)
   3.1 Identify the relationship of occupational therapy to other disciplines in the assigned clinical setting. (ACOTE B.5.23.; B.9.3.)
   3.2 Identify functions and responsibilities of occupational therapy personnel in the assigned clinical setting. (ACOTE B.9.4.; B.9.6.)
   3.3 Appreciate the value of occupation as treatment and its relationship to treatment goals. (ACOTE B.5.3.)
   3.4 Describe a variety of treatment procedures used in occupational therapy treatment. (ACOTE B.6.1.)
   3.5 Identify how the non-human environment affects patient treatment. (ACOTE B.4.7.)
   3.6 Identify how frames of references support the selection of treatment activities (ACOTE B.3.3.)

4.0 Demonstrate knowledge of the occupational therapy process. (ACOTE B.4.0.; B.5.0.)
   4.1 Use own personal strengths and weaknesses in facilitating patient progress. (ACOTE B.9.6.)
   4.2 Use knowledge of personal attitudes towards disability and/or illness to facilitate treatment. (ACOTE B.2.9.)
   4.3 Describe how patient assets, liabilities, cultural background, and socioeconomic factors can affect patient treatment. (ACOTE B.2.9.)
   4.4 Develop beginning data collection skills. (ACOTE B.4.3.; B.5.26.)
   4.5 Assist with or performs, with supervision, a minimum of three (3) occupational therapy treatment procedures. (ACOTE B.5.21.)

revised 4-15-09
LEVEL I/SERVICE LEARNING EVALUATION

Student: ______________________________________ Dates: ______________________

Clinical Site: __________________________________ Course: ____________________

Clinical Educator: ___________________________ Hours: ____________________

Other Contributors: ________________________________________________________

<table>
<thead>
<tr>
<th>1. Demonstrates respect for others</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrives punctually, attends regularly</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Dresses appropriately for site and maintains appropriate hygiene</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Tolerates individual differences</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Tactfully and appropriately expresses disagreement</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Listens to the opinions of others</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Behavior &amp; speech are consistent with OT Code of Ethics</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL SECTION SCORE (YES/TOTAL ANS)**

<table>
<thead>
<tr>
<th>2. Assumes responsibility for own actions</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes initiative</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Strives to increase personal competence</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Meets deadlines</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Seeks help as needed in a timely manner</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Uses body posture and affect that communicates interest or engaged attention.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Demonstrates safety awareness during all patient/client interactions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Consistently complies with site’s policies and procedures</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Accepts constructive feedback</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL SECTION SCORE (YES/TOTAL ANS)**

<table>
<thead>
<tr>
<th>3. Demonstrates the ability to problem-solve</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asks relevant questions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Formulates possible courses of action</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Section</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Comments</td>
</tr>
<tr>
<td>----------------------------------------------</td>
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<td>----</td>
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</tr>
<tr>
<td><strong>Explains rationale for decisions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL SECTION SCORE (YES/TOTAL ANS)</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>4. Demonstrates the ability to be flexible</strong></td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Comments</td>
</tr>
<tr>
<td>Modifies plan to accommodate change</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handles changes without excessive stress or irritation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL SECTION SCORE (YES/TOTAL ANS)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. Demonstrates professional behaviors</strong></td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Comments</td>
</tr>
<tr>
<td>Exhibits confident tone/body language</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoids excessive/unreasonable complaints</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses appropriate verbal and nonverbal communication with faculty, peers, clients and supervisors</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Maintains confidentiality and adheres to HIPAA protocol in all conversations with and in reference to patients/clients.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Accepts appropriate limitations</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Reports problems to suitable person as appropriate; follows &quot;chain of authority&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL SECTION SCORE (YES/TOTAL ANS)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL SCORE</strong></td>
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</tbody>
</table>
GENERAL AND SPECIFIC
LEVEL II FIELDMOKE OBJECTIVES

Level II fieldwork will give the student the opportunity to accomplish the following objectives:

1. Apply skills in data collection
   A. Gathers necessary information before assessing the client: Select and obtain information related to the client in order to plan a treatment program including complete information from staff, family, clients, and records. (ACOTE B.4.1.)
   B. Selects relevant areas to assess: Identify and conduct formal and informal evaluation to assess psychosocial, cognitive, motor, and sensory integration functions in an appropriate manner and setting to provide a basis for treatment. (ACOTE B.1.2; B.4.2.; B.4.4)
   C. Administers the assessment procedures according to standardized or recommended techniques. (ACOTE B.4.3.)
   D. Presents assessment purposes and procedures to client, family, and significant others in a manner consistent with their level or understanding. (ACOTE B.5.16)
   E. Responds to changes in client's physical and emotional status during administration of the assessment procedures. (ACOTE B.1.2; B.4.7.)
   F. Adapts assessment methods when usual procedures are not practical. (ACOTE B.1.2; B.4.2.)
   G. Selects the correct methods to assess the relevant areas: Interpret and report assessment and reassessment data accurately and completely, in oral and written form. (ACOTE B.1.2; B.4.8.; B.4.10.)

2. Treatment Planning
   A. Develops a comprehensive treatment program, considering psychosocial, cognitive, and physical strengths and needs of the client, including relevant and attainable short and long term goals based upon previously gathered data and the accurate analysis of activities. (ACOTE B.1.2; B.2.7.; B.5.1.)
   B. Determines the logical sequence of treatment activities to attain the established goal and demonstrates an understanding of occupational therapy theory. (ACOTE B.1.2; B.2.7.)
   C. Identifies and adheres to treatment precautions and activities that would be contraindicated incorporating prevention related activities in treatment. (ACOTE B.1.2; B.28.)
   D. Identifies alternatives or innovative solutions to problems identified through the evaluation of the client. (ACOTE B.1.2; B.2.7.)
   E. Collaborates with the client and family and other practitioners to establish and review overall goals for the client. (ACOTE B.5.1.; B.5.18.)
   F. Collaborates with client, family, and other professionals to prepare for discharge and follow up. (ACOTE B.5.25.)
   G. Develops and documents discharge and follow up programs in accordance with client’s probable discharge and follow up plans. (ACOTE B.5.25.; B.5.28.)
   H. Documents and reports the treatment plan. (ACOTE B.4.10; B.5.28)
I. Terminates therapy appropriately and when client has received maximum benefit from service. (ACOTE B.5.27)

3. Treatment Implementation
   A. Schedules and implements an approved treatment program efficiently and effectively using a variety of possible strategies and purposeful activities for achieving treatment goals and maximizing client performance. (ACOTE B.1.2; B.5.2)
   B. Explains to the client, family, and significant others the treatment process and prepares the client for the initial and ongoing treatment. (ACOTE B.5.18.)
   C. Explains the steps of the activity at the client’s level of understanding. (ACOTE B.1.1)
   D. Orient and instructs family, significant others, and staff in activities which support the treatment programs. (ACOTE B.1.1)
   E. Modifies the treatment program and goals, activity or the environment based on regular reevaluation results, client performance or response, and discharge plans. (ACOTE B.1.2; B.5.8.; B.5.19.; B.5.24.)
   F. Sets necessary limits in response to undesirable physical or social behavior using praise or other reinforcers to elicit desired behavior and intervenes when necessary, at signs of fatigue or frustration. (ACOTE)
   G. Reviews progress with client, family, and significant others at regular intervals. (ACOTE)
   H. Documents and reports treatment. (ACOTE B.1.1; B.5.28.)
   I. Provides occupation-based and client centered activities throughout the course of treatment. (ACOTE B.1.2)
   J. Establishes and maintain a therapeutic relationship with the client. (ACOTE)
   K. Discusses with the supervisor, possible reasons for client refusal, response, or inappropriate behavior and alternatives. (ACOTE B.1.1.)

4. Communication
   A. Adjusts both verbal and nonverbal communication with client and/or family according to communication abilities, intelligence, education, culture, personality, age, strengths/deficits, and stress level. (ACOTE B.5.18.)
   B. Listens actively in order to accurately reflect clients’ and/or family’s thoughts, feelings, and preferences. (ACOTE B.1.18.)
   C. Accurately interprets the nonverbal communication of client and/or family. (ACOTE B.5.18.)
   D. Collaborates with client to establish treatment rapport and course of treatment. (ACOTE B.4.7.; B.5.16)
   E. Changes approach when the effect of one’s communication produces undesirable results. (ACOTE B.5.18.)
   F. Communicates information to client regarding occupational therapy services and/or current progress and provide appropriate instruction to ensure follow through. (ACOTE B.2.5.; B.5.18.)
   G. Evaluates the effectiveness of client/family education. (ACOTE B.4.7.)
   H. Uses medical terminology/abbreviations correctly. (ACOTE B.5.18.)
   I. Reports both written and verbal data in an organized, systematic manner for evaluation of practice outcomes. (ACOTE B.5.26.)
   J. Initiates periodic contact with team members regarding treatment goals as appropriate in that setting. (ACOTE B.5.18.; B.5.23.)
K. Contributes to discussion at case conferences, rounds, in-services, staff and other pertinent meetings. (ACOTE B.5.7.; B.5.18.)
L. Listens actively and receptively when communicating with staff. (ACOTE B.5.18.)
M. Changes approach when effects of own communication produce undesirable results. (ACOTE B.5.18.)
N. Produces written reports according to requirements of the department and assigned center within allotted period. (ACOTE B.5.18.)

5. Professional Characteristics
A. Identifies and analyze own performance and effectiveness of treatment implementation in terms of strengths and weakness and plan a remediation program for the identified weakness. (ACOTE B.10.14.)
B. Demonstrates problem solving skills in patient treatment. (ACOTE B.1.2.; B.10.14.)
C. Demonstrates responsible behavior by preparing daily work schedule, completing daily workload; maintain the work environment in safe and orderly condition, and asking questions when in doubt. (ACOTE B.10.14.)
D. Maintains confidentiality and use of discretion in the amount, location, and time of personal and professional concerns. (ACOTE B.10.14.)
E. Actively and responsibly participates in supervisory relationship, giving and receiving feedback and implementing supervisory recommendations. (ACOTE)
F. Relies on personal resources or available materials/resources before approaching others for help. (ACOTE B.10.19??)
G. Demonstrates awareness and control of own feelings (by completing daily/weekly journal/log.) (ACOTE B.10.14.)
H. Adjusts to change and modifies own behavior according to the demands of the situation by assuming responsibility for professional behavior and growth. (ACOTE B.10.14.)

6. Administration
A. Contributes to program administration, quality assurance, and management. (ACOTE B.10.14.)
B. Assists with supervision of assistants, aides, or volunteers, if available. (ACOTE B.5.21.)
C. Follows institutional policies and procedures. (ACOTE B.10.14.)
D. Adjusts priorities according to the needs of the program, department and others. (ACOTE B.10.14.)
E. Manages time effectively and efficiently. (ACOTE B.10.14.)
F. Demonstrates an awareness of implications of treatment costs, by judicious use of equipment and supplies, and financial support on occupational therapy services. (ACOTE B.7.5; B.10.14.)
G. Maintains work area equipment and supplies in a manner conducive to efficiency and safety. (ACOTE B.2.8.)
H. Demonstrates an understanding of professional standards and code of ethics and behaves in a manner consistent with the AOTA Code of Ethics. (ACOTE B.9.1.)

Revised: 1-28-09
REGULATIONS RELATING TO FIELDWORK EXPERIENCES

1. The Board of Regents of The University of Texas System allows students to do fieldwork experiences only at centers that have an Institutional Agreement with the university. The negotiation process for this legal document takes from six months to one year.

2. Each student is required to participate in 24 weeks of full-time Level II fieldwork experiences. All experiences must be at a center that has an Affiliation Agreement with The University of Texas at El Paso. During these six months, the student must be under the supervision of a registered occupational therapist, who has a minimum of one year's experience. Students may not do more than one fieldwork experience at any one facility unless approved by Academic Fieldwork Coordinator in advance and there are valid reasons why this is in the best interest of the student, facility, and university. Fieldwork may be completed on a part-time basis, but no less than 50% of a full-time equivalent. All fieldwork requirements must be completed within 24 months after completion of the didactic course work.

4. Fieldwork selections are made up to one year in advance of the placement. The experiences will usually occur in the 3rd year during the months of July through December. As the fieldwork selections are made one year in advance, the student is expected to arrange his/her finances and personal life in accordance with this known schedule.

5. Students are not to arrange fieldwork placements directly with a center.

6. Once fieldwork selections and assignments have been made, all unused reservations are released so that centers can make those training spaces available to other OT programs.

7. Only in unusual circumstances may a student request a fieldwork reassignment. This request must be in writing to the Fieldwork Coordinator and must give specific reasons as to why the request is being made. A faculty committee will review the request and the student will be notified of the decision. If the request is granted, the curriculum does not guarantee that a new fieldwork assignment can be located in the same time period. The student can anticipate that the granted request will delay the student's graduation date.

8. Occasionally the Occupational Therapy Program finds it necessary to cancel a student's scheduled fieldwork. If this happens, it is for one of the following reasons:
a. The center has notified the school that due to staff or program changes they are not able to provide the training.
b. The center no longer has a person available who is qualified to supervise an occupational therapy student,
c. The center or the university has canceled the Fieldwork Institutional Agreement.

If the Occupational Therapy Program has to cancel a student's fieldwork, a fieldwork assignment will be found in the same time period.

9. **Students are expected to observe the same working hours and holiday schedule as the staff of the fieldwork center.**

10. The starting and stopping dates of fieldwork have been predetermined and any request to change these dates must go to the Fieldwork Coordinator for approval. A student is not to contact a center about any changes to their fieldwork schedule. The school must ensure that the student has completed the minimal number of working days required by the Essentials of an Accredited Educational Program for the Occupational Therapist which qualifies a student to sit for the Certification Examination for Occupational Therapists, Registered.

11. The student should not request days off to visit with family, interview for a job, etc. Overtime should be taken according to the institution’s policies. The student should not accrue earned overtime to shorten the fieldwork experience.

12. Fieldwork experiences must be satisfactorily completed prior to the awarding of the degree.

13. Some centers offer housing, stipend, or meals to students. The student should be aware that these arrangements are subject to change and may no longer be available by the time the student is ready to do fieldwork.
Policies & Procedures: Fieldwork Education

1. Selection of fieldwork sites: Fieldwork sites will be selected based on the congruency of the sequence, scope, depth, focus, and scope of content with the UTEP MOT curriculum design. UTEP may explore new site relationships after speaking with AFWCs in other areas who use the particular site, after a site has contacted UTEP to inquire about building a clinical education relationship, or at student request. The AFWC contacts the clinical coordinator at the site by email, phone, or through a site visit, to ensure compatibility between the two entities as they relate to services provided, the type of facility, and types of interventions offered. If the AFWC chooses to pursue the site for Level I or Level II placements, the UTEP MOT curriculum design and policies and procedures may be sent to the facility for review. Once both parties are in agreement to pursue an affiliation agreement, paperwork is submitted to UTEP’s Office of Research and Sponsored Projects to begin the process of drafting a sample agreement for both parties. (ACOTE B.10.1)

2. Academic collaboration: the Academic Fieldwork Coordinator will collaborate at least annually during faculty retreats, and as needed during faculty meetings, to design Level I and Level II fieldwork experiences that strengthen the ties between didactic and fieldwork education portions of the curriculum. Collaboration will be based on information gained through site visits, from email and phone conversations with clinical instructors, information gained through Community Advisory committee meetings and/or surveys, and feedback from clinical educators regarding student performance on fieldwork. (ACOTE B.10.2).

3. Fieldwork Settings: Level I and level II fieldwork experiences will be provided in a variety of settings that are equipped to meet curriculum goals, provide educational experiences applicable to the academic program, and have fieldwork educators who are able to effectively meet the learning needs of UTEP students. Selection of such sites will be made following a review of site visit documentation, informal and formal contact and collaboration with clinical instructors, and data collected in the Fieldwork Data Form. Level I and Level II fieldwork educators will be evaluated using the Student Evaluation of Level I Fieldwork Experience (Level I) and Student Evaluation of Fieldwork (Level II) (ACOTE B.10.3).

4. Student Health policy: Students enrolled in the UTEP MOT Program are required to work with the College of Health Science Compliance office to maintain Occupational Therapy Compliance requirements (B.10.6).
**Student Health and Compliance**

**HEALTH INSURANCE** Health insurance may be required by clinical sites in which a student may be completing Level I or Level II fieldwork rotations. If you do not have personal health insurance, you may purchase health insurance through the University. This insurance is in addition to the University Student Health Services, which is available to all university students.

**IMMUNIZATIONS AND TITERS** All students must have the following immunizations. Immunizations must be documented **PRIOR** to beginning the professional program, unless otherwise noted.

<table>
<thead>
<tr>
<th>REQUIRED Health clearances</th>
<th>Test type</th>
<th>test time</th>
<th>test results</th>
<th>Re-testing period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PPD (TB-Tuberculin Testing)</strong> Skin Test</td>
<td>Skin test</td>
<td>2 minutes</td>
<td>48-72 hours</td>
<td>Annual</td>
</tr>
<tr>
<td>If skin test positive: Chest/X-ray</td>
<td>external X-ray reading (refer to Tillman TB clinic)</td>
<td></td>
<td>Varies</td>
<td>Complete annual CDC (Center for Disease Control) questionnaire at Student Health Center</td>
</tr>
<tr>
<td><strong>T/D (Tetanus/diphtheria)</strong></td>
<td>Vaccination</td>
<td>2 minutes</td>
<td>N/A</td>
<td>10 years</td>
</tr>
<tr>
<td><strong>Varicella (Chickenpox)</strong></td>
<td>Titer (required)</td>
<td>10 minutes</td>
<td>2-4 days</td>
<td>Done at physician or nurse discretion</td>
</tr>
<tr>
<td>If not immune: 2 Vaccinations (1 month apart)</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>MMR (Measles and Rubella)</strong></td>
<td>Titer (required)</td>
<td>10 minutes</td>
<td>2-4 days</td>
<td>Done at physician or nurse discretion</td>
</tr>
<tr>
<td>If not immune: Vaccination or Booster</td>
<td>2-4 minutes</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis B series or positive titer</strong></td>
<td>3 Vaccinations (second shot one month after first dose and third shot 5 months after the second dose), or Titer</td>
<td>2 minutes</td>
<td>N/A</td>
<td>Done at physician or nurse discretion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 minutes</td>
<td>2-4 days</td>
<td></td>
</tr>
</tbody>
</table>
Some clinical sites may require additional immunizations or other health measures to protect special populations. The program faculty will alert you to these when appropriate. **Students who have not completed the listed immunizations and titers WILL NOT be permitted to participate in clinical rotations.**

**Cardiopulmonary Resuscitation (CPR)**
Each student must be certified in CPR (American Heart Association only), including adult, child, and infant CPR and choking. Students must provide a copy of a current CPR card prior to beginning the professional program. The student is responsible for keeping an up-to-date CPR certification throughout the professional program.

**HIPAA Training**
All students are required to complete training for awareness and compliance with the patient privacy regulations of the Health Insurance Portability and Accountability Act. This training will be available to all Health Sciences Center students, and must be completed within three months of starting classes, by students currently enrolled in the program. Students will receive the training during the fall semester for the first professional year, prior to embarking on clinical rotations. This training is located on SOLE.

**Community Wide Orientation**
Must be completed annually, and can now be accessed through Blackboard.

**Drug Screening and Background Check**
Some clinical education sites may require periodic drug testing of students who are performing patient care activities. The expense of these drug tests, depending upon the site policies, may be the responsibility of the student. Any positive drug screening will result in removal from clinical sites with further disciplinary actions as deemed appropriate.

The Drug Screen and Background check can be ordered through the UTEP College of Health Sciences Compliance Office.

**Liability Insurance**
All students are required to purchase liability insurance through the University. It can be purchased at the beginning of each academic year and is good for one year, or it may be purchased by the semester. Students must maintain record of liability insurance coverage at any time they are in a clinical setting.

**Documentation of Health Information**
Prior to beginning the professional program, the student must submit required health records to the UTEP CHS Compliance Office. Records are held in a secure setting within the CHS Compliance Office. In addition, the student must submit a copy of a current CPR card, health insurance information, and documentation of any
immunizations and titers not recorded on the Immunization Form. It is the student's responsibility to provide updated information on immunizations, health insurance coverage, PPD results, and CPR certification to the Compliance Office. It is the student's responsibility to ensure that they are in compliance at all times. **Students whose files are incomplete will not be allowed to participate in clinical rotations.** In addition, registration for other courses may be restricted, or course grades may be affected, for students whose files are incomplete.

**Communication of Health Information**

Before a student begins a clinical rotation, the academic program must verify to the clinical site that the student has complied with the health requirements. Some sites may request additional documentation, such as copies of immunization cards, lab reports, etc. In this case, the student will be notified and will be required to furnish the clinic with the appropriate records. **Therefore, the student should keep a file of his/her own for copies of all the required documentation, with them while they are in school (not at home with parents or guardian)! THE STUDENT IS RESPONSIBLE FOR MAKING A COPY OF EVERYTHING THAT IS TURNED IN TO THE OFFICE FOR THEIR IMMUNIZATIONS. THE OFFICE IS NO LONGER MAKING COPIES OF STUDENTS FILES!**

5. **Contract Renewal:** A copy of the duly executed contract must be on file in the clinical education office and approved by the Office of Research and Sponsored Projects (ORSP) representative prior to student involvement in direct patient/client contact. Occupational therapy contracts for active fieldwork sites will be reviewed by both parties (MOT Program and ORSP) at minimum every five years (B.10.10).

6. **Level I Fieldwork:** Level I fieldwork is incorporated into most clinical courses and provides student with observations and hands-on experiences that becomes increasingly more challenging as the student progresses through the curriculum. These Level I experiences are integral to the curriculum design and allow an avenue for students to apply knowledge gained in the classroom to immediate practical applications in the clinic (B.10.11).

7. **Students are required to participate in 24 weeks of Level II fieldwork at the completion of the didactic portion of the program. Students will also participate in various Level I Fieldwork experiences while in the didactic portion of the program (duration and type not stipulated by ACOTE). No part of Level I Fieldwork may be substituted for any part of Level II Fieldwork. Level I fieldwork experiences will be documented using the UTEP MOT Level I Fieldwork Evaluation or the Preceptorship Evaluation (ACOTE B.10.13).**

8. **Settings:** Level I & II fieldwork are provided in settings that are traditional and non-traditional /emerging practice settings that adhere to and/or follow the UTEP MOT developmental curriculum and provide students with experiences that require previous knowledge and increased critical thinking skills with each rotation. Each fieldwork
experience addresses psychosocial factors influencing engagement in occupation that are client-centered, evidence-based, and culturally relevant to the student and the clients they are serving within the agency they are completing each fieldwork rotation. Students may complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of three different settings (B.10.15).

9. Evaluation of Supervision: Upon completion of each Level I Fieldwork experience, each student will complete the UTEP Level I EVALUATION of SUPERVISION for each person by whom they were supervised. Upon completion of each Level II fieldwork rotation, each student will complete the Student Evaluation of Fieldwork Experience. To enhance supervision, the UTEP MOT program provides at least one fieldwork educator workshop annually, free of charge to clinicians who supervise UTEP Level I and II fieldwork students. Resources regarding supervision may also be sent by the AFWC to clinical educators via email, snail mail, or posted on the UTEP Fieldwork Resources webpage (under construction) (B.10.18).
Occupational Therapy Program
UTEP College of Health Sciences

Policy on Social Networking

Even with strong privacy settings, it is important that you avoid posts or photos on about your fieldwork experiences. Here are some specifics:

1. Do not ask your supervisor to “friend” you while on Fieldwork. This puts your supervisor and yourself in an awkward situation with personal information about each other. If you mutually decide to do this after the Fieldwork experience, this is your personal choice.

2. Consider what you post on any social networking site. Many potential employers go to these sites to see what you have posted and often determine if they are interested in having you as an employee. Consider googling your name to discover what is in cyberspace that others can see about you.

3. Names of supervisors, comments or criticism about sites or information about what is happening at sites are not appropriate on public social network sites, are in violation of the social networking policy, and will be handled as a professional behavior issue.

4. You must comply with all clinical facility HIPAA policies. Violations may not only result in legal action against you, but will also result in automatic failure of a clinical rotation. References to patients, clinical sites, or clinical instructors are strictly prohibited, even if names are not given or you believe you have blinded any identifying information. For more information: http://www.aota.org/Educate/EdRes/Fieldwork/Supervisor/HIPAA/39884.aspx.

5. Use your official UTEP e-mail address for all professional email correspondence for all fieldwork related issues.

6. If you have any posts that are even questionable, please remove them immediately from any and all social media sites, including but not limited to Facebook, MySpace, YouTube, Snapfish, Flickr, Twitter, blogs, and discussion boards.

7. If there is any question or you are unsure of something regarding social networking, call the fieldwork coordinator immediately for advice.

The UTEP MOT Program recognizes the professional value of the internet and even social networking; however, there will be zero tolerance for any violation of the social media policy. Any violation is a professional behavior issue, and will result in disciplinary action, which may include immediate dismissal from the UTEP MOT program.
COUNSELING OF STUDENTS EXPERIENCING DIFFICULTY ON FIELDWORK

1. The Fieldwork supervisor should notify the Fieldwork coordinator that the student is having difficulty and is in danger of failing the experience. This normally should occur no later than the midterm evaluation time.

2. Through conversations with the supervisor and the student, the Fieldwork Coordinator may assist in the identification and clarification of problems. Discussions are held on means by which the student can improve his/her performance. The supervisory relationship and the structure of the fieldwork experience are examined for problems that are causing difficulty.

3. Upon request of either the center or the student, the Fieldwork Coordinator makes a site visit to consult with the supervisor and the student.

4. The student is counseled about requirements for passing fieldwork courses or fieldwork units of courses with “credit” or a “C” or better when a letter grade is given. Those experiences that are not passed must be repeated.

ACADEMIC REGULATIONS FOR WITHDRAWING FROM A COURSE

1. Before the end of the week following the midterm of the experience the Fieldwork Coordinator contacts the student’s supervisor to determine the student’s current performance. If the supervisor feels the student is not going to pass, the student is advised of this by the Fieldwork Coordinator and the student is counseled to withdraw from the fieldwork course. The student must decide within seven days following the midterm point whether to withdraw from the fieldwork course or to continue in the experience. Withdrawing from the course at this point results in the designation of “F” on the student’s transcript.

2. If the student must repeat a fieldwork experience, the Fieldwork Coordinator and the student discuss the problem the student was experiencing, and:

   a) If the problem seems to be one that is a function of the situation or the student’s ability to perform in that situation at that point in his/her educational experience, the student is scheduled for another fieldwork experience.

   b) If indicated, the student is referred for counseling. If it is felt by the Coordinator of the Occupational Therapy Program and the Fieldwork Coordinator that the student’s behavior in the clinical setting is inappropriate or potentially dangerous to the patient/client, the student may be requested to seek counseling and/or improve his/her basic academic knowledge before continuing with additional fieldwork.
3. If the student decides to continue in the fieldwork experience, the final evaluation is scored upon receipt and the earned grade is recorded on the transcript.

4. If the student decides to contest the fieldwork grade, he/she is to follow the established procedures for contesting a grade. Pending the outcome of the appeal procedure an additional experience may be scheduled for a student.

5. All fieldwork requirements must be completed within 24 months after the completion of the didactic coursework.
The University of Texas at El Paso
College of Health Sciences
Occupational Therapy Program

POSITION STATEMENT AND DISCLAIMER ON STUDENT USE OF NON-TRADITIONAL PROCEDURES AND MODALITIES DURING THE LEVEL II FIELDWORK

“Occupational Therapy students from The University of Texas at El Paso who engage in procedures or use modalities not included in the pre-fieldwork curriculum do so at their own risk. The Occupational Therapy Program, The University of Texas at El Paso, cannot advocate, condone, or otherwise assume educational responsibility for any action which results from the use of such modalities or procedures. Further, current professional liability insurance covering our students during fieldwork experience does not include practices not covered during the pre-fieldwork curriculum.”

An explanation of the rationale underlying this disclaimer follows:

The Occupational Therapy Program at The University of Texas at El Paso embraces the belief that curricula should prepare students for roles as entry level practitioners in a variety of health care settings. Consequently, current practice patterns form the basis for curriculum content, which is continuously evaluated and refined to reflect changes in practice.

Because of the dynamic nature of occupational therapy practice, it is not possible to prepare students for every role in which they might find themselves. Thus, curricula attempt to educate students in the occupational therapy process, and familiarize students with the concepts and techniques germane to practice in physical, mental and developmental health arenas. Students are expected to apply their knowledge and skills in a variety of settings and contexts.

The matter of dealing with role ambiguity unfortunately poses a difficult problem. Of great concern to occupational therapy educators is the ongoing confusion which seems to exist about procedures and modalities appropriately within the purview of occupational therapy practice. This ambiguity is illustrated through use of heat and electrical modalities (e.g. Fluidotherapy, TENS, etc.) as well as procedures such as burn debridement and joint mobilization by occupational therapists in several settings. These arenas of practice have traditionally been within the purview of disciplines other than occupational therapy and are therefore not addressed in our professional curriculum. While there have been areas of ambiguity for some time, it seems apparent that lines of demarcation are becoming increasingly less distinct. We concur with the American Occupational Therapy Association’s position paper titled “Physical Agent Modalities: A Position Paper” published in the American Journal of Occupational Therapy (1992), Vol. 46 pp. 1090-1091.

This raises the question of what constitutes legitimate or authentic occupational therapy? As educators, we must continue to make critical decisions about the most appropriate content to include within our already overstretched curriculum. It is clear that we cannot accommodate each new precedent, and we must be responsive to the legal and philosophical issues that are raised as each new precedent emerges. Since courts have ruled that professional programs can be held responsible and liable for inadequate educational preparation as a factor in malpractice judgments, we are compelled to protect our own liability.

While we support the right of every therapist to hold and foster personal views concerning the philosophical basis for occupational therapy practice, we do not advocate or support the right of therapists or health care institutions to unilaterally define parameters of practice. Continuation of this haphazard process, will, in our view, have potentially destructive consequences for the profession.
ACCREDITATION STANDARDS FOR A MASTER’S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST

Adopted August 2006, Effective January 1, 2008

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

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

PREAMBLE

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

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

- Have acquired, as a foundation for professional study, a breadth and depth of knowledge in the liberal arts and sciences and an understanding of issues related to diversity.
- Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service.
- Have achieved entry-level competence through a combination of academic and fieldwork education.
- Be prepared to articulate and apply occupational therapy theory and evidence-based evaluations and interventions to achieve expected outcomes as related to occupation.
- Be prepared to be a lifelong learner and keep current with evidence-based professional practice.
- Uphold the ethical standards, values, and attitudes of the occupational therapy profession.
- Understand the distinct roles and responsibilities of the occupational therapist and occupational therapy assistant in the supervisory process.
- Be prepared to advocate as a professional for the occupational therapy services offered and for the recipients of those services.
- Be prepared to be an effective consumer of the latest research and knowledge bases that support practice and contribute to the growth and dissemination of research and knowledge.

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<tr>
<th>NUMBER</th>
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<tr>
<td>SECTION A: GENERAL REQUIREMENTS FOR ACCREDITATION</td>
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<tr>
<td>A.1.0.</td>
<td>SPONSORSHIP AND ACCREDITATION</td>
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<tr>
<td>A.1.1.</td>
<td>The sponsoring institution(s) and affiliates, if any, must be accredited by recognized national, regional, or state agencies with accrediting authority. For programs in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</td>
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<td>A.1.2.</td>
<td>Sponsoring institutions must be authorized under applicable law or other acceptable authority to provide a program of post-secondary education and have appropriate degree-granting authority.</td>
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<tr>
<td>A.1.3.</td>
<td>Accredited occupational therapy educational programs may be established only in senior colleges, universities, or medical schools.</td>
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<td>A.1.4.</td>
<td>The sponsoring institution must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning. This would include course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution must also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities assigned to students in a fieldwork setting are appropriate to the program.</td>
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</table>
| A.1.5. | The sponsoring institution or program must  
| | • Inform ACOTE of the transfer of program sponsorship or change of the institution’s name within 30 days of the transfer or change.  
| | • Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution’s accreditation status to probation or withdrawal of accreditation.  
| | • Submit a Letter of Intent to add or change a program degree level at least 1 year prior to the planned admission of students into that level.  
| | • Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director.  
| | • Pay accreditation fees within 90 days of the invoice date.  
| | • Submit a Report of Self-Study and other required reports (e.g., Biennial Report, Plan of Correction, Progress Report) within the period of time designated by ACOTE. All reports must be complete and contain all requested information.  
| | • Agree to a site visit date before the end of the period for which accreditation was previously awarded.  
| | • Demonstrate honesty and integrity in all interactions with ACOTE. |
| A.2.0. | ACADEMIC RESOURCES |
| A.2.1. | The program must have a director who is assigned to the occupational therapy educational program on a full-time basis. The director may be assigned other institutional duties that do not interfere with the management and administration of the program. The institution must ensure that the needs of the program are being met. |
| A.2.2. | The program director must be an initially certified occupational therapist who is licensed or credentialed according to regulations in the state or jurisdiction in which the program is located. The director must hold academic qualifications comparable to the majority of other program directors within the institutional unit (e.g., division, college, school) to which the program is
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<tr>
<td>A.2.3.</td>
<td>The program director must have a minimum of 6 years of experience in the field of occupational therapy, including practice as an occupational therapist, administrative or supervisory experience, and at least 2 years of experience in a full-time academic appointment with teaching responsibilities.</td>
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<tr>
<td>A.2.4.</td>
<td>The program director must be responsible for the management and administration of the program, including planning, evaluation, budgeting, selection of faculty and staff, maintenance of accreditation, and commitment to strategies for professional development.</td>
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<tr>
<td>A.2.5.</td>
<td>The program director and faculty must possess the academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution.</td>
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<tr>
<td>A.2.6.</td>
<td>The program must document policies and procedures to ensure that the program director and faculty are aware of and abide by the current code of ethics of the profession of occupational therapy.</td>
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<td>A.2.7.</td>
<td>The program must identify an individual as academic fieldwork coordinator who is specifically responsible for the program’s compliance with the fieldwork requirements of Standards Section B.10.0. This individual must be a licensed or credentialed occupational therapist. Academic fieldwork coordinators who hold a faculty position must meet the requirements of Standard A.2.9.</td>
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<td>A.2.8.</td>
<td>The faculty must include currently licensed or credentialed occupational therapists.</td>
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<td>A.2.9.</td>
<td>All full-time faculty must hold a minimum of a master’s degree. By July 1, 2012, the majority of full-time faculty who are occupational therapists must hold a doctoral degree.</td>
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<td>A.2.10.</td>
<td>The faculty must have documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning).</td>
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<tr>
<td>A.2.11.</td>
<td>The occupational therapy faculty at each accredited location where the program is offered must be sufficient in number and must possess the expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation.</td>
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<tr>
<td>A.2.12.</td>
<td>Faculty responsibilities must be consistent with and supportive of the mission of the institution.</td>
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<td>A.2.13.</td>
<td>The faculty–student ratio must permit the achievement of the purpose and stated objectives for laboratory and lecture courses, be compatible with accepted practices of the institution for similar programs, and ensure student and consumer safety.</td>
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<tr>
<td>A.2.14.</td>
<td>Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic and administrative requirements, including support for any portion of the program offered by distance education.</td>
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<tr>
<td>A.2.15.</td>
<td>The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program’s obligation to matriculated and entering students.</td>
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<td>A.2.16.</td>
<td>Classrooms and laboratories must be provided that are consistent with the program’s educational objectives, teaching methods, number of students, and safety and health standards of the institution, and must allow for efficient operation of the program. If any portion of the</td>
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<td>Program is offered by distance education, technology and resources must be adequate to support a distance-learning environment.</td>
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<td>A.2.17</td>
<td>Laboratory space provided by the institution must be assigned to the occupational therapy program on a priority basis. If laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use.</td>
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<tr>
<td>A.2.18</td>
<td>Adequate space must be provided to store and secure equipment and supplies.</td>
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<tr>
<td>A.2.19</td>
<td>The program director and faculty must have office space consistent with institutional practice.</td>
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<tr>
<td>A.2.20</td>
<td>Adequate space must be provided for the private advising of students.</td>
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<tr>
<td>A.2.21</td>
<td>Appropriate and sufficient equipment and supplies must be provided by the institution for student use and for the didactic and supervised fieldwork components of the curriculum.</td>
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<tr>
<td>A.2.22</td>
<td>Students must be given access to and have the opportunity to use the evaluative and treatment methodologies that reflect both current practice and practice in the geographic area served by the program.</td>
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<tr>
<td>A.2.23</td>
<td>Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, and other reference materials needed to meet the requirements of the curriculum. This may include, but is not limited to, libraries, online services, interlibrary loan, and resource centers.</td>
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<tr>
<td>A.2.24</td>
<td>Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods.</td>
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<tr>
<td>A.3.0</td>
<td>STUDENTS</td>
</tr>
<tr>
<td>A.3.1</td>
<td>Admission of students to the occupational therapy program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.</td>
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<tr>
<td>A.3.2</td>
<td>Policies pertaining to standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), and prerequisite educational or work experience requirements must be readily accessible to prospective students and the public.</td>
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<tr>
<td>A.3.3</td>
<td>Programs must document implementation of a mechanism to ensure that students receiving credit for previous courses and/or work experience have met the content requirements of the appropriate master’s Standards.</td>
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<td>A.3.4</td>
<td>Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student.</td>
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<td>A.3.5</td>
<td>Evaluation content and methods must be consistent with the curriculum design, objectives, and competencies of the didactic and fieldwork components of the program.</td>
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<td>A.3.6</td>
<td>Evaluation must be conducted on a regular basis to provide students and program officials with timely indications of the students’ progress and academic standing.</td>
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<tr>
<td>A.3.7</td>
<td>Students must be informed of and have access to the student support services that are provided to other students in the institution.</td>
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<tr>
<td>A.3.8</td>
<td>Advising related to professional coursework and fieldwork education must be the responsibility of the occupational therapy faculty.</td>
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<tr>
<td>A.4.0</td>
<td>OPERATIONAL POLICIES</td>
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<td>NUMBER</td>
<td>OT MASTER'S-DEGREE-LEVEL STANDARD</td>
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<tr>
<td>A.4.1.</td>
<td>All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and Web sites—must accurately reflect the program offered.</td>
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<td>A.4.2.</td>
<td>Accurate and current information regarding student outcomes must be readily available to the public in at least one publication or Web page. The following data must be reported as an aggregate for the three most recent calendar years and specify the • 3-year time period being reported, • total number of program graduates during that period, • total number of first-time test takers of the national certification examination during that period, • total number of first-time test takers who passed the exam during that period, and • percentage of the total number of first-time test takers who passed the exam during that period.</td>
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<td>A.4.3.</td>
<td>The program’s accreditation status and the name, address, and telephone number of ACOTE must be published in all of the following used by the institution: catalog, Web site, and program-related brochures or flyers available to prospective students.</td>
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<td>A.4.4.</td>
<td>Faculty recruitment and employment practices, as well as student recruitment and admission procedures, must be nondiscriminatory.</td>
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<td>A.4.5.</td>
<td>Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included.</td>
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<td>A.4.6.</td>
<td>The program or sponsoring institution must have a defined and published policy and procedure for processing student and faculty grievances.</td>
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<td>A.4.7.</td>
<td>Policies and procedures for handling complaints against the program must be published and made known. The program must maintain a record of student complaints that includes the nature and disposition of each complaint.</td>
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<td>A.4.8.</td>
<td>Policies and processes for student withdrawal and for refunds of tuition and fees must be published and made known to all applicants.</td>
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<tr>
<td>A.4.9.</td>
<td>Policies and procedures for student probation, suspension, and dismissal must be published and made known.</td>
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<tr>
<td>A.4.10.</td>
<td>Policies and procedures must be published and made known for human-subject research protocol.</td>
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<td>A.4.11.</td>
<td>Written policies and procedures must be made available to students regarding appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures).</td>
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<td>A.4.12.</td>
<td>A program admitting students on the basis of ability to benefit (defined by the U.S. Department of Education as admitting students who do not have either a high school diploma or its equivalent) must publicize its objectives, assessment measures, and means of evaluating the student’s ability to benefit.</td>
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<tr>
<td>A.4.13.</td>
<td>Documentation of all progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. This must include a statement about the potential impact of a felony conviction on a graduate’s eligibility for certification and credentialing.</td>
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<tr>
<td>A.4.14.</td>
<td>The program must have a documented and published policy to ensure students complete all graduation and fieldwork requirements in a timely manner. This must include a statement that all Level II fieldwork be completed within a time frame established by the program.</td>
</tr>
<tr>
<td>A.4.15.</td>
<td>Records regarding student admission, enrollment, and achievement must be maintained and kept in a secure setting. Grades and credits for courses must be recorded on students’ transcripts and permanently maintained by the sponsoring institution.</td>
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<td>A.5.0.</td>
<td>STRATEGIC PLAN AND PROGRAM ASSESSMENT</td>
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| A.5.1. | The program must document a current strategic plan that articulates the program’s future vision and guides the program development (e.g., faculty recruitment and professional growth, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites). A program strategic plan must include, but need not be limited to:  
- Evidence that the plan is based on program evaluation and an analysis of external and internal environments.  
- Long-term goals that address the vision and mission of both the institution and program, as well as specific needs of the program.  
- Specific measurable action steps with expected timelines by which the program will reach its long-term goals.  
- Persons(s) responsible for action steps.  
- Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change. |
| A.5.2. | The program director and each faculty member who teaches two or more courses must have a current written professional growth and development plan. Each plan must contain the signature of the faculty member and supervisor. At a minimum the plan must include, but need not be limited to:  
- Goals to enhance the faculty member’s ability to fulfill designated responsibilities (e.g., goals related to currency in areas of teaching responsibility, teaching effectiveness, research, scholarly activity).  
- Specific measurable action steps with expected timelines by which the faculty member will achieve the goals.  
- Evidence of annual updates of action steps and goals as they are met or as circumstances change.  
- Identification of the ways in which the faculty member’s professional development plan will contribute to attaining the program’s strategic goals. |
| A.5.3. | Programs must routinely secure and document sufficient qualitative and quantitative information to allow for meaningful analysis about the extent to which the program is meeting its stated goals and objectives. This must include, but need not be limited to:  
- Faculty effectiveness in their assigned teaching responsibilities.  
- Students’ progression through the program.  
- Fieldwork performance evaluation.  
- Student evaluation of fieldwork experience.  
- Student satisfaction with the program.  
- Graduates’ performance on the NBCOT certification exam.  
- Graduates’ job placement and performance based on employer satisfaction. |
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<td>A.5.4.</td>
<td>The average total pass rate of OT master's program graduates taking the national certification exam for the first time over the three most recent calendar years must be 70% or higher.</td>
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<td>A.5.5.</td>
<td>Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An annual report summarizing analysis of data and planned action responses must be maintained.</td>
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<td>A.5.6.</td>
<td>The results of ongoing evaluation must be appropriately reflected in the program’s strategic plan, curriculum, and other dimensions of the program.</td>
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### A.6.0. CURRICULUM FRAMEWORK

The curriculum framework is a description of the program that includes the program’s mission, philosophy, and curriculum design.

| A.6.1. | The curriculum must include preparation for practice as a generalist with a broad exposure to current practice settings (e.g., school, hospital, community, long-term care) and emerging practice areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, children, adolescents, adults, and elderly persons in areas of physical and mental health. |
| A.6.2. | The program must document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate. |
| A.6.3. | The statement of philosophy of the occupational therapy program must reflect the current published philosophy of the profession and must include a statement of the program's fundamental beliefs about human beings and how they learn. |
| A.6.4. | The statement of the mission of the occupational therapy program must be consistent with and supportive of the mission of the sponsoring institution. |
| A.6.5. | The curriculum design must reflect the mission and philosophy of both the occupational therapy program and the institution and must provide the basis for program planning, implementation, and evaluation. The design must identify educational goals and describe the selection of the content, scope, and sequencing of coursework. |
| A.6.6. | The program must have clearly documented assessment measures by which students are regularly evaluated on their acquisition of knowledge, skills, attitudes, and competencies required for graduation. |
| A.6.7. | The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) and materials used to accomplish course objectives must be documented. Programs must also demonstrate the consistency between course syllabi and the curriculum design. |
**NUMBER | OT MASTER’S-DEGREE-LEVEL STANDARD**

**SECTION B: SPECIFIC REQUIREMENTS FOR ACCREDITATION**

The specific requirements for accreditation contain the content that a program must include. The content requirements are written as expected student outcomes. Faculty are responsible for developing learning activities and evaluation methods to document that students meet these outcomes.

**B.1.0. FOUNDATIONAL CONTENT REQUIREMENTS**

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

| **B.1.1.** | Demonstrate oral and written communication skills. |
| **B.1.2.** | Employ logical thinking, critical analysis, problem solving, and creativity. |
| **B.1.3.** | Demonstrate competence in basic computer use, including the ability to use databases and search engines to access information, word processing for writing, and presentation software (e.g., PowerPoint). |
| **B.1.4.** | Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics. |
| **B.1.5.** | Demonstrate knowledge and understanding of human development throughout the life span (infants, children, adolescents, adults, and elderly persons). Course content must include, but is not limited to, developmental psychology. |
| **B.1.6.** | Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral and social sciences. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology. |
| **B.1.7.** | Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology. |
| **B.1.8.** | Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations. |
| **B.1.9.** | Demonstrate knowledge of global social issues and prevailing health and welfare needs. |
| **B.1.10.** | Demonstrate the ability to use statistics to interpret tests and measurements. |

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

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

<p>| <strong>B.2.1.</strong> | Articulate an understanding of the importance of the history and philosophical base of the profession of occupational therapy. |
| <strong>B.2.2.</strong> | 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 client factors. |</p>
<table>
<thead>
<tr>
<th>NUMBER</th>
<th>OT MASTER’S-DEGREE-LEVEL STANDARD</th>
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<tbody>
<tr>
<td>B.2.3.</td>
<td>Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support participation in context(s) for the client.</td>
</tr>
<tr>
<td>B.2.4.</td>
<td>Articulate the importance of balancing areas of occupation with the achievement of health and wellness.</td>
</tr>
<tr>
<td>B.2.5.</td>
<td>Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.</td>
</tr>
<tr>
<td>B.2.6.</td>
<td>Analyze the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance.</td>
</tr>
<tr>
<td>B.2.7.</td>
<td>Exhibit the ability to analyze tasks relative to areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors to formulate an intervention plan.</td>
</tr>
<tr>
<td>B.2.8.</td>
<td>Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.</td>
</tr>
<tr>
<td>B.2.9.</td>
<td>Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).</td>
</tr>
<tr>
<td>B.2.10.</td>
<td>Use clinical reasoning to explain the rationale for and use of compensatory strategies when desired life tasks cannot be performed.</td>
</tr>
<tr>
<td>B.2.11.</td>
<td>Analyze, synthesize, and apply models of occupational performance and theories of occupation.</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>THEORETICAL PERSPECTIVES</th>
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</thead>
<tbody>
<tr>
<td>B.3.1.</td>
<td>Describe theories that underlie the practice of occupational therapy.</td>
</tr>
<tr>
<td>B.3.2.</td>
<td>Compare and contrast models of practice and frames of reference that are used in occupational therapy.</td>
</tr>
<tr>
<td>B.3.3.</td>
<td>Discuss how theories, models of practice, and frames of reference are used in occupational therapy evaluation and intervention.</td>
</tr>
<tr>
<td>B.3.4.</td>
<td>Analyze and discuss how history, theory, and the sociopolitical climate influence practice.</td>
</tr>
<tr>
<td>B.3.5.</td>
<td>Apply theoretical constructs to evaluation and intervention with various types of clients and practice contexts to analyze and effect meaningful occupation.</td>
</tr>
<tr>
<td>B.3.6.</td>
<td>Discuss the process of theory development and its importance to occupational therapy.</td>
</tr>
</tbody>
</table>

**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. The program must facilitate development of the performance criteria listed below. The student will be able to
<table>
<thead>
<tr>
<th>NUMBER</th>
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<tbody>
<tr>
<td>B.4.1.</td>
<td>Use standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention. These include, but are not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others.</td>
</tr>
<tr>
<td>B.4.2.</td>
<td>Select appropriate assessment tools based on client needs, contextual factors, and psychometric properties of tests. These must be relevant to a variety of populations across the life span, culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process.</td>
</tr>
<tr>
<td>B.4.3.</td>
<td>Use appropriate procedures and protocols (including standardized formats) when administering assessments.</td>
</tr>
</tbody>
</table>
| B.4.4. | Evaluate client(s)” occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance 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 body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).  
- Performance patterns (e.g., habits, routines, roles) and behavior patterns.  
- Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.  
- Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations). |
| B.4.5. | 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 based on 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 applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services. |
### NUMBER | OT MASTER’S-DEGREE-LEVEL STANDARD

#### 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) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:
|   |   |   |   |   |
|   |   |   |   |   |
|   | - The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.  
   | - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).  
   | - Performance patterns (e.g., habits, routines, roles) and behavior patterns.  
   | - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.  
   | - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations). |

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

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

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

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

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

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

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

<p>| B.5.9. | 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 systems) used to enhance occupational performance. |</p>
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<tr>
<th>NUMBER</th>
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<tbody>
<tr>
<td>B.5.10.</td>
<td>Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics.</td>
</tr>
<tr>
<td>B.5.11.</td>
<td>Provide recommendations and training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility, and address issues related to driver rehabilitation.</td>
</tr>
<tr>
<td>B.5.12.</td>
<td>Provide management of feeding and eating 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 the initiation of swallowing) and train others in precautions and techniques while considering client and contextual factors.</td>
</tr>
<tr>
<td>B.5.13.</td>
<td>Explain the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance, including foundational knowledge, underlying principles, indications, contraindications, and precautions. Demonstrate safe and effective application of superficial thermal and mechanical modalities.</td>
</tr>
<tr>
<td>B.5.14.</td>
<td>Explain the use of deep thermal and electrotherapeutic modalities as a preparatory measure to improve occupational performance, including indications, contraindications, and precautions.</td>
</tr>
<tr>
<td>B.5.15.</td>
<td>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.</td>
</tr>
<tr>
<td>B.5.16.</td>
<td>Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.</td>
</tr>
<tr>
<td>B.5.17.</td>
<td>Apply the principles of the teaching–learning process using educational methods to design educational experiences to address the needs of the client, family, significant others, colleagues, other health providers, and the public.</td>
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<tr>
<td>B.5.18.</td>
<td>Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.</td>
</tr>
<tr>
<td>B.5.19.</td>
<td>Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.</td>
</tr>
<tr>
<td>B.5.20.</td>
<td>Select and teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks.</td>
</tr>
<tr>
<td>B.5.21.</td>
<td>Identify and demonstrate techniques in skills of supervision and collaboration with occupational therapy assistants on therapeutic interventions.</td>
</tr>
<tr>
<td>B.5.22.</td>
<td>Understand when and how to use the consultative process with groups, programs, organizations, or communities.</td>
</tr>
<tr>
<td>B.5.23.</td>
<td>Refer to specialists (both internal and external to the profession) for consultation and intervention.</td>
</tr>
<tr>
<td>B.5.24.</td>
<td>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.</td>
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<tr>
<td>B.5.25.</td>
<td>Plan for discharge, in collaboration with the client, caregiver, family, and significant others; resources; and discharge environment. This includes,</td>
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<tr>
<td>B.5.27.</td>
<td>Terminate occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. This includes developing a summary of occupational therapy outcomes, appropriate recommendations and referrals, and discussion with the client and with appropriate others of post-discharge needs.</td>
</tr>
<tr>
<td>B.5.28.</td>
<td>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.</td>
</tr>
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**B.6.0. CONTEXT OF SERVICE DELIVERY**

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

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>PERFORMANCE CRITERIA</th>
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<tbody>
<tr>
<td>B.6.1.</td>
<td>Differentiate among the contexts of health care, education, community, and social systems as they relate to the practice of occupational therapy.</td>
</tr>
<tr>
<td>B.6.2.</td>
<td>Discuss 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>B.6.3.</td>
<td>Describe the current social, economic, political, geographic, and demographic factors to promote policy development and the provision of occupational therapy services.</td>
</tr>
<tr>
<td>B.6.4.</td>
<td>Articulate the role and responsibility of the practitioner to address changes in service delivery policies to effect changes in the system, and to identify opportunities in emerging practice areas.</td>
</tr>
<tr>
<td>B.6.5.</td>
<td>Articulate the trends in models of service delivery and their potential effect on the practice of occupational therapy, including, but not limited to, medical, educational, community, and social models.</td>
</tr>
<tr>
<td>B.6.6.</td>
<td>Use 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

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>PERFORMANCE CRITERIA</th>
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<tbody>
<tr>
<td>B.7.1.</td>
<td>Explain how the various practice settings (e.g., medical institutions, community practice, school systems) affect the delivery of occupational therapy services.</td>
</tr>
<tr>
<td>B.7.2.</td>
<td>Describe and discuss the impact of contextual factors on the management and delivery of occupational therapy services.</td>
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<tr>
<td>B.7.3.</td>
<td>Describe the systems and structures that create federal and state legislation and regulation and their implications and effects on practice.</td>
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<tr>
<td>B.7.4.</td>
<td>Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.</td>
</tr>
<tr>
<td>B.7.5.</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>B.7.6.</td>
<td>Describe the mechanisms, systems, and techniques needed to properly maintain, organize, and prioritize workloads and intervention settings including inventories.</td>
</tr>
<tr>
<td>B.7.7.</td>
<td>Demonstrate the ability to plan, develop, organize, and market the delivery of services to include the determination of programmatic needs, service delivery options, and formulation and management of staffing for effective service provision.</td>
</tr>
<tr>
<td>B.7.8.</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>B.7.9.</td>
<td>Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non-occupational therapy personnel.</td>
</tr>
<tr>
<td>B.7.10.</td>
<td>Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.</td>
</tr>
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</table>

B.8.0. RESEARCH
Application of research includes the ability to read and understand current research that affects practice and the provision of occupational therapy services. The program must facilitate development of the performance criteria listed below. The student will be able to

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<th>NUMBER</th>
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<tbody>
<tr>
<td>B.8.1.</td>
<td>Articulate the importance of research, scholarly activities, and the continued development of a body of knowledge relevant to the profession of occupational therapy.</td>
</tr>
<tr>
<td>B.8.2.</td>
<td>Effectively locate, understand, and evaluate information, including the quality of research evidence.</td>
</tr>
<tr>
<td>B.8.3.</td>
<td>Use research 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 designs (both quantitative and qualitative) and methodologies.</td>
</tr>
<tr>
<td>B.8.6.</td>
<td>Demonstrate the skills necessary to design a research proposal that includes the research question, relevant literature, sample, design, measurement, and data analysis.</td>
</tr>
<tr>
<td>B.8.7.</td>
<td>Implement one or more aspects of research methodology. These may be simulated or actual and may include, but are not limited to, designing research instruments, collecting data, and analyzing or synthesizing data. These research activities may be completed individually, with a group, or with a faculty member.</td>
</tr>
<tr>
<td>B.8.8.</td>
<td>Demonstrate basic skills necessary to write a research report in a format for presentation or publication.</td>
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<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 research and practice.</td>
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</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

<table>
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<tr>
<th>NUMBER</th>
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<tbody>
<tr>
<td>B.9.1.</td>
<td>Demonstrate a knowledge and understanding of the American Occupational Therapy Association (AOTA) <em>Occupational Therapy Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice</em>, and AOTA <em>Standards of Practice</em> and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.</td>
</tr>
<tr>
<td>B.9.2.</td>
<td>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.</td>
</tr>
<tr>
<td>B.9.3.</td>
<td>Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.</td>
</tr>
<tr>
<td>B.9.4.</td>
<td>Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.</td>
</tr>
<tr>
<td>B.9.5.</td>
<td>Discuss professional responsibilities related to liability issues under current models of service provision.</td>
</tr>
<tr>
<td>B.9.6.</td>
<td>Discuss and evaluate personal and professional abilities and competencies as they relate to job responsibilities.</td>
</tr>
<tr>
<td>B.9.7.</td>
<td>Discuss and justify the varied roles of the occupational therapist as a practitioner, educator, researcher, consultant, and entrepreneur.</td>
</tr>
<tr>
<td>B.9.8.</td>
<td>Explain and justify the importance of supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.</td>
</tr>
<tr>
<td>B.9.9.</td>
<td>Describe and discuss professional responsibilities and issues when providing service on a contractual basis.</td>
</tr>
<tr>
<td>B.9.10.</td>
<td>Explain strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.</td>
</tr>
<tr>
<td>B.9.11.</td>
<td>Explain the variety of informal and formal ethical dispute–resolution systems that have jurisdiction over occupational therapy practice.</td>
</tr>
<tr>
<td>B.9.12.</td>
<td>Describe and discuss strategies to assist the consumer in gaining access to occupational therapy services.</td>
</tr>
<tr>
<td>B.9.13.</td>
<td>Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., American Occupational Therapy Association, state occupational therapy associations, advocacy organizations).</td>
</tr>
</tbody>
</table>
FIELDWORK EDUCATION

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

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<tr>
<th>NUMBER</th>
<th>OT MASTER’S-DEGREE-LEVEL STANDARD</th>
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<tr>
<td>B.10.0. FIELDWORK EDUCATION</td>
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<td>Fieldwork education is a crucial part of professional preparation and is best integrated as a component of the curriculum design. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under supervision and for professional role modeling. The academic fieldwork coordinator is responsible for the program’s compliance with fieldwork education requirements. The academic fieldwork coordinator will:</td>
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<tr>
<td><strong>B.10.1.</strong></td>
<td>Document the criteria and process for selecting fieldwork sites. Ensure that the fieldwork program reflects the sequence, depth, focus, and scope of content in the curriculum design.</td>
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<tr>
<td><strong>B.10.2.</strong></td>
<td>Ensure that the academic fieldwork coordinator and faculty collaborate to design fieldwork experiences that strengthen the ties between didactic and fieldwork education.</td>
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<tr>
<td><strong>B.10.3.</strong></td>
<td>Provide fieldwork education in settings that are equipped to meet the curriculum goals, provide educational experiences applicable to the academic program, and have fieldwork educators who are able to effectively meet the learning needs of the students.</td>
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<tr>
<td><strong>B.10.4.</strong></td>
<td>Ensure that the academic fieldwork coordinator is responsible for advocating the development of links between the fieldwork and didactic aspects of the curriculum, for communicating about the curriculum to fieldwork educators, and for maintaining contracts and site data related to fieldwork placements.</td>
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<tr>
<td><strong>B.10.5.</strong></td>
<td>Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives, identifying site requirements, and communicating with the student and fieldwork educator about progress and performance during fieldwork.</td>
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<tr>
<td><strong>B.10.6.</strong></td>
<td>Document a policy and procedure for complying with fieldwork site health requirements and maintaining student health records in a secure setting.</td>
</tr>
<tr>
<td><strong>B.10.7.</strong></td>
<td>Ensure that the ratio of fieldwork educators to student(s) enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.</td>
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<tr>
<td><strong>B.10.8.</strong></td>
<td>Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner in accordance with the policy adopted by the program.</td>
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<tr>
<td><strong>B.10.9.</strong></td>
<td>For programs in which the academic and fieldwork components of the curriculum are provided by two or more institutions, responsibilities of each sponsoring institution and fieldwork site must be clearly documented in a memorandum of understanding. For active Level I and Level II fieldwork sites, programs must have current fieldwork agreements or memoranda of understanding that are signed by both parties. (Electronic contracts and signatures are acceptable.)</td>
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<tr>
<td><strong>B.10.10.</strong></td>
<td>Documentation must be provided that each memorandum of understanding between institutions and active fieldwork sites is reviewed at least every 5 years by both parties. Programs must provide documentation that both parties have reviewed the contract.</td>
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<tr>
<td><strong>B.10.11.</strong></td>
<td>The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients. The program will: Ensure that Level I fieldwork is integral to the program’s curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.</td>
</tr>
</tbody>
</table>
B.10.12. Ensure that qualified personnel supervise Level I fieldwork. Examples may include, but are not limited to, currently licensed or credentialed occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists.

B.10.13. Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork.

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

B.10.14. Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.

B.10.15. Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.

B.10.16. Require a minimum of 24 weeks’ full-time Level II fieldwork. This may be completed on a part-time basis as defined by the fieldwork placement in accordance with the fieldwork placement’s usual and customary personnel policies as long as it is at least 50% of a full-time equivalent at that site.

B.10.17. Ensure that the student is supervised by a currently licensed or credentialed occupational therapist who has a minimum of 1 year of practice experience subsequent to initial certification, and is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program.

B.10.18. Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).

B.10.19. Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as is appropriate for the setting, the severity of the client’s condition, and the ability of the student.
Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or credentialed occupational therapist with at least 3 years of professional experience. Supervision must include a minimum of 8 hours per week. Supervision must be initially direct and then may be decreased to less direct supervision as is appropriate for the setting, the client's needs, and the ability of the student. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.

Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the American Occupational Therapy Association Fieldwork Performance Evaluation for the Occupational Therapy Student or equivalent).

Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice. Such fieldwork must not exceed 12 weeks.

**NOTE:**

**New ACOTE Accreditation Standards Adopted**

After an extensive 2-year process, multiple surveys to the communities of interest, and several open hearings, the Accreditation Council for Occupational Therapy Education (ACOTE®) has adopted new accreditation standards for doctoral-degree-level occupational therapy programs, master’s-degree-level occupational therapy programs, and associate-degree-level occupational therapy assistant programs. The new Standards are available on the ACOTE accreditation section of the AOTA Web site (www.acoteonline.org). Programs will be required to comply with the new 2011 Standards by July 31, 2013.
Occupational Therapy Code of Ethics and Ethics Standards (2010)

PREAMBLE

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

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

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

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

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

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

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

1. Identify and describe the principles supported by the occupational therapy profession.

2. Educate the general public and members regarding established principles to which occupational therapy personnel are accountable.

3. Socialize occupational therapy personnel to expected standards of conduct.

4. Assist occupational therapy personnel in recognition and resolution of ethical dilemmas.

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

**DEFINITIONS**

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

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

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

Occupational therapy personnel shall

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

NONMALEFICENCE

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

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

**Occupational therapy personnel shall**

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

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

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

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

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

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

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

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

I. Avoid compromising client rights or well-being based on arbitrary administrative directives by exercising professional judgment and critical analysis.
J. Avoid exploiting any relationship established as an occupational therapist or occupational therapy assistant to further one’s own physical, emotional, financial, political, or business interests at the expense of the best interests of recipients of services, students, research participants, employees, or colleagues.

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

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

**AUTONOMY AND CONFIDENTIALITY**

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

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

**Occupational therapy personnel shall**

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

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

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

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

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

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

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

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

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

SOCIAL JUSTICE

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

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

Occupational therapy personnel shall

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

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

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

D. Advocate for just and fair treatment for all patients, clients, employees, and colleagues, and encourage employers and colleagues to abide by the highest standards of social justice and the ethical standards set forth by the occupational therapy profession.

E. Make efforts to advocate for recipients of occupational therapy services to obtain needed services through available means.
F. Provide services that reflect an understanding of how occupational therapy service delivery can be affected by factors such as economic status, age, ethnicity, race, geography, disability, marital status, sexual orientation, gender, gender identity, religion, culture, and political affiliation.

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

**PROCEDURAL JUSTICE**

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

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

**Occupational therapy personnel shall**

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

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

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

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

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

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

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

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

VERACITY

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

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

Occupational therapy personnel shall

A. Represent the credentials, qualifications, education, experience, training, roles, duties, competence, views, contributions, and findings accurately in all forms of communication about recipients of service, students, employees, research participants, and colleagues.
B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.
C. Record and report in an accurate and timely manner, and in accordance with applicable regulations, all information related to professional activities.

D. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.

E. Accept responsibility for any action that reduces the public’s trust in occupational therapy.

F. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, students, research participants, or the public.

G. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.

H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.

I. Give credit and recognition when using the work of others in written, oral, or electronic media.

J. Not plagiarize the work of others.

**FIDELITY**

**Principle 7.** Occupational therapy personnel shall treat colleagues and other professionals with respect, fairness, discretion, and integrity.

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

**Occupational therapy personnel shall**

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

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

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

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

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

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

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

References


Authors

Ethics Commission (EC):

Kathlyn Reed, PhD, OTR, FAOTA, MLIS, Chairperson
Barbara Hemphill, DMin, OTR, FAOTA, FMOTA, Chair-Elect
Ann Moodey Ashe, MHS, OTR/L
Lea C. Brandt, OTD, MA, OTR/L
Joanne Estes, MS, OTR/L
Loretta Jean Foster, MS, COTA/L
Donna F. Homenko, RDH, PhD
Craig R. Jackson, JD, MSW
Deborah Yarett Slater, MS, OT/L, FAOTA, Staff Liaison

Adopted by the Representative Assembly 2010CApr17.


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A Patient’s Bill of Rights

*A Patient's Bill of Rights was first adopted by the American Hospital Association in 1973.*

*This revision was approved by the AHA Board of Trustees on October 21, 1992.*

Introduction

Effective health care requires collaboration between patients and physicians and other health care professionals. Open and honest communication, respect for personal and professional values, and sensitivity to differences are integral to optimal patient care. As the setting for the provision of health services, hospitals must provide a foundation for understanding and respecting the rights and responsibilities of patients, their families, physicians, and other caregivers. Hospitals must ensure a health care ethic that respects the role of patients in decision making about treatment choices and other aspects of their care. Hospitals must be sensitive to cultural, racial, linguistic, religious, age, gender, and other differences as well as the needs of persons with disabilities.

The American Hospital Association presents A Patient's Bill of Rights with the expectation that it will contribute to more effective patient care and be supported by the hospital on behalf of the institution, its medical staff, employees, and patients. The American Hospital Association encourages health care institutions to tailor this bill of rights to their patient community by translating and/or simplifying the language of this bill of rights as may be necessary to ensure that patients and their families understand their rights and responsibilities.

Bill of Rights

These rights can be exercised on the patient’s behalf by a designated surrogate or proxy decision maker if the patient lacks decision-making capacity, is legally incompetent, or is a minor.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.

Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.

Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or
other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.

3. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides or transfer to another hospital. The hospital should notify patients of any policy that might affect patient choice within the institution.

4. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy.

Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.

5. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.

6. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.

7. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.

8. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.

9. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.

10. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.
11. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.

12. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

The collaborative nature of health care requires that patients, or their families/surrogates, participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depend, in part, on the patient fulfilling certain responsibilities. Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status. To participate effectively in decision making, patients must be encouraged to take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand information and instructions. Patients are also responsible for ensuring that the health care institution has a copy of their written advance directive if they have one. Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment.

Patients should also be aware of the hospital's obligation to be reasonably efficient and equitable in providing care to other patients and the community. The hospital's rules and regulations are designed to help the hospital meet this obligation. Patients and their families are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees. Patients are responsible for providing necessary information for insurance claims and for working with the hospital to make payment arrangements, when necessary.

A person’s health depends on much more than health care services. Patients are responsible for recognizing the impact of their life-style on their personal health.

**Conclusion**

Hospitals have many functions to perform, including the enhancement of health status, health promotion, and the prevention and treatment of injury and disease; the immediate and ongoing care and rehabilitation of patients; the education of health professionals, patients, and the community; and research. All these activities must be conducted with an overriding concern for the values and dignity of patients.
APPENDIX
Contact Information Form

Name: ________________________________________________________________

Local address: __________________________________________________________

Local phone number: ______________________________________________________

Cellular phone number: _____________________________________________________

Permanent address: _________________________________________________________

Permanent phone number: _________________________________________________

UTEP Email address: ______________________________________________________

Other Email address: _______________________________________________________

Emergency contact information:

☐ Same as permanent address  ☐ Same as local  ☐ As below

Name: ________________________________________________________________

Address: ________________________________________________________________

Phone: _________________________________________________________________
I understand that a portion of my education in the University of Texas at El Paso, College Health Sciences, and the Occupational Therapy Program in which I am enrolled will include a clinical or practicum placement in a health care facility. One purpose of clinical education is to acquaint students with the reality of clinical practice of a health profession. I understand that during clinical placement, I will be subject to the known and unknown risks members of my profession experience in the provision of health care. These may include exposure to people with infectious and communicable diseases; chronic and degenerative diseases; mental illness; and risks attendant to the work environment. I realize, however, that as a student, I am not eligible for coverage under University’s workmen’s compensation insurance, and that there is no mechanism for compensation in the event I am injured during my clinical placement.

Every attempt has been made by the OT Program to protect my interest. I have been provided basic instruction in prevention procedures and in the application of reasonable and prudent clinical practices which can serve to limit unnecessary exposure and constitute a measure of safety for me and the patients I treat. I understand that it is my responsibility to apply these procedures and to take appropriate steps to protect my patients and myself. As a condition of placement in a clinical affiliation, I may be required by the facility to show proof of health insurance. Further, I will be expected to abide by whatever policy(ies) the facility has regarding risk exposure management for its employees, even though I am not considered by the University or the facility to be employee of the facility.

The clinical coordinator for the OT program in which I am enrolled has offered to answer any questions I may have about these risks and precautions I can take to avoid them. If I have any questions before, during, or after the clinical affiliation, I may contact my clinical coordinator or department chairperson. Also, I understand that I may stop any participation in the clinical affiliation at any time I think my personal safety or that of the patients I treat is in jeopardy.

I have a right to privacy, and all information obtained in connection with this affiliation that can be identified with me will remain confidential as far possible within state and federal law.

I voluntarily agree to participate in clinical affiliations arranged by The University of Texas at El Paso, College of Health Sciences, and the Occupational Therapy Program in which I am enrolled.

________________________________________  _______________________________________
Signature of Student                                             Signature of Department Chair

________________________________________  _______________________________________
Date_______________________                       Date_______________________
Signature of Understanding and Agreement

Your signature below indicates that you have read through the Orientation Manual and the OT Student Handbook and understand their contents. Should you have questions or concerns, it is your responsibility to speak with your advisor as soon as possible. Failure to abide by policies and procedures within these documents may result in disciplinary measures and/or dismissal from the program.

________________________________________
Printed name

________________________________________
Signature

________________________________________
Date
The University of Texas at El Paso  
College of Health Sciences  
Occupational Therapy Program  

PROFESSIONAL DEVELOPMENT EVALUATION FORM

Student Name: _____________________________________  Adviser: _______________________________

Directions: The purpose of this evaluation is to provide feedback to the student regarding his/her professional development towards becoming an occupational therapist. The following rating scale is to be used by the faculty.

Ratings are based on observations of the student in classroom, laboratory, clinical and professional situations.

|  | 1= Unsatisfactory, 2= Needs Improvement, 3= Satisfactory |
|---|---|---|---|---|---|---|---|

1. **Demonstrates respect for others**

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<tr>
<td>Arrives punctually, attends regularly</td>
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<td>Tolerates individual differences</td>
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<td>Tactfully expresses disagreement</td>
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<td>Listens to the opinions of others</td>
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<td>Displays courteous behaviors</td>
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<td>Is attentive in class and does not distract others</td>
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<td>Behaves in a non-disruptive manner</td>
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<td>Behavior &amp; speech are consistent with OT Code of Ethics</td>
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2. **Assumes responsibility for own actions**

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<tr>
<td>Notifies faculty if circumstances prevent attendance</td>
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<td>Makes up missed assignments</td>
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<td>Acknowledges errors when they occur</td>
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<td>Cleans up personal work area; shares in lab maintenance/cleanup</td>
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<td>Makes and keeps necessary appointments</td>
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<tr>
<td>Takes initiative</td>
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<tr>
<td>Strives to increase personal competence</td>
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<tr>
<td>Meets deadlines</td>
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<tr>
<td>Seeks help as needed in a timely manner</td>
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<tr>
<td>Presents oneself in a manner acceptable by faculty, peers, clients &amp; supervisors</td>
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<tr>
<td>Uses body posture and affect that communicates interest or engaged attention.</td>
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### 3. Demonstrates the ability to problem-solve

<table>
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<tr>
<th>Evaluates context of situations</th>
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<tbody>
<tr>
<td>Asks relevant questions</td>
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<tr>
<td>Examines cause-effect relationships</td>
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<tr>
<td>Formulates possible courses of action</td>
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<tr>
<td>Explains rationale for decisions</td>
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<tr>
<td>Exercises good judgment, i.e., in dress, behavior, proxemics, etc.</td>
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<tr>
<td>Accepts ambiguity</td>
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<tr>
<td>Demonstrates good time management skills in class, labs</td>
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### 4. Demonstrates the ability to be flexible

<table>
<thead>
<tr>
<th>Recognizes when it is appropriate to negotiate/compromise</th>
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<tr>
<td>Modifies plan to accommodate change</td>
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<tr>
<td>Handles changes without excessive stress or irritation</td>
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### 5. Demonstrates functional level of confidence and assertiveness

<table>
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<tr>
<th>Expresses personal needs</th>
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<tr>
<td>Volunteers opinions or services</td>
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<td>Works independently</td>
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<tr>
<td>Assists others</td>
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<tr>
<td>Exhibits confident tone/body language</td>
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<td>Willing to voice unpopular opinions</td>
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<tr>
<td>Avoids excessive/unreasonable complaints</td>
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<tr>
<td>Pursues own needs without interfering w/ those of others</td>
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### 6. Demonstrates the ability to be a cooperative and contributing member of the class and profession

<table>
<thead>
<tr>
<th>Voluntarily contributes to discussions</th>
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<tbody>
<tr>
<td>Participates in experimental tasks</td>
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<tr>
<td>Participates productively in group process</td>
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<tr>
<td>Contributes to the success of others</td>
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<tr>
<td>Assumes various group roles as needed</td>
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<tr>
<td>Meets responsibilities as a group member</td>
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<tr>
<td>Demonstrates leadership skills</td>
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7. Recognizes and handles personal and professional frustrations in a nondisruptive and constructive manner

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<tbody>
<tr>
<td>Reports problems to suitable person as appropriate; follows &quot;chain of authority&quot;</td>
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<td>Gives others the benefit of the doubt</td>
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<tr>
<td>Acts proactively</td>
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<tr>
<td>Accepts appropriate limitations</td>
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<tr>
<td>Sets reasonable priorities</td>
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<td>1</td>
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<tr>
<td>Accepts consequences of personal choices</td>
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<td>Does not allow personal responsibilities to interfere with</td>
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8. Demonstrates the ability to modify behavior in response to feedback

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<td>Accepts feedback without defensiveness, arguing</td>
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<td>Makes and follows plans for change in a timely manner</td>
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<td>Seeks clarification/feedback as needed</td>
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9. Demonstrates the ability to give feedback

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<td>Targets changeable behaviors</td>
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<td>Gives feedback when appropriate</td>
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10. Demonstrates professional communication

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<td>Communicates effectively and appropriately in writing</td>
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Goals/Action Plan:  
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