



**College of Health Professions
Department of
Occupational Science & Therapy**

STUDENT HANDBOOK

**Master of Science
Degree Program
In
Occupational Therapy**

August 2021

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OCCUPATIONAL SCIENCE & THERAPY DEPARTMENT ACCREDITATION STATUS

The Occupational Therapy programs are accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA). Correspondence can be submitted to ACOTE c/o Accreditation Department AOTA, 6116 Executive Boulevard, Suite 200, North Bethesda, MD 20852-4929. The AOTA phone number is (301) 652-6611 and its web address is www.acoteonline.org. Graduates of the program will be able to sit for the national certification examination for the occupational therapists administered by the National Board for Certification in Occupational Therapy (NBCOT). After successful completion of this exam, the individual will be an Occupational Therapist, Registered (OTR). Most states require licensure in order to practice; however, state licenses are usually based on the results of the NBCOT Certification Examination.

Rev 8/2021

THE MASTER OF SCIENCE IN OCCUPATIONAL THERAPY (MSOT)

GRAND VALLEY STATE UNIVERSITY

Vision and Mission of the OST Department

Vision: We envision the GVSU Occupational Science & Therapy Department as a leader in developing critical thinking skills and reflective judgment through a transformative approach to education that considers the connection between occupation and health over the lifespan. Through faculty and student scholarship/research and student service in the community, graduates will emerge as professionals prepared to create and lead the future of occupational therapy.

Mission: The mission of the GVSU Occupational Science & Therapy Department is to educate and empower graduates to have a positive impact on the health of individuals and groups in our society through innovation and leadership in occupation-based practice.

The Master of Science in Occupational Therapy will promote and enhance the mission of the University. The Program will provide education consistent with liberal education learning.

The OST Department Philosophy

The Occupational Science & Therapy Department philosophy is grounded in the American Occupational Therapy Association Philosophical Base of Occupational Therapy (2011). This document affirms that occupational therapy is based on the belief that occupations may be used for health promotion and wellness, remediation or restoration, health maintenance, disease and injury prevention, and compensation/adaptation. The use of occupation to promote individual, community, and population health is the core of occupational therapy practice, education, research, and advocacy.

The World Federation of Occupational Therapists (WFOT) Statement on Occupational Therapy serves as a second foundational element of the OST Department philosophy. According to WFOT, “the primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement (2017, p. 4)”.

The World Health Organization’s conceptualization of health also undergirds the philosophy of the department. According to the WHO, health should be defined as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO, 2002).

The Occupational Science & Therapy Department at GVSU embraces the concept that occupation, along with engagement in meaningful and purposeful activity, is the primary modality of occupational therapy. Furthermore, the use of occupation- common, everyday activities- as treatment, is the distinct and defining contribution that occupational therapy makes to health care.

Thought of in this way, a state of well-being is available to all persons, regardless of their neurological, orthopedic, developmental, or genetic history. Occupational therapists, and occupational therapy students, connect people to meaningful and purposeful pursuits through intervention approaches that include creation/promotion, establishment or restoration of skills, maintenance of current abilities, modification of tasks and environments, and prevention (AOTA, 2020).

Curricular Themes

Five curriculum themes operationalize the mission and reflect current perspectives in health care, as presented by the World Health Organization (WHO) and the American Occupational Therapy Association (AOTA). These themes are described below.

Occupation as the Core Construct of the Department

This theme, consistent with the department's mission, reflects the profession's focus on occupation. In this usage, occupation refers to the normal activities that we engage in every day, and which have both a purpose or goal and a uniquely personal meaning to each individual. This perspective of occupation requires:

- the ability to understand the holistic nature of occupation
- the ability to see the relationship between health and human occupation
- the ability to generate outcomes that are based on an occupational perspective
- the ability to recognize that meaningfulness is person-centered, and socio-culturally driven
- the ability to promote an occupational perspective in partnering with communities through agencies, organizations, affiliations and other entities

Critical Thinking

This theme serves as an ends and a means- students are taught from an adult learning perspective in a scaffolded program that asks the learner to be and become independent learners as well as critical and creative thinkers. Critical thinking skills are necessary for new health care practitioners to thrive in a rapidly changing, increasingly technologic health care delivery system and culturally diverse society. Critical thinking entails that practitioners possess the following abilities:

- the ability to identify and solve multi-faceted, ill-defined problems
- the ability to use situational reasoning (Brookfield, 1989) based on evidence and sound theoretical foundations
- the ability to make conscious decisions based on critical evaluation of individual circumstances
- the ability to adapt to nuances of individuals, groups, and populations, within their respective contexts
- the ability to be comfortable with ambiguity and unpredictability
- the ability to challenge long-held assumptions that may interfere with critical inquiry
- the ability to initiate learning to enhance knowledge, attitudes, and skills
- the ability to recognize the role of emotional-intuitive experiences in influencing reflective judgment

Evidence-Based Practice

This theme is essential for today's therapists. Whether working in medical settings or areas of emerging practice, practitioners are required to utilize existing literature to support clinical decisions and program development. Evidence-based practice requires:

- the knowledge and skill to pose a focused clinical question
- the mindset that knowledge is not static and that scientific evidence is continually updated
- the ability to draw relevant information from client perspectives, clinical experience, and existing scientific evidence
- the ability to search for and determine relevance of resources related to a topic, diagnosis, or practice area
- the ability to critically appraise peer-reviewed articles
- the ability to translate the methods and/or results of a study to the immediate practice context

Competence

This theme speaks to the importance of both conceptual and technical competence in the delivery of safe, creative, and client-centered intervention that is based on evidence of effectiveness as shown in the health care research. Competence requires:

- the ability to understand the importance of evidence-based practice in service delivery
- the ability to understand how theory and frames of reference reflect and direct delivery of best practice
- the ability to recognize that education is a lifelong pursuit
- the ability to recognize that competence is a dynamic concept that requires nurturing and self-discipline to maintain
- the ability to correlate service delivery to meet the unique needs of individuals, groups, or populations

Advocacy

This theme addresses the belief that the role of professionals is to use their knowledge and skills in service to society first and foremost. It also addresses the need for professionals to be actively involved in the support of their professions.

Advocacy requires:

- the ability to recognize the role and importance of advocacy in support of individuals and the profession
- the ability to create equal and just occupational opportunities and accessibility to experience those opportunities
- the ability to understand the importance of participation and leadership in service to their profession and society
- the willingness to engage in professional organizations either as members or leaders
- the ability to recognize how legislation impacts health care practices
- the ability to engage in practical scientific inquiry and disseminate their knowledge for the benefit of the profession and society

The Progressive Adult Education Philosophy: Underpinning of the GVSU MSOT Program

The progressive educational philosophy is the one most often associated with adult education in the United States. It is the source of some of the basic principles in adult education, including needs and interests, scientific method, problem-solving, and the focus on experience, pragmatic and utilitarian goals, and social responsibility (Elias & Merriam, 2005). This philosophy defines learning as self-directed, emancipatory, and transformative, and presents professional preparation as an interactive, integrated experience that impacts the whole individual to produce a combination of skill and attitude competencies that emerge simultaneously during the educational process. Because of its focus on citizenship, civic and social reform, vocational education, leisure activity, and health (Knowles, 1977), it is a good match for occupational therapy curricula, and is the philosophy on which the GVSU MSOT has been based. The rationale for this connection is further explicated below.

HISTORICAL AND SOCIAL CHANGE PERSPECTIVES

A common interest between the progressive philosophy and occupational therapy is seen in the work of Jane Addams, the founder of Hull House. She was a devotee of John Dewey's educational perspective and used his philosophy to educate immigrants and their children, to socialize them to American customs. She also attempted to "...foster community, cooperation, socialization and interdependence." (Elias & Merriam, 2005, p. 59). She was a colleague and friend of Eleanor Clark Slagle and even hosted one of the first national occupational therapy meetings at Hull House.

UTILITARIAN AND EXPERIENTIAL PERSPECTIVES

Other progressive educators identified the role of education for practical understanding of the world and how it relates to individuals' life situation (Lindeman, 1926), to achieve freedom through mastery of learning (Dewey, 1938), the support of social change (Holt, 1967), to think more critically about jobs, health, parenting, and community (Kett, 1994). The progressive perspective is present in community education, Americanization programs, and the National Issues Form, "...for citizens to come together to discuss, deliberate, and analyze contemporary issues facing communities" (Elias & Merriam, 2005, p. 76).

FIVE PRINCIPLES OF PROGRESSIVE ADULT EDUCATION

The basic progressive adult education premise is that education is a process of reflective inquiry, and the characteristics that it brings to the educational platform include five key principles, drawn from a variety of educators (Elias & Merriam, 2005).

1) A broadened view of education

- a) to include socialization or enculturation for values, attitudes, knowledge, and skills
- b) to include lifelong learning, formal and informal, for continued growth of the mind
- c) to include practical and utilitarian education for work
- d) emphasis on importance of experience for interaction with environment

2) A new focal point on learners – their needs, interests, experiences, and desires

- a) optimism about student potential
- b) creation of interest in occupational therapy facts and ideas
- c) independent learning focus

3) A new educational methodology

- a) teaching methods suitable to student groups
- b) scientific/evidence-based focus
- c) problem-solving and activity methods
- d) experiential method

4) A changed relationship between teachers and learners

- a) teacher is not the sole source of knowledge
- b) experiences are constructed through interactive processes with the environment
- c) teachers provide a setting conducive to learning
- d) teachers and students learn from each other
- e) teachers guide/direct/evaluate experiences, like a leader of group activities, providing help in the learning process

5) Education as an instrument of social change

- a) admission looks for persons interested in social change
- b) curriculum fosters creativity/stability/individuality and social consciousness
- c) encourages maturation from “just survival” to “responsible member of the social order”
(Bergevin, 1967, p. 7)
- d) education has both an individual and a social purpose, leading to a better, more fulfilling personal life, better citizenry, and a better world.

This educational philosophy is well-suited to professional preparation that intends to exceed that of technical training. It supports the use of learning objectives that can be explained using the cognitive, affective, and/or psychosocial realms of learning. The nature of learning activities endorsed by this philosophy includes a wide variety that incorporates learner input, require learners to set their own educational goals, and which encourage student inquiry. This philosophy supports principles that are adult-oriented; learning experiences are designed to be practical, relevant to the learners' experience, appropriate to the attendant outcome, and build on knowledge that learners bring to the learning environment.

Examples of common learning activities that may be used within this philosophical approach include a wide variety of learning experiences that are primarily active and independently focused. The examples below represent a handful of commonly used learning activities, and are not intended to represent the full scope of activities an educator might use to facilitate learning in the classroom.

- Evaluative, synthesis and interpretive tasks - activities that require reading several texts, and then using knowledge to interpret the meaning of these texts, perhaps synthesize the content into a concise representation of a specific policy or value, and/or evaluating the quality of the content for completeness or accuracy or some other quality or purpose.
- Active Experimentation - learning that allows the learning to actually do something for themselves. It occurs in laboratories or specialized settings where learners can “practice” ideas and skills they have read about and discussed. Examples include: outside observations, interviews, and activities, such as formal debate.
- Independent Thinking - when learners begin to make “...sense of the world...” based on their own observations and encounters, rather than on the words of others. It is about using personal judgment, based on one's own reasoning and acting in accordance with one's own values/beliefs. Examples include interpretive tasks, such as qualitative reasoning. Examples include free form discussion and group work.
- Creative Thinking - that considers different perspectives for solving common problems. Often referred to as “out of the box” thinking, it looks at issues in new ways. Examples include development of such things as practical toys that can be adapted for children with special needs.

- Critical Thinking - a self-guided, self-disciplined way to think, using evidence, research, analysis, and careful examination of beliefs and assumptions to arrive at accurate conclusions and judgments about specific issues. It is fair-minded and uses the highest level of human reasoning. Examples include critical questioning, that challenge everyday assumptions about people and their lives.
- Self-Directed Learning - wherein students take the initiative, alone or with others, to diagnose their own learning needs, create learning goals, identify learning resources, select and use appropriate learning strategies, and evaluate their learning outcomes. Examples include evaluative and synthesis tasks.
- Emancipatory Learning - helps learners to free themselves from influences that narrow our choices; influences we have taken for granted or consider “beyond our control.” The process can be difficult and often requires faculty support and encouragement. Examples include panel discussions and faculty or guest presentations.
- Transformative Learning - through critical reflection and self-reflection, helping learners to recognize how unconscious beliefs, values, feelings, and judgments assimilated over time have impacted our deepest understanding about personal and professional elements in our lives. Reflective journaling is a good example of this type of learning.

Curriculum Design and Goals of the MSOT Degree Program

The MSOT curriculum is built around the concept of occupation as the core knowledge base, which is predicated upon the assumption that occupational therapists must operate from a common base of knowledge, skills, values, and philosophy. The curriculum is designed to produce professional practitioners and socially conscious citizens who appreciate the unique perspective of individuals and the cultures that influence them, value a democratic perspective of health care and social services delivery, and apply problem-solving, critical thinking, and lifelong learning towards meeting the needs of society.

Important concepts that undergird the MSOT curriculum include: a) developing an occupational perspective of health (Wilcock, 1998), b) the evolving discipline of occupational science (Zemke & Clark, 1996), c) dynamic systems theory (Neuman, 1989; Zemke & Clark, 1996), d) critical reasoning and independent learning (Brookfield, 1987), e) competent service delivery (Stark, Lowther, & Hagerty, 1986; Law, 1998), and f) socially responsive practice (Kronenberg, Algado, & Pollard, 2005).

The MSOT curriculum has been conceived as a model for professional graduate education that is responsive to the needs of our profession, the health care system and its consumers, and program graduates. The traditional full-time program is a two-year endeavor, and the hybrid program is a 3-year endeavor that leads to a Master of Science (M.S.) degree. They reflect beliefs about graduate education that are supported by The Council of Graduate Schools (1994). One of these beliefs is that the master's degree should help the graduate achieve a level of academic accomplishment and subject mastery that is more extensive than that required by the bachelor's degree.

In order to create a comprehensive graduate entry-level program that meets the criteria set by the Council of Graduate Schools (1994), the program identified three major components. Each of these components is discussed below, so the student can see the structural model of the OT Department.

The first major component of comprehensive graduate education is a curriculum structure that is comprehensive and extensive enough to incorporate knowledge beyond that of the profession, to include elements of the system in which they will be delivering OT services. So, in addition to knowledge about the profession of occupational therapy, the curriculum incorporates knowledge about health care systems, societal needs, ethics in treatment, and research in the profession. Students will be expected to integrate these different knowledge areas as part of the graduate educational process.

A second major component of comprehensive graduate education includes a focus on the development of professional graduates who demonstrate the characteristics that are considered desirable by those who will be using our services. These users include other health care professionals, institutions, community groups, and educational institutions, as well as the general public, which represents our clients. These characteristics include: a) contextually appropriate communication and professional behaviors, b) integration and synthesis of knowledge, c) commitment to professional identity, with advocacy and marketing skills, d) ability to solve complex and ill structured problems in the real world, and e) application of disciplinary knowledge for individuals, groups, and communities.

A final major component of comprehensive graduate education concerns an approach to teaching and learning that is focused on the teaching of “best practice” innovative and student-centered, grounded in adult learning principles, yet academically rigorous enough to be considered graduate level education. This approach to teaching and learning is demonstrated through: (a) faculty shared educational philosophy and goals, (b) immersing students in content with experiential learning, (c) encouragement of critical thinking and self-directed, student-centered learning, (d) creating a challenging environment offering both support and individualized mentoring, and (e) providing a culminating experience with a tangible end product. A graphic of our model for graduate education can be seen on page 13.

Using this model, the department has identified five major goals with attendant descriptive objectives that the curriculum endeavors to facilitate. These are as follows.

Program Goals:

The program goals developed from the curricular themes are designed to reflect new health care directions, new professional directions, and accepted professional education theory and practice.

Practice:

The graduate will demonstrate entry level competencies and professional behaviors necessary for safe, effective, and innovative occupational therapy service delivery in existing and emerging areas of practice. To this end, the curriculum will foster:

- P1. Development of the clinical reasoning skills as related to the OT Process, the OTPF, and lifespan performance.
- P2. An understanding of the basic tenets of occupational therapy including the use of occupation to promote engagement in meaningful daily routines and roles across the lifespan that result in health, wellbeing, and balance.
- P3. An understanding of the application of occupational therapy theory, frames of reference, practice models across contexts and the lifespan through comparing and contrasting uses among clients across the lifespan.
- P4. An understanding of the underlying sciences that impact occupational performance including application of concepts from anatomy, physiology, kinesiology, psychology, and sociology to the occupational therapy process.
- P5. An understanding of the impact of occupational engagement on health and wellbeing across the lifespan.
- P6. Skills necessary to perform multiple aspects of delivering safe and relevant occupational therapy screening, evaluation, assessment, intervention, discharge, and referral across contexts and the lifespan.
- P7. The skills applied during the OT evaluation process including use of standardized and non-standardized tools, screening tools, evaluation of occupational performance areas, use of the occupational profile, interpretation of test scores, and documentation of findings.
- P8. The skills applied during the OT intervention process including application of theoretical principals, use of protocols, activity analysis, use of the OTPF, and selection of interventions to remediate/compensate.

Leadership:

The graduate will demonstrate an understanding of leadership characteristics and competencies necessary to engage in professional activities at the organizational, local, state, national, and international levels for the profession of occupational therapy through an exploration of various roles and personal leadership potential. To this end, the curriculum will foster:

- L1. An understanding of leadership characteristics needed in various roles and contexts.
- L2. An understanding of application of leadership skills including supervision of COTA's, education of team members, advocacy, consulting, conflict resolution, and entrepreneurship.
- L3. Development of a personal awareness of leadership strengths and areas of need.
- L4. Leadership characteristics necessary to lead and influence practice for all levels of professional activity in the occupational therapy process across a variety of contexts including clinical and community settings.
- L5. An understanding of the impact internal and external influences have on occupational therapy in the changing healthcare market including implementation of regulations and requirements that abide by licensure, certification, and registration.

Education:

The graduate will understand the basic adult education principles and application in a variety of clinical, community, educational, and professional contexts. To this end, the curriculum will foster:

- E1. Learning adult education theory as related to content, motivation, and context, across a variety of situational circumstances.
- E2. Learning basic instructional and media techniques to facilitate the educational process.
- E3. Development of basic instructional skills related to style, voice projection, flow of content, personal appearance, and ability to engage an audience, for effective professional presentation.
- E4. An appreciation for the roles that culture, personal presentation, and a positive environment play in maximizing learner responsiveness.
- E5. An ability to structure/design an educational program with well-defined purposes and organizational threads for a specific population.
- E6. Development of skills necessary to implement an educational evaluation plan.

Research:

The graduate will understand and use research and scientific inquiry to support practice and apply to education, leadership, and advocacy for and professionalization of the field. To this end, the curriculum will foster:

- R1. Understanding of how research/evidence reflects the critical analysis of significant issues in our field.
- R2. Understanding of how knowledge of research is essential for best practice, advocacy for our profession, and further development of evidentiary support for the field.
- R3. Understanding of national and international impact of research on occupational therapy practice and emerging practice areas.
- R4. The application of basic scientific inquiry to occupational therapy practice and other roles within the profession, education, and/or administration.
- R5. Development of scientific inquiry skills that support an evidence-based perspective and approach to all evaluation tools and interventions.
- R6. Development of effective use of research methodology from establishing a research question to dissemination of results.
- R7. Development of appropriate aspects of scientific inquiry including: quantitative and qualitative methodologies, tools to insure valid responses, and appropriate interpretation of results.
- R8. Development of effective use of research methodology applied to the full OT process.
- R9. Understanding of the need for all occupational therapists to use research methodology and become practice-scholars, incorporating holistic evidentiary support for interventions.
- R10. The application of current evidence to occupational therapy emerging niche and practice trends.

Professional Socialization:

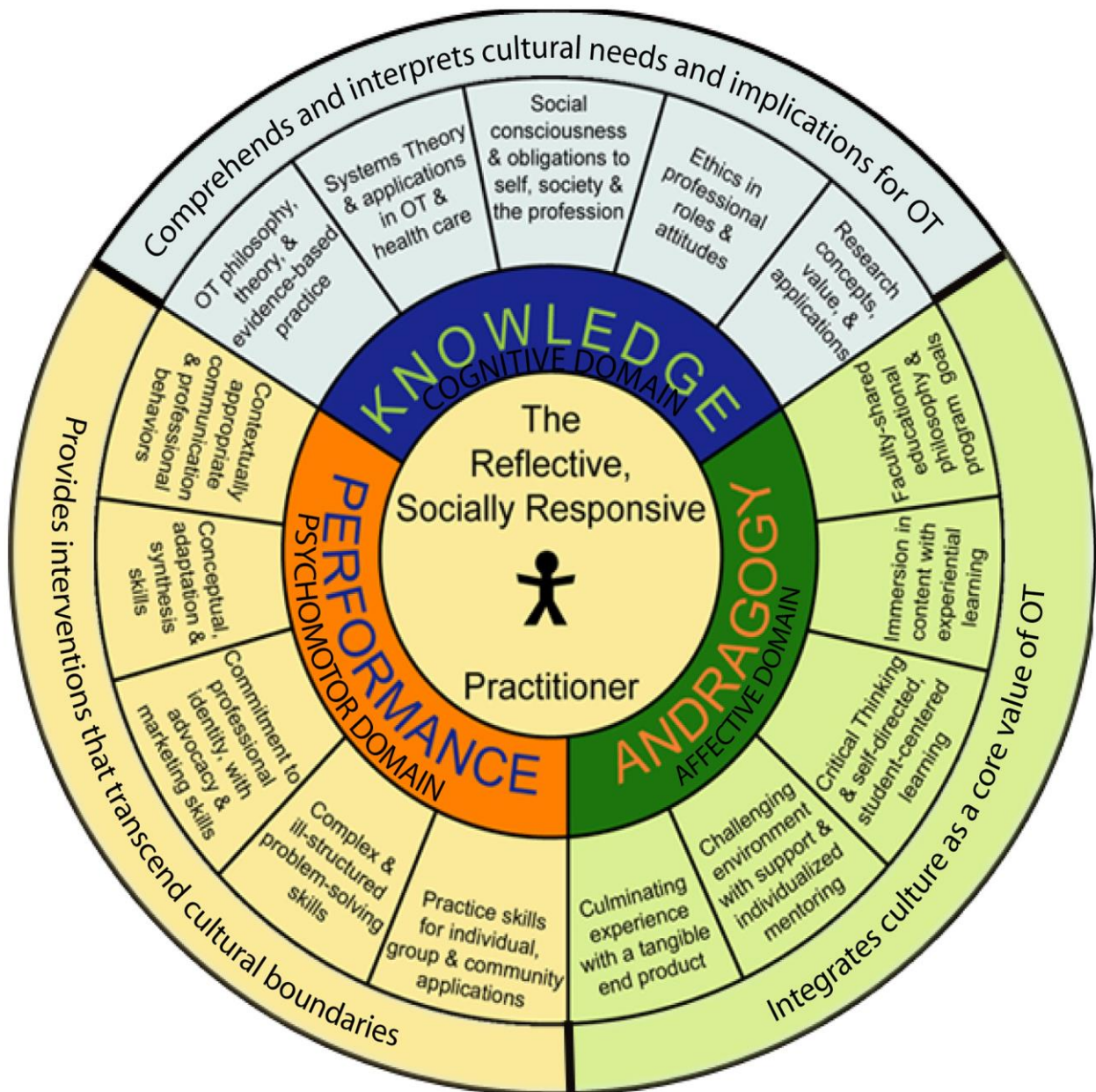
The graduate will understand the importance of professional socialization to the field to increase autonomy and credibility, as well as to articulate and promote the distinct value of occupational therapy to others. To this end the curriculum will foster:

- PS1. Acceptance and personal integration of the values and ethics of the field in one's own character.
- PS2. Recognition of the responsibilities associated with professionalism, such as an attitude of lifelong learning, a desire to disseminate and promote new learning in the field, and a willingness to support OT education as a fieldwork educator.
- PS3. Recognition of the importance of current developments, trends, and issues that may affect the field. Taking a proactive stance on these elements, through reading journal articles, letter-writing, talking to legislators, and active participation in State and National professional organization activities.
- PS4. Recognition of the connection between didactic coursework, fieldwork, and clinical environment.
- PS5. Recognition of the value of collaboration with other professionals to improve patient/client outcomes, enhance educational experiences, disseminate new learning, and to generally improve the health care delivery system.

PS6. Recognition of the levels of professional organizations, including global, national, and state, as a unique system that operates to build the face value of occupational therapy through its vision, educational standards, advocacy activities, and practitioner support, requiring individual member support for greatest efficacy.

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A Comprehensive Model For Graduate Entry-level Professional Education



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cultural input, D. Lunsford

**Occupational Therapy Traditional Program
Sequence of Courses
2021-2022**

Fall I

OST 502 Theoretical Foundations of OT	3 cr.
OST 551 Conceptual Foundations of OT	3 cr.
OST 552 Practical Foundations of OT	3 cr.
OST 553 Level I Fieldwork (Part 1)	2 cr.
OST 557 Research Design	2 cr.
STA 610 Statistics for the Health Professions	3 cr.
	16 cr.

Winter I

OST 505 Limitations on Occupation	3 cr.
OST 558 Mental Health in Occupational Therapy	3 cr.
OST 559 Mental Health Laboratory	2 cr.
OST 561 Child & Adolescent Practice	3 cr.
OST 562 Child and Adolescent Laboratory	2 cr.
OST 563 Level I Fieldwork (Part 2)	1 cr.
OST 564 Occupational Therapy Research Proposal	2 cr.
	16 cr.

Spring/Summer I

PNH 535 Grant Writing	3 cr.
OST 503 Group Occupations in Practice	3 cr.
OST 571 Adult Practice	3 cr.
OST 572 Adult Laboratory	3 cr.
OST 573 Level I Fieldwork (Part 3)	1 cr.
OST 693 OT Research Project	1 cr. OR
OST 695 OT Master's Thesis I	3 cr.
	14-17 cr.

Fall II

OST 555 Professional Socialization in Occupational Therapy	3 cr.
OST 565 Occupational Therapy Services Administration	3 cr.
OST 600 Occupational Science for Therapy	2 cr.
OST 651 Older Adult Practice	3 cr.
OST 652 Older Adult Laboratory	3 cr.
OST 653 Level I Fieldwork (Part 4)	1 cr.
OST 693 OT Research Project	2 cr. OR
OST 695 OT Master's Thesis I	3 cr.
	17-18 cr.

Winter II

OST 660 Level II Fieldwork (Part 1)	9 cr.
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Spring/Summer II

OST 661 Level II Fieldwork (Part 2)	9 cr.
	9 cr.
TOTAL	81 cr.

Occupational Therapy Research Project Timeline Traditional & Hybrid Program

For details outlining this, please reference your Occupational Science & Therapy Student Research Handbook located on the Occupational Science & Therapy Student Site in Blackboard.

Once you have completed your level II fieldworks, and taken the NBCOT exam, you should be able to complete preparation of your project for publication, and it should be submitted by December of the year of graduation, with your name(s) as first author(s) and your research committee chair as contributing author. If you have not submitted your project for publication or presentation by December of the year following graduation, you should discuss ongoing authorship of your project with the committee chair. Based on this conversation, the chair may then publish the project as the first author, and your names as contributing author(s).

Occupational Therapy Hybrid Program

Sequence of Courses

2021-2022

Fall I

OST 502 Theoretical Foundations in OT	3 cr.
OST 551 Conceptual Foundations in OT	3 cr.
OST 552 Practical Foundations in OT	3 cr.
	9 cr.

Winter I

OST 503 Group Occupations in Practice	3 cr.
OST 505 Limitations on Occupation	3 cr.
OST 553 Level I Fieldwork (Part 1)	2 cr.
OST 600 Occupational Science for Therapy	2 cr.
	10 cr.

Summer I

PNH 535 Grant Writing	3 cr.
OST 555 Professional Socialization in Occupational Therapy	3 cr.
STA 610 Applied Statistics for the Health Professions	3 cr.
	9 cr.

Fall II*

OST 557 Research Design in Occupational Therapy	2 cr.
OST 561 Child & Adolescent Practice	3 cr.
OST 562 Child and Adolescent Laboratory	2 cr.
OST 563 Level I Fieldwork (Part 2)	1 cr.
	8 cr.

Winter II

OST 558 Mental Health Services in Occupational Therapy	3 cr.
OST 559 Mental Health Laboratory	2 cr.
OST 564 Occupational Therapy Research Proposal	2 cr.
OST 565 Occupational Therapy Services Administration	3 cr.
	10 cr.

Summer II*

OST 571 Adult Practice	3 cr.
OST 572 Adult Laboratory	3 cr.
OST 573 Level I Fieldwork (Part 3)	1 cr.
OST 693 Occupational Therapy Research Project/OT Master's Thesis	1 cr./3 cr.
	8 cr.

Fall III*

OST 651 Older Adult Practice	3 cr.
OST 652 Older Adult Laboratory	3 cr.
OST 653 Level I Fieldwork (Part 4)	1 cr.
OST 693/695 OT Research Project/OT Master's Thesis	2 cr./3 cr.
	9 cr.

Winter III**

OST 660 Level II Fieldwork (Part 1)	9 cr.
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Summer III**

OST 661 Level II Fieldwork (Part 2)	9 cr.
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*Part-time fieldwork; **Full-time fieldwork

TOTAL

81 cr.

GRADUATE SCHOOL AT GRAND VALLEY STATE UNIVERSITY

Graduate Academic Policies and Regulations

Academic Review

Please see the 2021-2022 GVSU *Undergraduate and Graduate Catalog* ([online catalog](#)) for current University policies regarding academic review, credit load, independent study, degree requirements, second Master's degree, and catalog limitations and guarantees. Also, you may refer to the Graduate Education Policies and Procedures Manual on the GVSU Graduate School [website](#).

OCCUPATIONAL SCIENCE & THERAPY DEPARTMENT POLICIES

General Program Policies

1. Throughout their matriculation in the OT program, students are expected to demonstrate behaviors and attitudes consistent with that of a professional. The demonstration is specific, using a list of professional behaviors as described in the Professional Behaviors worksheet (Appendix G).
2. Professional behaviors and attitudes are attributes and characteristics that are not explicitly part of a profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Students will schedule appointments with their advisors to review academic progress and professional behaviors each semester.

Failure to meet standards for such behaviors and attitudes, as determined by the OST Department Faculty, will affect academic performance and may be reflected in course grades.
 - a. Professional behaviors are further defined in Appendix G.
 - b. Related breaches of professional behavior in the classroom or in any fieldwork setting, as determined by OST Department faculty, will result in the following progressive corrective action:
 - 1) 1st written warning
 - 2) 2nd written warning
 - 3) Academic probation
 - 4) Dismissal from the program
Each related incident will be documented by faculty, discussed privately with the student, and the documentation form will be signed by the student involved. Record of all of these will be maintained in the student's academic file.
3. Occupational Science & Therapy Department faculty are readily accessible to students through the use of scheduled appointments, regular office hours, and/or virtual office hours. However, do not schedule an appointment or drop in to see an instructor during the times you are scheduled to be in class. Please be considerate of the many demands on faculty time by using advance scheduling whenever possible.
4. Classes start on time, both at the beginning of class and after breaks. Students are responsible for timeliness and for material missed. **Instances of unexcused tardiness will be considered breaches of professional behavior and documented accordingly.**
5. Attendance at all classes is expected and anticipated absences need to be cleared with the course instructor **at least 2 weeks in advance**. It is the student's responsibility to inform the faculty in the event of a planned or unplanned absence. In the event of an absence, it is the student's responsibility to initiate a plan for make-up work regarding missed content and this must be approved by the course instructor. Students who do not make advance arrangements for needed absences will be considered unexcused. More than **two** unexcused absences will result in academic probation.
6. The use of electronic devices (laptops, smart phones, tablets, etc.) during class or face-to face meetings should be limited to class content (power points, electronic textbooks, etc.) and should not be utilized for personal concerns (email, Facebook, etc.)
7. Assignments are due on the date and time (Eastern Standard Time) stipulated by the course instructor. Late submissions will have points deducted at the discretion of the instructor of record for the course as outlined in the corresponding syllabus.
8. All written work is to be submitted in the format required by the instructor, using the current APA manual.

9. Competence is measured against the Graduate School standard of 3.0 (B, or 84%) for final course grades in all OST courses, overall semester GPA, and for cumulative GPA throughout the program. Final course grades for non-OST courses must be higher than 2.0 (C, or 74%). Please refer to the OST Grading and Remediation Policy for further detail on remediation, deceleration, and academic probation.
10. Any assignment grade below 74% will require the student(s) to complete a competency contract. Grading for revised assignments will start at 84% with deductions applied as needed. Any final exam or final project is considered a cumulating assignment and is not remediated with a competency contract. Please refer to Appendix F for the appropriate competency contract form.
11. If the demands of the competency contract are not fulfilled satisfactorily by the appointed deadline (meaning both the assignment rigor and contract deadline are met), the student will be required to meet with the course instructor and his/her advisor to develop a plan of action to correct the pattern of performance.
12. Students are to make plans in advance for dependent care during class sessions. Emergency situations may be accommodated by the instructor, on a case-by-case basis. Always communicate with your instructor ahead of time.
13. Students will not be placed in fieldwork sites in which they have been employed within five years of the time of entry into the occupational therapy department. This includes employment during their tenure in either the traditional or hybrid program. The purpose of this policy is to avoid potential conflicts of interest, professional boundary issues, and other ethical concerns.
14. Fieldwork placement is determined by the program faculty based on a variety of considerations and limitations. Once you have made your wishes known about your fieldwork preferences, you may schedule a meeting with the Academic Fieldwork Coordinator (AFWC) to discuss any special needs or issues you may have. Once this meeting has occurred, the AFWC will let you know when and where you have been placed.
15. For security purposes, students are expected to wear their GVSU ID badges in plain view at all times, within the building and in the community when representing the program or university.
16. Students with disabilities requiring accommodation must register with the [Office of Disability Support Resources \(DSR\)](#) at (616) 331-2490 to generate an official request for accommodation. Any request made during the course of a semester only impacts assignments and expectations from the date the DSR memo is received forward. The student must provide a copy of the memo to their instructor for each course they wish to receive an accommodation. This must be repeated each semester to continue to receive accommodation.
17. In the event of an emergency, please follow the guidelines developed by the university. Any sort of alarm or alert shall trigger an interruption of planned class activities.

Fire: Follow emergency exit signage and immediately proceed to the nearest exit during a fire alarm. Do not use the elevator.

Tornado: Immediately proceed to the nearest designated safety location:

<https://www.gvsu.edu/emergency/tornado-safety-location-2.htm>

18. Department policies will be considered in force unless otherwise stipulated by the Department Chair. Failure to adhere to program policies will be considered a breach of professional behavior and will be addressed on a case-by-case basis by the department faculty.

Please recognize that department policies are in place for the general good of all concerned. If you have questions, please make an appointment to see the Department Chair to discuss your concerns.

Fieldwork Experiences

Level I Fieldwork

As stated in the 2018 Accreditation Council for Occupational Therapy Education (ACOTE) Standards and Interpretive Guide, the purpose of the Level I Fieldwork experience is to provide the student with experiences in relating to and understanding various client populations and various service agencies. The goal of Level I Fieldwork is to introduce students to the role of the occupational therapist in a clinical setting, and develop a basic comfort level with and understanding of the needs of clients. Level I Fieldwork shall be integral to the traditional and hybrid programs' curriculum structure and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process. The focus of these experiences is not intended to be independent performance. Level I Fieldwork experiences may or may not occur in an occupational therapy setting with an occupational therapist (OT). Qualified personnel for supervising Level I Fieldwork, called Fieldwork Educators (FWEd), include, but are not limited to, occupational therapy practitioners initially certified by NBCOT, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists.

Level I Fieldwork for the traditional program will occur in three semesters, beginning with the winter semester of the first professional year, and ending with the fall semester of the second professional year. Level I Fieldwork for the hybrid program will occur in three non-consecutive semesters, beginning in the fall semester of the second professional year, continuing with spring/summer semesters of the second professional year and ending in the fall semester of the third professional year. Students must successfully complete all Level I Fieldwork courses in order to meet the eligibility requirements to enter Level II fieldwork. **No Level I Fieldwork can be substituted for any part of Level II Fieldwork.**

Students will have on-site fieldwork experiences as part of courses OST 563, OST 573, and OST 653. Typically a Level I Fieldwork placement will be scheduled to occur one day per week and continue throughout the length of the semester with a minimum of 80 hours required. Students will document their hours on the Fieldwork Hours log which is signed by the student and the FWEd. Students who will not complete the minimum of 80 hours must document the reason and discuss this with the Academic Fieldwork Coordinator (AFWC) in advance. Traditional students must be available for Level I Fieldwork weekly (Monday through Friday) at all times outside time spent in academic coursework (in class and with scheduled experiences outside the classroom). Hybrid students will need to be available one day per week (day determined by the site) during the semester to complete their Level I Fieldwork experiences.

Each student will be assigned a FWEd who will supervise the Level I experience and evaluate student performance. Level I performance will be evaluated by the assigned FWEd using the AOTA Level I Fieldwork Competency Evaluation for the OT and OTA Student Form. In some instances the student may be assigned to more than one FWEd. In this case, the FWEs will share supervisory and training responsibilities and will jointly evaluate the student via the Performance Evaluation.

At least one Level I Fieldwork experience will be in a psychosocial setting in which the primary goal is for the student to use and apply the OT Process in order to understand how psychosocial components impact occupational performance. Psychosocial is a term used to include psychological, cognitive, social, cultural, and spiritual aspects of occupation. For this experience, students may be placed in a variety of settings which could include day programs, inpatient or outpatient behavioral health, respite programs, homeless shelters, nursing homes, support group associations, substance use treatment or residential settings, or other organizations as determined by the Academic Fieldwork Coordinators. In these settings students may work one-on-one with clients, develop programs for a group of clients, lead group activities, conduct surveys or needs assessments, plan and deliver educational activities, write proposals for programming, implement new programs, and/or participate in evaluating the outcomes of a program.

Level II Fieldwork

As stated in the 2018 Accreditation Council for Occupational Therapy Education (ACOTE) Standards and Interpretive Guide, the goal of Level II Fieldwork is to develop competent, entry level, generalist occupational therapists. Level II Fieldwork shall include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and/or research, administration and management of occupational therapy services. The fieldwork experience shall be designed to promote clinical reasoning and reflective practice; to transmit the values and beliefs that enable ethical practice; and to develop professionalism and competence as career responsibilities.

The purpose of graduate education and Level II Fieldwork is to prepare the student to become a competent entry-level therapist. The academic fieldwork coordinators will collaborate to ensure that each student is placed within a variety of settings between both Level I and Level II Fieldwork to provide exposure to a variety of populations, diagnoses, and age groups.

Level II Fieldwork for the traditional program is scheduled to occur in the winter and spring/summer semesters of the second professional year of the program, on a full-time basis, for 12 weeks each semester, for a total of 24 weeks full time.

Level II Fieldwork for the hybrid program is scheduled to occur in the winter and spring/summer semesters of the third professional year, on a full-time basis, for 12 weeks each semester, for a total of 24 weeks full time. Level II Fieldwork may be completed on a part-time basis as determined by the AFWC 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. Alternative scheduling will be considered in extenuating circumstances, on a case-by-case basis.

GVSU OT students are required to complete 2, 12-week, full-time Level II Fieldwork placements within 2 different settings (inpatient rehab, acute care, outpatient, school-based, etc.). Students may complete 2, 12-week full-time Level II Fieldwork placements within the same site/agency, as long as the 2 placements are in different settings (i.e. acute care and inpatient rehab).

Each student will be assigned a (FWEd) who will supervise the Level II experience and evaluate student performance. Level II performance will be evaluated by the assigned FWEd using the AOTA Fieldwork Performance Evaluation (FWPE). In some instances the student may be assigned to more than one FWEd. In this case, the FWEds will share supervisory and training responsibilities and will jointly evaluate the student via the FWPE.

Level II Fieldwork will occur following successful completion of the student's didactic coursework to include thesis or research projects. Competence throughout both types of OT Programs (traditional or hybrid) is measured against the Office of Graduate Studies standard of 84% (B) for final course grades. Any course grade lower than 84% will result in the student having to retake the course the next time it is offered in the same program. The need to repeat any course more than one time or needing to repeat more than one course will result in academic dismissal from the OST Department.

General Fieldwork Policies

The fieldwork portion of the academic program is the most important practice element of the curriculum, because it is the element that allows students to have intensive and extensive contact with clients and to move toward professional competence. It is the goal of the Occupational Science and Therapy Department to provide students with a variety of experiences, which support the occupational science focus of the program. Thus, each student will experience the following.

- a. Either a Level I or a Level II experience with a fieldwork site with a focus on the psychosocial aspects of occupational therapy.
- b. Each student will have three Level I experiences- 1 child & adolescent, 1 psychosocial, and 1 rehabilitation/disability setting.
- c. All FWEds who are OTs or COTA's must have original NBCOT certification and licensure within their state or country.

This approach has been taken to ensure that students experience client contact in some of the major areas of occupational therapy intervention. We are aware that these areas do not cover every possible treatment environment in which occupational therapists work, however, we hope that we will give students a maximum general exposure to the most common environments. To this end the following policies have been developed.

1. Students involved in fieldwork are expected to invest time outside of fieldwork researching and reading to understand the role of occupational therapy in a particular setting. Students are expected to be self-directed and goal-oriented in each placement in order to maximize their own learning and development.
2. All didactic courses must be satisfactorily completed, demonstrating a 3.0 competency in order for students to proceed to the next level.
3. Because fieldwork facilities will not take responsibility for an injury sustained on their premises, it is strongly recommended that all students have health insurance prior to participating in any fieldwork experiences. **Students who do not have health insurance will be financially responsible for any treatment related to an injury sustained while at a fieldwork site.** GVSU does offer a student health insurance policy for those who have no other coverage.
4. Students must complete all health compliance requirements in accordance with GVSU College of Health Professions policies in addition to any site-specific requirements such as criminal background checks, fingerprinting, and urine drug screens. These must be completed according to the established due date and prior to receiving fieldwork placements. All items are completed at the cost of the student unless otherwise indicated. All health compliance items must remain up to date at all times throughout the OT program: this includes every semester that the student is enrolled, whether or not they are in a fieldwork placement. If a student is non-compliant, they risk being removed from a fieldwork placement or delaying the start of fieldwork.

Throughout the program, health compliance audit checks will take place to ensure students' adherence to this policy and will be attached to an assignment form a grade within identified courses. Instances requiring more than 3 reminders from the Health Compliance Officer or Academic Fieldwork Coordinator will result in the progressive corrective action outlined under the "General Program Policies" #2b (breaches of professional behavior). **See Appendix A & B for more detailed information on this topic.**

5. Level I Fieldwork placements will be made by the Academic Fieldwork Coordinator (AFWC) based on the nature and availability of fieldwork sites. The AFWC will work to ensure student placement in a quality Level I site. Students will be informed of these assignments no later than the first week of each semester in which Level I Fieldwork is to occur.
6. Every effort will be made to provide students with a Level I Fieldwork experience that is no more than 120 miles from their place of residence and a Level II experience that is no more than 90 miles from their place of residence. However, due to the utilization of fieldwork sites, the number of students needing placement, and facility staffing requirements, the AFWC may have to arrange for sites that are more distant, regardless of the students' residence. Students will have an opportunity to discuss their needs individually with the AFWC, who will make all final decisions. Depending on availability of sites, students may be required to be placed out-of-state for Level II Fieldwork.
7. Students will be asked for a geographic preference for Level II placements and every effort will be made to arrange a placement in the requested geographic area. However, due to the utilization of fieldwork sites, the number of students needing placement, and facility staffing requirements, it might not be possible for every student to be assigned to their preferred area. The AFWC will work to ensure placement in a quality Level I or II site that will meet the program's requirements. The type of placement setting assigned for each student is at the discretion of the AFWC.
8. Level II fieldwork sites can be completed at any location worldwide, provided a contract is in place. However, the FWEd must be a graduate of a World Federation of Occupational Therapist approved school/program and have at least one year of experience in practice after initial certification.
9. The AFWC must review and approve every site selected for Level II fieldwork.

GVSU's OST Department does not regularly place students in non-traditional settings for Level II where no occupational therapy services exist. However, in the event that such a placement is requested by a student and identified as a good fit by the AFWC, all of the following conditions must be met and agreed to by all parties prior to the student beginning Level II FW at that site. In a setting where no occupational therapy services exist, the program WILL WORK WITH THE FACILITY TO document a plan for the provision of occupational therapy services. STUDENTS WILL ONLY BE PLACED AT THE SITE IF THE EXPERIENCE IS CONSISTENT WITH THE CURRICULUM DESIGN, INCLUDING PROGRAM THEMES. The student must receive a minimum of eight hours of direct occupational therapy supervision per week by a currently licensed occupational therapist who has at least 3 years' full-time or its equivalent of professional experience. Additionally, the occupational therapy supervisor must be readily available for communication and consultation during all work hours. When the occupational therapy supervisor is not on site, an on-site supervisor designee must be assigned and available to the student. Such fieldwork shall not exceed 12 weeks.

For a Level I or II experience, if a student wishes to be assigned to a particular facility with which GVSU does not have a contract, it is possible for that site to be developed. Students are **not to contact a potential Level I and/or II Fieldwork site and/or supervisor** on their own **unless directed by the AFWC**. The AFWC must determine if the site meets GVSU OST Department fieldwork standards. If the site is subsequently developed and the assignment is arranged for the student, that student is **obligated** to use that assignment as his or her fieldwork placement. Exceptions to this policy will be made only in the most extreme circumstances, as determined by the AFWC and the Department Chair. **Attempts to bypass this process will be considered a breach of professional behavior, and dealt with accordingly per the policy and guidelines in the Student Handbook.**

Cancellation Policy: Once Level II placements are confirmed, students are not allowed to cancel their placement or make arrangements through a different site. If a student cancels their Level II Fieldwork placements for any reason, they will be required to wait until the next rotation cycle to complete it, which will delay their graduation date.

10. Every effort will be made to inform students about Level II placements within three months prior to beginning Level II fieldwork. However, there are often extenuating circumstances in which placements are not finalized until much nearer the Level II fieldwork start date.

11. Consistent with ACOTE recommendations, all Level II Fieldwork must be completed within 24 months of completion of the didactic program.
12. It is imperative that we have your up-to-date information for fieldwork planning and for contact information. If you have an address or phone number change, please notify Diana Briggs immediately (616-331-2681 or briggsdc@gvsu.edu). If you have a status change (ex. dependents), please notify Breanna Chycinski (chycinbr@gvsu.edu) & Kristin Willey (willeykr@gvsu.edu) immediately.
- In order to provide accessibility to Level I and Level II Fieldwork sites for students with differing circumstances, those students with legal dependents will be given first priority to a local site (within 90 miles of their residence). All other special situations will be addressed on a case by case basis.
- The program offers **no guarantees that a Level II will be at a “local” site from your residence.**
13. The assignment to some fieldwork sites is selective. Students may be asked for their interest in these placements. The AFWC, with input from the faculty, will make the final decision regarding student placements. Selection will be based on student performance in the program (didactic coursework, fieldwork, and overall professional behavior) in relation to the demands and needs of the selective site.
14. Once a fieldwork assignment has been made, it will not be changed, except in the event of extreme extenuating circumstances, as determined by the AFWC and the Department Chair.
15. While students are on fieldwork, the policies of the fieldwork facilities in use will apply to them, such as requirements for dress, professional behavior, health, safety, etc. Prior to the start of their fieldwork experiences, students are to make themselves aware of any such policies, and be prepared to comply.
- Students will comply with the GVSU OST Department’s social media policy while in fieldwork (see (Appendix H). Additionally, the use of personal electronic devices is prohibited at the fieldwork site unless specifically authorized by the fieldwork site. Also, the use of site computers/tablets for personal use (e-mail, web surfing, social media, etc.) is prohibited unless specifically authorized by the fieldwork site.
- Confidentiality is a must in fieldwork and patients’ rights must be protected at all times. Discussion of specific patients and clinical/personal interactions may be discussed with other health care professionals as part of your professional clinical duties. At no time will a student discuss specific patient information with a non-health care professional or via electronic means (e-mail, cell/smart phone, computer/tablet). This includes social media such as Facebook, Twitter, etc. Students must follow HIPAA regulations at all times; this includes the student not having identifying patient information on personal devices or in their possession outside of fieldwork.
16. The objectives of the Level I and II Fieldwork experiences, and the learning activities designed to meet these objectives, are developed collaboratively between the site fieldwork supervisor, the fieldwork educators, and the AFWC. This ensures that fieldwork objectives are collaboratively developed, and are appropriate and adequate to prepare students for entry-level competency, as required in the current *Standards (ACOTE, 2018)*.
17. Students are expected to be in attendance for all assigned fieldwork hours. There are no “days off” in Level I or II fieldwork. Students may be required to attend fieldwork during GVSU breaks, holidays or other scheduled days off. **It should be noted that some FW placements may require attendance during hours outside the normal business day. Some sites may require early morning, evening, and/or weekend hours as part of the fieldwork placement.**
- A. In the case of illness or other circumstances, which cause an absence in a Level I or Level II setting, students must contact the Fieldwork Educator (FWEd) to be granted an excused absence. Make-up requirements for excused absences are to be negotiated with the FWEd and approved by the AFWC. Unexcused absences will not be tolerated in fieldwork, and more than one unexcused absence will result in a grade of NO CREDIT for that fieldwork experience. An unexcused absence will result in a remediation plan and counseling from the AFWC.
- B. Lateness will not be tolerated in fieldwork. In the case of lateness at either Level I or Level II settings, the student must contact the FWEd via phone, to inform him/her of the lateness. **ONE episode** of lateness will result in a counseling session with the FWED. A **SECOND episode** of lateness at fieldwork will result in a counseling session with the AFWC, and a remediation plan developed collaboratively by the FWEd and AFWC. A **THIRD episode** of lateness will be evaluated by the FWEd and the AFWC and could result in termination of the fieldwork placement, resulting in a NO CREDIT grade.

- C. **Inclement Weather Policy:** In instances of inclement weather, students will be expected to follow the site's policies and procedures. The site will dictate the schedule, as opposed to the university. If a site is open during inclement weather, students are expected to attend, even if the university is closed.

18. **Challenging Fieldwork Situations:** At the start of each fieldwork rotation, students and fieldwork educators are encouraged to contact the AFWC as soon as concerns are identified. If concerns are noted, the AFWC will collaborate with the student, FWEd, and site coordinator (if necessary) in order to develop a plan of action, which may include a formal learning contract.

The determination of passage or failure of a fieldwork experience is ultimately the purview of the AFWC, with input from the FWEd. This determination is based upon performance in the fieldwork placement per documentation provided by the FWEd and as documented on the appropriate performance evaluation and in related clinical reasoning demonstrations/discussions.

Felony Conviction Statement

A felony may affect a graduate's ability to sit for the NBCOT certification examination or attain state licensure. Students are required to contact NBCOT directly if this condition applies. Any student who has concern about his/her potential eligibility for the certification exam is encouraged to complete the Early Determination Review through NBCOT (www.nbcot.org/en/students/services#earlydetermination).

Outside Employment

It is understood that school is expensive, and many students need to work to support themselves and/or families. **The OST department highly suggests traditional students work no more than 20 hours per week and the employment should allow flexibility for students to take advantage of short notice learning opportunities that may come available. The OST department expects that graduate education will take a reasonable priority in the lives of students in order to insure success in the program.** Students may need to limit outside activities if they interfere with study time or other Program commitments.

The hybrid program is designed to allow students the opportunity to work while attending graduate school. Recent graduates of the program report working more than 32 hours per week as challenging in this full-time program. It is **imperative**, however, that **students have the flexibility in their employment to take time off for Level I FW experiences, and other unique learning activities, as appropriate.**

Master of Science Degree in Occupational Therapy Program Requirements

1. Students must successfully complete all 81 credits of the occupational therapy curriculum, including all Level I and Level II fieldwork, in order to earn the Master of Science Degree in Occupational Therapy. Fieldwork correlates to the university requirement for demonstration of ability to integrate and synthesize curriculum content. Level II Fieldwork must be completed within 24 months after the end of the academic portion of the program, as required by AOTA.
2. All 81 credits must be taken at Grand Valley State University unless other arrangements have been made with the Graduate Program Director or Department Chair. As a rule, credits from other occupational therapy programs are not accepted for transfer into either of the GVSU programs.

Exception: The equivalent for STA 610 (Applied Statistics) and/or PNH 535 (Grant Writing) may be taken outside of GVSU, but must be transferred into your OT program. The process will be to submit the Petition for Transfer of Credits Form (See Appendix I) to your Advisor & the Department Chair along with an official transcript of the course equivalent. Forms will be reviewed and if approved, the credits will then be transferred into the student's academic transcript file.

3. Students are expected to earn a minimum grade of B (3.0 or 84%) or better in all OST coursework in order to qualify for the master's degree. Please refer to the OST Grading and Remediation Policy for further detail on remediation, deceleration, and academic probation.

Occupational Science and Therapy Department Grading Scale

A	(4.0) = 94-100	C	(2.0) = 74-77
A-	(3.7) = 90-93	C-	(1.7) = 70-73
B+	(3.3) = 88-89	D+	(1.3) = 68-69
B	(3.0) = 84-87	D	(1.0) = 64-67
B-	(2.7) = 80-83		

All candidates for the Master of Science in Occupational Therapy must do research which culminates in a **research project of presentable or publishable quality**, as determined by the faculty of the Occupational Science & Therapy Department. The research project must be completed before students go to their Level II fieldwork placements. The research expectation correlates to the university's graduate requirement for students to demonstrate the ability to generate new knowledge and/or apply existing knowledge to specific practical situations. Research projects may be submitted for publication and/or a professional presentation by a student, with the major research advisor as co-author. Committee members may also be co-authors as negotiated at the final defense of a project.

OST Grading and Remediation Policy

1. Required Grades are:

- a. B (84%) or better for all OST courses; final course grades in OST courses are not rounded up.
- b. C (74%) or better for all non-OST courses

2. Policy for Remediation

Students who receive a final course grade between a 78.0% and an 83.99% will be offered remediation of the content/requirements of that course and will be placed on academic probation. This remediation will be completed by means of an independent study (OST 699). Students requiring remediation will register for OST 699 in the subsequent semester along with their previously scheduled courses. Students enrolled in an independent study section will be granted waivers to the next semester's course pre-requisites.

The specifications of the independent study and remediation plan will be set forth by the instructor of record and the department chair. The final course grade for the original course will remain and the independent study will be recorded as a separate grade. Once a student meets the requirements for an independent study (an 84% or higher), they will be removed from academic probation.

A student who does not earn an 84% or higher in the independent study will be required to decelerate, re-take the original OST course the next time it is offered, and will remain on academic probation.

Students may take a maximum of two (2) independent study courses during the didactic portion of the OST program. Any additional course grades below a 78% will result in dismissal from the program without the option of further remediation.

Remediation will not be offered to students whose final course grade falls below a 78.0% in any OST course, nor to those who earn a 'no credit' in any fieldwork placement, OST 564 or OST 693.

3. Policy for Repeating a Course and Deceleration

Students who earn a final course grade of C or below (<77.99) in any OST didactic course, or who earn a 'no credit' in any fieldwork placement (OST 563, OST 573, OST 653, OST 660, or OST 661) research course (OST 564 or OST 693) will remain in the program, be placed on academic probation, and must repeat the course or Fieldwork experience.

Students who earn a final course grade of C or below (<77.99) in any OST didactic course, or who earn a 'no credit' in any research course (OST 564 or OST 693) will remain in the program, be placed on academic probation, and will complete an independent research project.

Deceleration and having to repeat a course means that a student's completion of the academic program will be delayed. For didactic coursework and Level I Fieldwork experiences, this means a one year delay. Final Level II Fieldwork scores of 'no credit' generally will mean a delay of at least one semester, determined by the ability to secure a fieldwork site. Once minimum competence has been demonstrated in the repeated course, fieldwork experience, or research project the student will be removed from academic probation.

Graduation, Certification, and Credentialing Requirements

1. In order for students to graduate from GVSU and the Occupational Science & Therapy Department, all incomplete grades, deferred grades, and other academic restrictions must be converted or lifted. Students must have all fees completely paid in order to have the degree posted on the transcript.

2. When competency has been successfully demonstrated in all didactic **and** all required fieldwork courses, **and** no other restrictions apply, students are ready to graduate from the program.
3. It is the responsibility of students to complete the ***Diploma Application - Graduate*** and submit online at [Applying to Graduate - Registrar - Grand Valley State University \(gvsu.edu\)](#) or within [myBanner](#), **the semester before graduation is expected**. Degree candidates have 30 days from the last day of the semester to complete all course requirements and provide evidence of satisfactory completion to the Registrar. More details are provided on the registrar's online page under "[Applying to Graduate](#)."
4. Following graduation from the OT Program, graduates may apply to take the NBCOT Certification Examination. (Students must complete the NBCOT application, and the Department Chair will approve it via the online portal.) Additional Information about the application process can be found on the NBCOT website, www.nbcot.org. This site provides information about documents required for eligibility determination, testing, and government recognition through registration, licensure, or certification. In order to practice in all states, the OT graduate must go to the licensing board of the state they wish to practice in and make an application.

Deferral Policy for the Department of Occupational Science and Therapy

Students in either the traditional or hybrid program may be granted a one-time deferral of their position within the program. The deferral will hold the student's seat in their program for a period of one academic year.

1. The department must receive the request for the deferral two weeks prior to the start of the fall semester.
2. The student must communicate the deferral request to the Department Chair. The request must indicate the rationale or extenuating circumstances that necessitate the deferral.
3. Deferrals are for one academic year only; any request for additional time will be denied and the student will have to reapply to their program of choice.

Leave of Absence

1. A graduate student may request a leave of absence for a maximum of two years from a graduate program for good cause. Examples of cause include, but are not limited to, medical issues, caring for family members, non-optional military commitments, maternity, and work requirements.
2. The graduate student shall explain in writing to the graduate program director the reason for seeking a leave of absence and must specify the period for which the leave of absence is sought. The graduate student may provide materials supporting their request (e.g., military orders) if it is deemed necessary.
3. The graduate program director shall review the graduate student's written explanation and supporting materials, relevant circumstances and documentation, academic performance, and history in the program. After considering the results of this review, the graduate program director shall recommend to the Dean of The Graduate School whether a leave of absence should be granted and the terms and conditions for return to the program.
4. The Dean of The Graduate School shall render a decision after reviewing the graduate student's written request and the recommendation of the graduate program director. The decision by the Dean of The Graduate School shall be final.
5. If the student is granted an immediate leave of absence, it shall have the effect of a course withdrawal for all courses in which the student is enrolled. Requesting a tuition reimbursement must be completed following University policy.
6. The student shall follow the graduate program and catalogue requirements in effect at the time of reenrollment.
7. At the discretion of the Dean of The Graduate School, a leave of absence may be extended beyond the original time granted at the written request of the student. A student who does not enroll in classes or requests an extension at the end of the leave of absence may be required to reapply for admission at the discretion of their desired graduate program.
8. A leave of absence does not extend the eight-year time limit for the applicability of a graduate course toward a degree. Requesting an extension of the time limit must be completed following University policy.
9. A student in the dissertation or thesis phase of their graduate program is not required to maintain continuous enrollment in any semester for which a leave of absence has been granted.

Academic Probation in the Occupational Science & Therapy Department

Students will be placed on academic probation when:

1. They earn a final course grade between a 78.00 and 83.99. They will then remediate the course through an independent study. Once the independent study requirements have been met, students will be returned to good standing.
2. They earn a final course below a 77.99% in an OST course. They will then need to repeat the course the next time it is offered. Once the repeated course is completed at the required level, the student will be removed from academic probation.
3. They earn a 'no credit' on any fieldwork experience. They will then need to repeat the fieldwork experience. Based on the pre-requisite structure of the OST program, this may entail a delay or deceleration of academic progress. Once the fieldwork experience is completed at the required level, the student will be removed from academic probation.
4. They earn a 'no credit' in OST 564 or OST 693. They will then need to repeat the course the next time it is offered. Once remediation and/or an independent research project has been completed, the student will be removed from academic probation.
5. Their cumulative GPA falls below a 3.0 for any semester.
6. There is a third documented breach of related professional behaviors, as stated in 'General Program Policies' #2b.
7. It has been determined that a student has knowingly violated the GVSU Student Code or the University policy on academic dishonesty, per the GVSU Undergraduate and Graduate Catalogs or the most current AOTA Code of Ethics & Ethics Standards.

Dismissal from the Occupational Science and Therapy Department

The following situations will result in dismissal from the program:

1. Dismissal for academic reasons will occur for any one of the following situations:
 - a. Failure to meet the academic requirements to be removed from a second semester of academic probation.
 - b. The need to repeat any two courses offered throughout the Occupational Science & Therapy curriculum.
 - c. Failure to pass the same course for a second time.
 - d. Not passing any two fieldwork experiences (Level I and/or Level II). This could include not passing a Level I placement and later a Level II placement. It could also mean not passing two Level I or Level II placements.
 - e. Not successfully finishing both Level II experiences within the allotted two-year window from the completion of didactic coursework.
2. Professional Behavior Dismissal will result from more than three documented breaches of professional behaviors, as determined by OST faculty and described in 'General Program Policies' #2b. These fit as a part of the 'professional behaviors dismissal'. Any misuse of social media that includes a breach of confidentiality of an individual, system, or the OST department will be considered a professional behavior violations which includes but not limited to: misrepresentation of the OST department, professional ethical violation per AOTA ethical standards, etc.
3. Any violation of the GVSU Student Code, the Occupational Therapy Code of Ethics & Ethics Standards, or policy related to academic dishonesty, as outlined in the GVSU Undergraduate and Graduate Catalog, deemed "flagrant" by the course instructor or Academic Fieldwork Coordinator, in conjunction with the Department Chair.

Academic Review for Students Challenging Academic Decisions

Students who wish to pursue an academic grievance involving departmental policies, procedures, or individual course grades are directed to the GVSU Student Conduct Processes. More detailed information can be found online at: [Office of Student Conduct and Conflict Resolution](#)

Readmission to the University

The Occupational Science & Therapy Department is under no obligation to assist students who have been dismissed from the university and wish to be readmitted. The Program may decide, however, to support a student's application for readmission, if determined that circumstances warrant such action. **Regardless, the student has the right to appeal for readmission to the university with or without the Department's support.**

STUDENT-FACULTY COMMUNICATION

Confidentiality

The Occupational Science & Therapy Department adheres to Federal law ensuring confidentiality of information regarding students. Accordingly, we do not release lists of names, grades, or status in the program to any individual other than the involved students. Also, **WE DO NOT RELEASE INFORMATION OVER THE PHONE**, since specific identification is not possible.

It is understood, however, that the faculty can and must discuss student performance among themselves in the privacy of faculty meetings. It is necessary for all faculty members to be apprised of any information that may affect academic performance, and it is in the best interest of students since not all faculty share the same perspective on student issues.

Students are also responsible for maintaining confidentiality appropriately. Avoid sharing academic or any information of a personal nature unless you are willing to have it known by all. **Any information that is shared in the classroom under the auspices of confidentiality may also not be shared elsewhere.** In all written or oral work, do not use any client names. Use only first initial or first names. Do not use any other identifying information related to the client, such as name of institution where the client was seen. **Breaches of confidentiality may be considered a violation of ethics and possibly grounds for dismissal from the Program.**

Advisor/Mentor Assignment

Each student who is admitted to one of the occupational therapy degree programs will be assigned an advisor/mentor who is a member of the Occupational Science and Therapy faculty. Advisee assignments will be announced at student orientation. Students will be asked to meet with their advisor/mentor at the beginning of the program, and each semester of the academic portion of the program, to address program planning and professional development issues, as necessary. **Advising sessions will be confidential, documented, signed by both faculty and student, and kept in the student's file.**

Advising/Mentoring Appointments

The purpose of advising is to 1) review professional behavior progress and goals, 2) discuss academic progress, 3) discuss progress in fieldwork, and 4) mentor in the profession of occupational therapy. All students are encouraged to set up appointments to see their advisor at least once per semester. It is the student's responsibility to arrange that appointment with the individual faculty member. Advising hours of faculty will be posted on their door, or written in course syllabi. The faculty is willing and able to provide additional mentorship to the student upon request.

Email Usage

Faculty will regularly check email during business hours only. **DO NOT** expect an immediate reply if you send email after office hours. You are provided with a Grand Valley e-mail account, **which you must use in all correspondence with the University**. The Department faculty will use University student e-mail addresses only to contact students. Please make sure you are acquainted with how to access and use your assigned email account. Many messages and important communications will be sent to you via this method. There will be many times when Occupational Science and Therapy Department faculty will need to get messages to you. **This policy will be firmly enforced.**

Phone and Address Changes

You must complete a student information change form if you have a new address or telephone number, and it must be delivered to RFH 204 or briggsdc@gvsu.edu to ensure it is changed within the program.

Dress Code

Some casual clothing is not appropriate for a professional program at the university. The following guidelines will help you decide what is appropriate to wear to class. In general, clothing worn to exercise class, beach, and bars may not be appropriate for the classroom. A good rule of thumb is to not wear clothing that reveals too much of your chest, back, feet, midriff/stomach, or bottom. You should also consider length and tightness of garments when choosing appropriate clothing.

Classroom:

For regularly scheduled classes and laboratories, the OST Department dress code is simply: dress appropriately to learn. There will be situations that require more professional attire, including:

1. Guest speakers
2. Simulation events

3. Presentation days, including research defense dates
4. Community events where you represent the department and university. Scheduled fieldwork dates and any visit to a therapy site fit under this bullet point.

Professional attire can be thought of as an OST polo shirt and black/khaki pants. Attire for fieldwork sites can vary dramatically based on the site: scrubs in acute medical settings, professional attire in schools and many rehab sites, to more casual attire for some psychosocial placements. For all placements, start with the professional attire listed above, and work with your fieldwork educator to identify appropriate attire for the duration of your fieldwork placement.

Office Behavior

The RFH Office Suite, room 204, is the home of two departments, one of which Occupational Science and Therapy is only one. Because space is at a premium, noise level and congestion can become an issue for faculty and staff. Please be courteous in your use of the office by following these simple rules:

1. Refrain from using the office unless you have a specific purpose or appointment.
2. If the office is crowded, please come back at another time to complete your business.
3. Remember that the office copy machine & fax machine are not available for student use. Please arrange to copy or fax elsewhere on campus designated for student use.

Housekeeping Issues

1. Please take care of personal garbage in the classrooms and Model Living Suite.
2. Wash any dishes that you use.
3. Throw away old food in the refrigerator.
4. Return all items cleaned to their original location at the end of class.
5. **The Model Living Suite is not a student lounge. Please do not use for lunch or relaxation.**

OCCUPATIONAL THERAPY STUDENT EXPENSES

Tuition and Fees

Tuition is calculated based on graduate or undergraduate status. All graduate students, regardless of their home location, are considered residents. Please see the [*Grand Valley State University Undergraduate and Graduate Catalog*](#) for a current outline of tuition costs. Variable fees are assessed for each course by the GVSU Registrar.

Books

Expect that first semester books will be costly because you will purchase books to be used throughout the program. Please be very careful if you decide to purchase textbooks off campus. You risk purchasing the wrong books and they are often not returnable. Your instructors will advise you as to what texts you need for your courses and these will be available at the University Bookstore. **Be careful you do not "sell back" texts that are planned for use in upcoming courses.** Many of these texts are considered appropriate for the development of a personal library, and selection is often based on the potential for that future use in mind. All of the NBCOT certification exam questions are develop directly from occupational therapy textbooks.

Related Expenses

Health Insurance	GVSU students may subscribe to a health insurance plan offered through a commercial health insurance company. Click here for more information.
CPR License (BLS)	Check providers for costs
Student membership in AOTA (required)	Check AOTA website for costs (www.aota.org)
Student membership in Michigan Occupational Therapy Association (MiOTA)	(includes association publications, and special fees for conference attendance)
Fieldwork Expenses	Housing, transportation, criminal background check, drug screen, fingerprinting, etc.

Financial Aid

There are a number of types of financial aid available for students, including student loans, grants and scholarships. Most of this information can be found in the [***Grand Valley State University Undergraduate and Graduate Catalog***](#) or from the [Office of Financial Aid](#). In addition, there are specific scholarships that are designed for Occupational Therapy students, which may be available if you meet the criteria. Some of these are offered by potential employers, some are offered by private organizations and foundations, and some are offered by the State or Federal government. The Department will attempt to have some of this information available to students; however, it is important to remember that we may not be fully current in this area, so it is to your advantage to apprise yourself of what kind of scholarships might be available. To follow up on any other potential scholarship leads, please go through the Office of Financial Aid, [scholarship webpage](#).

INCLUSION AND EQUITY

The University is an affirmative action, equal opportunity institution, consistent with its obligations as a federal contractor. It encourages diversity and provides equal opportunity in education, employment, all of its programs, and the use of its facilities. It is committed to protecting the constitutional and statutory civil rights of persons connected with the University.

Members of the University community, including students, employees, faculty, staff, administrators, Board members, consultants, vendors, others engaged to do business with the University, candidates for employment or admissions, and visitors or guests have the right to be free from acts of harassment and discrimination, including sexual misconduct, as defined by this policy. In accordance with applicable federal and state law and this policy, acts of discrimination or harassment by members of the campus community are prohibited if they discriminate or harass on the basis of **age, color, disability, familial status, height, marital status, national origin, political affiliation, race, religion, sex/gender (including gender identity and expression), sexual orientation, veteran or active duty military status, or weight**. This includes inappropriate limitation of, access to, or participation in educational, employment, athletic, social, cultural, or other university programs and activities. The University will provide **reasonable accommodations to qualified individuals with disabilities**. Limitations are lawful if they are: directly related to a legitimate university purpose, required by law, or lawfully required by a grant or contract between the university and the state or federal government. For the purposes of this policy, **sex-/gender-based harassment includes sexual misconduct, sexual assault, interpersonal or relationship violence, and stalking**.

Questions and concerns should be directed to the Vice President of Inclusion & Equity, 4035 James H. Zumberge Hall at inclusion@gvsu.edu or call 616-331-3296. If you believe any accommodation of a disability is necessary, Michigan and Federal law requires that you notify GVSU after you know or should have known that the accommodation was needed. Questions and concerns regarding an accommodation should be directed to the Disability Support Resources Coordinator, 4015 James H. Zumberge Hall at dsrgvsu@gvsu.edu or call 616-331-2490.

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Approved: August, 1996, Revised: 5/19

APPENDIX

A



GVSU Health Compliance Policy

I. PURPOSE

Students, faculty, staff and volunteers (associates) at Grand Valley State University (GVSU) may participate in clinical or non-clinical experiential education or research (placements) at health-related affiliated organizations. In order to be protective of everyone involved, associates and the community served, certain participation guidelines have been established.

During placements, associates may interact with or be exposed to clients who are immunocompromised, or with diseases such as, but not limited to, tuberculosis (TB), hepatitis B, influenza, and other infectious conditions.

University policy, state and federal statutory regulations, and accreditation standards for academic programs and affiliated organizations require that our associates comply with certain health, safety, and legal requirements. As such, GVSU is contractually mandated to ensure all associates attain and maintain full compliance as defined in its affiliation agreements.

II. AFFILIATION AGREEMENTS

Affiliation Agreements, established for the purpose of placements, are a contractual relationship between GVSU and affiliated organizations to specify responsibilities and liabilities of each party. GVSU does not accept single page Memorandums of Understanding (MOUs) or single page Training Site Agreements (TSA) in place of Affiliation Agreements.

The Health Compliance Office is responsible for executing, obtaining authorized signatures, and maintaining Affiliation Agreements for GVSU's health-related academic programs and for its other academic programs that utilize health-related affiliated organizations for placements. GVSU authorized signatories include program deans, their signatory designees, the Vice Provost for Health and those individuals possessing signature authority at affiliated organizations.

An Affiliation Agreement must be established prior to all placements. Student placements *within* GVSU do not require an Affiliation Agreement. Requests for new Affiliation Agreements for **approved** student placements must be sent via email to the Health Compliance Coordinator as soon as possible, but no less than twelve (12) weeks prior to planned placement. The Health Compliance Coordinator cannot guarantee the length of time it will require to fully execute an Affiliation Agreement with a particular site. Associates may not begin their planned placement until after the Affiliation Agreement is fully executed. GVSU faculty or academic program representatives who coordinate placements (Program Coordinators) are responsible for educating students regarding this Affiliation Agreement policy and the associated timeframes regarding Affiliation Agreement requests.

Program Coordinators must submit a request for an Affiliation Agreement by email to the Health Compliance Coordinator, by providing the following information:

- Affiliated facility's full name and address
- Affiliated facility's representative name, title, phone number, and email address
- Student's planned placement start date

- Affiliated facility's authorized signatory name and title, if known

Per GVSU's Legal Division, inactive Affiliation Agreements older than seven (7) years shall be deleted from GVSU's contract management system (Contract Logix) and hard copies shall be shredded.

III. INTERNATIONAL STUDENT PLACEMENT TRAINING SITE AGREEMENTS

When a Program Coordinator has identified an **approved** international location for a student placement, a student-specific *International Student Placement Training Site Agreement* must be established between the agency and GVSU. International placements differ from domestic placements in that they generally require more research, student preparation, paperwork, and possibly international-specific immunizations. When arranging for independent study abroad, specific procedures should be followed to ensure that the student is well-prepared to travel, live, and work abroad, and to minimize potential safety hazards and liability risks.

It is highly recommended that students plan to meet with PIC **at least four (4) months prior to departure** in order to have adequate time to plan and prepare for international travel necessities, to establish an *International Student Placement Training Site Agreement* and to complete all health compliance/immunization requirements.

To achieve an optimal international student placement experience, a collaborative team effort is outlined below in the PROCEDURE steps that involves the following individuals: (See Exhibit A).

- Student
- Program Coordinator
- Padnos International Center (PIC) Coordinator
- Health Compliance Coordinator (Affiliation Agreement)
- Health Compliance Officer (health compliance requirements)

IV. ACCOUNTABILITY

A. Associates

Faculty coordinating student placements in affiliated organizations are responsible for approving student placements based on health compliance requirements being met prior to any participation in a placement at an affiliated organization.

Health compliance requirements for each program shall be established based upon requirements contained within the Affiliation Agreements. All associates are responsible for protecting their own health and the clients or research participants with whom they interact by attaining and maintaining compliance with identified health compliance requirements.

Students and volunteers maintain full financial responsibility for obtaining all compliance requirements. Faculty and staff compliance requirements shall be paid for by the GVSU Health Compliance Program **when authorized health care providers and vendors are used**. Faculty and staff members are financially responsible for obtaining and maintaining professional licensing and specialty certification. A list of health compliance requirements and authorized providers and vendors shall be specified in the faculty and staff's health compliance account.

By the required due date, students must achieve compliance with all health compliance requirements applicable to the program to which they have been admitted. Students must maintain full compliance with all requirements until the student has graduated, or until the program has submitted written communication to the Health Compliance Officer that all placement activities required for graduation have been completed.

Faculty, staff, and volunteers are to attain and maintain full compliance with all requirements throughout their tenure with the GVSU.

Consequences for Non-Compliance: Health compliance audits will be conducted on a regular basis. Reports will be forwarded to the appropriate Program Coordinator with the recommendation that associates who fail to attain or maintain compliance by their program's due date or as otherwise required be restricted from any placement activities at affiliated organizations until compliance is achieved.

GVSU associates participating in health compliance regulated programs should retain their original documents. Direct uploading of electronic document files into an individual's health compliance account is recommended to assure, eliminate paper copies, minimize risk in a breach of confidentiality, and to decrease errors.

Additional requirements may be contractually mandated by affiliated organizations to which students are placed. These additional requirements are non-negotiable. To the extent known, additional requirements are documented in Contract Logix. Program Coordinators are responsible to review contractual requirements for each placement site either on Contract Logix, or via the Excel spreadsheet distributed monthly by the Health Compliance Coordinator. The Program Coordinator will notify the Health Compliance Officer of any associate with additional health compliance requirements. The Health Compliance Officer will indicate the additional requirements in the associate's health compliance account and track for completion.

Each semester, upon request from the Office of the Vice Provost for Health, Program Coordinators are responsible for submitting their program's placement data for entry into the GVSU contract management system. The data required per student includes: student's first and last name, last four digits of student's G#, student's email address, name of facility of placement, facility agency (if applicable), facility address, timeframe of placement and total number of hours. When the placement involves a preceptor, the following information should be provided: assigned preceptor's first and last names, each assigned preceptor's email address, and phone number. Submission must conform to requested format.

In the event that a student leaves a program, or a placement, prior to completing the rotation, the Program Coordinator will inform the student's preceptor and the Health Compliance Office of the student's departure.

B. Health Compliance Office

All compliance records will be maintained for current students and made accessible to the student after graduation.

- Students whose health compliance tracking is maintained on Blackboard will have access to their information for up to one year after graduation through the Blackboard site. One year after graduation, all documents will be archived for seven years.
- Students whose health compliance tracking is maintained on CastleBranch will have lifetime access to the information they submitted to their CastleBranch account.

Compliance records for faculty, staff, and volunteers will be maintained while the individual is affiliated with GVSU. Records will be archived after one semester of inactivity, and retained for seven years.

Duties of the Health Compliance Office within the Office of the Vice Provost for Health include, but are not limited to:

- Negotiate, execute and maintain Affiliation Agreements (new/renewals)
- Develop and submit reports related to placements including, but not limited to, NC-SARA reports for the Office of the Provost
- Communicate periodically to Program Coordinators regarding all Affiliation Agreements and additional health compliance requirements
- Provide support for accreditation body visits relating to Affiliation Agreements and health compliance,

upon request

- Administer and maintain health compliance information on Blackboard and with CastleBranch.
- Update health compliance training modules annually, including, but not limited to:
 - Bloodborne Pathogens
 - Tuberculosis (TB) and Infection Control
 - Family Educational Rights & Privacy Act (FERPA)
 - Elder Justice Act of 2009
 - Health Insurance Portability and Accountability Act (HIPAA)
 - Intellectual Property
 - Coronavirus Disease (COVID-19)
- Review and maintain documents submitted to Health Compliance organizations on Blackboard
- Submit health compliance requirements to CastleBranch
- Audit CastleBranch grading to ensure compliance with GVSU policy
- Provide for associates, upon request and as outlined in Affiliation Agreements, clinical passport letters or other forms of compliance attestation
- Generate, process and maintain record of preceptor *Affiliated Clinical and Research Faculty* appointment letters and certificates
- Assist with obtaining placement sites, as needed
- Ensure that required items submitted meet standards set forth by GVSU, state and federal regulations, Affiliation Agreements, and the Centers for Disease Control and Prevention (CDC)
- Establish processes for notification and recommendation for participation restrictions for non-compliance
- Notify associates via email of non-compliance status and/or pending expiration of compliance items
- Notification process for Health Compliance includes, but not limited to:
 - The first notification sent will be for the initial set-up of the organization with instructions regarding health compliance system use, expectations and the process for meeting requirements.
 - A second notification will be sent approximately two weeks prior to the Health Compliance due date to assist in timely completion of compliance requirements. This email will be directed to all associates who have not yet met the Health Compliance requirements. It will contain instructions for the associate to visit their health compliance account to identify requirements that remain outstanding; notification that their program has been informed, that they will enter non-compliant status if not met by the due date; and an alert that, if non-compliant, they will not meet the requirements to enter affiliated organizations for placement activities.
 - After the indicated due date, additional notices will be sent to associates who are non-compliant, and a list of those associates that are non-compliant will be sent to the Program Coordinator.
 - Monitoring of each health compliance account will continue for those compliance requirements that expire annually or periodically. Notification emails will be sent to associates as needed.

V. PERSONAL PROTECTIVE EQUIPMENT (PPE)

All associates will wear appropriate PPE while at a GVSU facility or an experiential learning placement site, in accordance with CDC guidelines and any applicable executive orders, even if the placement site indicates not required; i.e. a cloth face mask covering the mouth and nose, at all times in indoor spaces and when 6 feet of social distancing is not feasible outdoors; or, face shields, in addition to face masks, when person to person interactions occur within less than 6 feet or procedures are conducted that might be aerosol generating. Other PPE may be required.

VI. COMPLIANCE REQUIREMENTS

The following are detailed compliance elements that may be required for placements at health-related organizations as outlined in each Affiliation Agreement. Each program will communicate their specific health compliance requirements to all associates.

A. Physical Exam

If required by the program, students must submit a completed *GVSU Health and Immunization Form* available in the associate's health compliance account in Blackboard or CastleBranch. The form must be completed by one of the following licensed professional healthcare providers within 12 months prior to submission: physician, nurse practitioner or physician assistant.

B. Immunizations & Serologic Titers:

Documentation of immunizations and titers, when required by program, must be submitted via one of the following mechanisms:

- *GVSU Health and Immunization Form* or *GVSU Immunization Form* completed/signed by a licensed professional healthcare provider
- Copy of a state immunization registry or card
- Copy or screen print from a patient portal
- Printed or handwritten documentation of immunization verified by a healthcare provider
- Receipt from a pharmacy or healthcare provider showing name, date of service, service rendered
- Lab report (titer)

The following immunizations may be required based on CDC Recommendations for Healthcare Personnel (unless medically contraindicated):

- Tetanus, Diphtheria, and Pertussis (Tdap) – Must Meet Criteria 1 and 2:
 - Criteria 1: One dose of Tetanus, Diphtheria, and Pertussis (Tdap) after age 10, regardless of when previous dose of Tetanus Diphtheria (Td) was received **AND**
 - Criteria 2: A Td or Tdap vaccination within the last ten years;
- Measles (Rubeola), Mumps and Rubella (MMR)
 - Documented two vaccinations **OR** titer results indicating immunity;
 - If vaccination documents are not available and/or one or more titers are negative, vaccination/revaccination is required;
- Hepatitis B
 - Documented immunization series of three doses or Engerix-B or Recombivax HB or two doses of Heplisav-B.
 - Hepatitis B surface antibody titer indicating immunity as required by program:
 - If the associate's titer result is negative after initial vaccination series, a booster/challenge vaccine, and/or an entire second series of vaccinations is required, followed by a titer four to six weeks after last vaccination;
 - If subsequent titer is negative following a booster/challenge vaccine, the remaining vaccines in the second series must be completed, followed by a titer four to six weeks after last vaccination;
 - If final titer is negative following an entire second series of vaccinations, the associate is considered a non-responder and a signed *Hepatitis B Waiver-Non-responder form* will be required. A note will be made in the associate's health compliance account regarding non-responder status and receipt of the form;
 - If record of the initial series of Hepatitis B vaccination is unobtainable, and the titer indicates immunity, the associate will be informed that the CDC indicates long term immunity cannot be confirmed on the basis of a positive titer alone and the associate will be encouraged to receive a complete vaccination series. If the associate chooses not to obtain additional vaccines, a signed *Hepatitis B Waiver-*

Lack of Vaccine Documentation with Positive Titer form will be required. A note shall be made in the associate's health compliance account regarding the effort to obtain the record, the result of titer indicating immunity, and receipt of the form;

- Varicella (Chicken Pox)
 - Documented two vaccinations **OR** confirmed disease by medical provider **OR** titer results indicating immunity;
 - If vaccination documents are not available and/or titer is negative, vaccination/revaccination is required;
- Influenza (Flu)
 - Annual influenza vaccination;
 - Additional strain influenza, if applicable, and available;
- Meningococcal
 - One adult Meningococcal vaccination and a booster dose every five years for associates who are routinely exposed to isolates of *Neisseria meningitidis*;
- Hepatitis A (if required by placement site)
 - Two doses of Hepatitis A vaccine
- COVID-19 (if required by placement site)
 - A complete series of COVID-19 Vaccination or signed declination waiver

C. Refusal to Consent to Vaccination

It is the right of associates to refuse vaccinations. In such cases, a *Refusal to Consent to Vaccination Form* will be provided to the associate by the Health Compliance Officer, and must be signed by the associate. The associate will be informed that declination of vaccines may result in an inability to participate in placement activities which may affect an associate's eligibility for program completion.

Refusal to consent to vaccination is subject to the usual notification process regarding non-compliance status.

D. Tuberculosis (TB) Screening and Testing

For associates entering the annual TB testing program who have not completed a TB test in the past 12 months, initial TB screening and testing will be validated by:

- Completion of a *Tuberculosis (TB) Risk Assessment and Symptom Screening* questionnaire (to be completed annually, thereafter)

AND

- ONE of the following methods of initial TB testing:
 - Two (2) Mantoux TB Skin Tests (2-step TB testing)
 - Documentation of two separate TB skin tests, each read within 48-72 hours of being placed. The two TB skin tests must be placed at least 7 days apart, and no greater than 12 months apart, to be considered 2-step baseline testing.
 - If both tests meet the above criteria and are each documented "negative," the associate should be classified as having a "negative baseline 2-step TB skin test" result.
 - An associate can then follow up with an annual single TB skin test and/or completion of a *Tuberculosis (TB) Risk Assessment and Symptom Screening* questionnaire, as determined by program.
 - If annual TB testing requirement is not completed within 14 months of the previous TB test, it cannot be considered a consecutive annual test, and 2-step TB

skin testing will need to be repeated.

- If a TB skin test is documented “positive,” further medical evaluation including a radiology report (chest x-ray) is required prior to the start of any placement
- One (1) Interferon-Gamma Release Assay (IGRA) TB Blood Test
 - Documentation of lab report for one of the following types of IGRA TB Blood Test: T-Spot or QuantiFERON Gold. One of these TB blood tests may be completed instead of 2-step TB skin testing.
 - If an IGRA TB blood test lab report is documented as “negative,” the associate should be classified as having a “negative baseline TB blood test” result.
 - An associate can then follow up with an annual single TB test and/or completion of a *Tuberculosis (TB) Risk Assessment and Symptom Screening* questionnaire, as determined by program
 - A “positive” IGRA means that the associate has been infected and an additional medical evaluation is required prior to the start of any placement to determine if the disease is latent or active
 - For individuals who have received the Bacillus Calmette-Guerin (BCG) vaccine, an IGRA is the preferred testing method as it is less likely to give a false-positive result
 - If initial TB testing is performed by IGRA TB blood test, it is recommended that subsequent annual testing be completed by IGRA TB blood test as well

If history of a positive TB test, submission of the positive TB test document if available, a *Tuberculosis (TB) Risk Assessment and Symptom Screening* questionnaire, and a radiology report showing a negative chest x-ray dated any time after the positive TB test, are required.

GVSU prohibits associates from interpreting their own TB testing results or from asking faculty to make this determination.

E. Observation

An observational experience is one where a student follows a professional with the objective of learning about a specific career. A student participating in an observational experience is not expected to have hands-on contact with a patient/client. Students participating in observation at GVSU, or with an outside entity who has not specified health compliance requirements, will be required to submit documentation of the following:

- 2 MMR
- 2 Varicella
- 1 Tdap after age 10; and a current tetanus (Td or Tdap) vaccine within the last 10 years
- Two (2) Mantoux TB Skin Tests (2-step TB testing) or One (1) Interferon-Gamma Release Assay (IGRA) TB Blood Test, **AND** a *Tuberculosis (TB) Risk Assessment and Symptom Screening* questionnaire; all with “negative” results
- Current influenza vaccination if experience occurs at any time between October–April
- Completion of training modules for Bloodborne Pathogens, FERPA, HIPAA and TB & Infection Control.

F. Cardiopulmonary Resuscitation (CPR) Certification

CPR certification is specific to program accreditation requirements. Certification must remain valid. ACLS does not fulfill the requirement for CPR certification. Courses that are entirely online are not acceptable for initial or renewal CPR certification. Hybrid CPR courses (where the didactic portion of

the course is completed online and the skills evaluation is completed with a certified instructor) are acceptable.

G. Advanced Cardiovascular Life Support (ACLS) Certification

ACLS certification is specific to program accreditation requirements. Certification must remain valid. Online initial or renewal ACLS certification courses are not acceptable sources for certification.

H. Criminal Background Check

Upon matriculation hire, or as identified by program, Affiliation Agreement, or affiliated organization request, a criminal background check, which minimally includes the following elements, is performed: Residency History (seven (7) years), Michigan Statewide Criminal Records (ICHAT), National Sexual Offender Index, and National Healthcare Fraud and Abuse (OIG) Scan. Some affiliated organizations may require additional elements. GVSU will only accept criminal background checks completed through a GVSU designated vendor. Directions to complete a criminal background check are available to the associate through their health compliance account.

Criminal background check results are reviewed by the Health Compliance Officer. If deemed necessary, the Health Compliance Officer will notify the designated Program Coordinator for students or volunteers, and will notify the Dean of the College for faculty or staff. The discovery of a criminal record will not necessarily result in the revocation of an acceptance offer or expulsion from a program of study. Convicted offenses that are subject to the rules of the State Mandatory Exclusion Regulations may result in the loss of placement opportunities at affiliated organizations. As placements may be a required component of the curriculum, the loss of training opportunities may affect a student's ability to meet requirements for graduation. Convicted offenses may also result in a student's inability to sit for professional licensure exams.

Associates have the right to review the criminal background check reports for accuracy by contacting the judicial institution or background check vendor.

The Program Coordinator or Dean of the College may call together the *Committee for Establishing Practice Guidelines* to assist in determining the course of action if needed.

All associates are required to notify the Health Compliance Officer of any convictions, arrests, charges, or investigations by any law enforcement authorities that occur after the initial criminal background check is completed. The Dean of the College and/or their designee will be notified by the Health Compliance Officer if known additional criminal investigations occur.

Subsequent criminal background checks may be required.

I. Drug Screen

Upon matriculation hire, or as identified by program, Affiliation Agreement, or affiliated organization request, a drug screen shall be performed. The GVSU standard is a 10-panel urine drug screen, however some affiliated organizations may require additional tests. GVSU will only accept drug testing completed through a GVSU designated vendor. Directions to complete a drug screen are available to the associate through their health compliance account.

Non-negative drug screen results are reviewed by the designated vendor's Medical Review Officer (MRO). For non-negative results declared by the MRO, associates will be given the opportunity to repeat the drug screen within one week (at the associate's expense) for confirmation of results. For non-negative results, the Health Compliance Officer will notify the designated Program Coordinator for students or volunteers, and will notify the Dean of the College for faculty or staff.

The Program Coordinator or Dean of the College may call together the *Committee for Establishing Practice Guidelines* to assist in determining the course of action if needed.

Subsequent drug screens may be required.

J. Fingerprinting

Upon matriculation, hire, or as identified by program, Affiliation Agreement, or affiliated organization request, fingerprinting shall be performed. Fingerprinting reports must be obtained through a designated Live Scan vendor. Directions to complete fingerprinting are available to associates through their health compliance account.

Fingerprinting reports will be reviewed by the Health Compliance Officer. The Health Compliance Officer will notify the designated Program Coordinator for students or volunteers, and will notify the Dean of the College for faculty or staff, if convictions found by either the Michigan State Police or FBI deem the associate unsuitable for placement at organizations affiliated with GVSU as outlined by State law, in addition to, all Tier I, Tier II and Tier III sexual offenses. GVSU may not disseminate fingerprinting results to anyone per federal and State of Michigan law.

The program representative or Dean of the College may call together the *Committee for Establishing Practice Guidelines* to assist in determining the course of action if needed.

Subsequent fingerprinting may be required.

K. Health Compliance Training Modules

To be completed online upon initial entry to health compliance, and/or annually as indicated, through the Blackboard Health Compliance site with a score of 80% or greater to pass.

Training Module	Initially	Annually
Bloodborne Pathogens/ Standard Precautions	X	X
Health Insurance Portability and Accountability Act (HIPAA)	X	X
Tuberculosis (TB) and Infection Control	X	X
Coronavirus (COVID-19)	X	X
Family Educational Rights & Privacy Act (FERPA)	X	
Elder Justice Act of 2009	X	
Intellectual Property	X	

L. Current and Unrestricted Professional License (if applicable)

Licensed associates are financially responsible to maintain a current unrestricted license to practice throughout their tenure with the university. A copy of the current license must be submitted to the associate's Health Compliance account.

M. Respiratory FIT testing

Respiratory FIT testing may be completed as required by the specific program or placement site and associate may be responsible for cost. Directions available by contacting the Clinical Initiatives Specialist.

N. Color Blind Testing

Color Blind Testing will be completed as required by the specific program. Directions available through the associate's health compliance account.

O. Authorization to Release Information

All associates must review and submit the *Authorization Release Information* form. This form is available through the associate's health compliance account.

P. Health Insurance Acknowledgment Form

All associates must review and submit the *Health Insurance Acknowledgment* form. This form is available through the associate's health compliance account.

Q. Simulation Center User Agreement and Photo Release

All students whose program includes the use of the GVSU Simulation Center, will be required to review and submit the *Simulation Center User Agreement* and *Simulation Center Photo Release* forms available through the associate's health compliance account. If a student chooses to decline submission of the *Simulation Center Photo Release* form, written declination will be required (email is acceptable) and the student's faculty advised that the student's associated media (i.e. simulation videos) cannot be shared for educational purposes.

R. Renewable Compliance Requirements

The following are to be renewed prior to due date indicated within the associate's health compliance account.

a. Annually:

- TB screening (completion of *Tuberculosis (TB) Risk Assessment and Symptom Screening* questionnaire) and/or subsequent TB testing, as required by program or as indicated due to prior positive TB test
- Influenza vaccination
 - Additional strain influenza vaccination if applicable and available
- Training modules for Bloodborne Pathogens, HIPAA, TB & Infection Control, and COVID-19

b. Variable Timeframe:

- Tetanus (Td or Tdap)
- CPR certification
- ACLS certification
- Respiratory FIT testing
- Professional licensure (if applicable)

S. Resources

Unless otherwise stated in this Policy, associates may obtain health compliance requirements with a healthcare provider of choice. References for additional healthcare and service providers are located through the associate's Health Compliance Blackboard account.

References:

Centers for Disease Control and Prevention. Recommended Vaccines for Healthcare Workers.
<http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html> Reviewed January 28, 2020 February 10, 2021

Centers for Disease Control and Prevention. Diagnosing Latent TB Infection & Disease.
<https://www.cdc.gov/tb/topic/testing/diagnosingltbi.htm>. Reviewed February 10, 2021

Centers for Disease Control and Prevention. Tuberculosis, Testing and Diagnosis.
<https://www.cdc.gov/tb/topic/testing>. Reviewed February 10, 2021

Centers for Disease Control and Prevention, Havers FP, Moro PL, Hunter P, Hariri S, Bernstein H. Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccines: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2019. MMWR Morb Mortal Wkly Rep 2020; 69:77–83. DOI: [http://dx.doi.org/10.15585/mmwr.mm6903a5external icon](http://dx.doi.org/10.15585/mmwr.mm6903a5external%20icon);
<https://www.cdc.gov/mmwr/volumes/69/wr/mm6903a5.htm> Reviewed February 10, 2021

Centers for Disease Control and Prevention. COVID-19 ACIP Vaccine Recommendations.
<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html>. Reviewed February 10, 2021

Exhibit A

International Student Placement Training Site Agreement Procedure

1. Student contacts an international agency approved by PIC and is accepted for a student placement experience. Student will inform Program Coordinator and provide agency name, address, phone number and contact information including name, title, phone number, and email address.
2. Program Coordinator will contact agency to determine if agency and preceptor (supervisor) meet program licensure and accreditation requirements needed for course credit before proceeding with international placement site arrangements.
3. Program Coordinator will request an *International Student Placement Training Site Agreement* to be established by the Health Compliance Coordinator and provide the following information:
 - International agency's name and address
 - International agency's representative's name, title, email address and phone number
 - Student's planned international clinical placement site start date (month/year)

The Health Compliance Coordinator will notify the Program Coordinator when the agreement has been fully executed. If there are any difficulties in establishing the agreement, the Health Compliance Coordinator will inform the Program Coordinator in a timely manner.

4. Once international placement site is approved by Program Coordinator, student and Program Coordinator will meet to discuss details of the placement process. Program Coordinator will direct student to the PIC website and will inform student of his/her responsibility for preparing for international travel, work, and living arrangements.
5. Students must carefully read all information and follow PIC procedures regarding Study Abroad Independent Study: (<https://www.gvsu.edu/studyabroad/independent-study-606.htm>).
6. Students must make an appointment to meet with the PIC Coordinator for Study Abroad & International Partnerships. Student must bring all information about the program/agency, a completed and signed faculty supervisory form, and a course syllabus.
7. Student must complete an online OASIS Independent Study Application on the PIC website. The Independent Study Application will be reviewed by the PIC Coordinator. **Acceptance for an independent study program through PIC is not guaranteed.**
8. Student must follow the Pre-Departure Guide/Timeline to ensure that all necessary arrangements are met:
 - Passport and Visa applications
 - Arrangement for independent study program credit
 - Financial and travel arrangements
 - Travel Warning and Assumption of Risk and Liability waivers, if applicable
 - Health and immunization requirements (coordinated with Health Compliance Officer once destination is determined)
 - Familiarity with the travel destination legalities, customs, culture, and language
 - Register trip with U.S. State Department
 - Develop an emergency plan and exchange emergency contact information with family, PIC staff, and Program Coordinator

9. Attend all pre-departure meetings as required by PIC Coordinator and student will meet no later than two (2) weeks prior to departure to review arrangements. Student will provide PIC Coordinator with contact information (email, phone numbers, social media accounts, etc.) that student will use while abroad.
10. Program Coordinator will follow student's progress at the agency throughout the course of the internship. Student will remain in contact with Program Coordinator as pre-arranged prior to the student's departure for the placement.
11. Student will remain in contact with PIC Coordinator weekly (via personal or mass email, phone, blog, and/or social media accounts) and will inform PIC Coordinator if traveling to other locations/destinations during the internship.

APPENDIX B



University policy, state and federal statutory regulations, and accreditation standards for academic programs and affiliated organizations, require that students enrolled in health/health related programs comply with certain health, safety, and legal requirements. As such, GVSU is contractually mandated to ensure all students achieve full compliance prior to participation in experiential learning. Compliance must be maintained until program completion.

Grand Valley State University (GVSU) utilizes CastleBranch to monitor health compliance requirements for students in health/health related programs.

CastleBranch proactively supports compliance through the following:

- **Easy access:** Documents may be submitted from a phone, tablet or computer.
- **Secure:** Each student creates a CastleBranch account using their GVSU email and a personal password.
- **“To Do List”:** As documents are submitted, the “To Do List” clearly reflects which items are complete, incomplete, overdue or rejected.
- **Clear directions:** Each requirement includes a description of the type of documentation needed. An explanation is provided if a document is rejected, or if additional information is required.
- **Advanced notice:** Email notices are sent 90, 60 and 30 days prior to the renewal date for TB tests, CPR, tetanus vaccines etc..
- **Overdue notice:** Weekly emails are sent for overdue requirements.
- **Lifetime access:** Documents in a student’s Castlebranch account are available for life, making it easy to locate information when needed for employment or future academic programs with health compliance requirements.

At a time designated by each program, students with health compliance requirements will receive an email from the health compliance officer with instructions to create a CastleBranch account.

Students will pay a one-time fee of \$35 for the CastleBranch compliance tracker. Additional fees apply for criminal background checks and drug screens, if required.

Payments are made directly to CastleBranch by MasterCard, Visa, Discover or a debit card. Electronic checks or money orders are accepted for an additional \$10 fee. Monthly installments are also available. The installment payment amount varies based on the amount of the order, plus a \$2.99/installment payment fee.

For questions, students may contact:

- Health Compliance Office: healthcompliance@gvsu.edu or 616-331-5812
- CastleBranch Customer Service: 888.666.7788; Sunday-Friday or <https://mycb.castlebranch.com/support>

APPENDIX C

Core Values and Attitudes of Occupational Therapy Practice

Elizabeth Kanny, MA, OT

for Standards and Ethics Commission – Ruth A. Hansen, Ph.D., OT, FAOTA, Chairperson

Introduction

In 1985, the American Occupational Therapy Association funded the Professional and Technical Role Analysis Study (PATRA). This study had two purposes: to delineate the entry-level practice of OTs and OTAs through a role analysis and to conduct a task inventory of what practitioners actually do. Knowledge, skills, and attitude statements were to be developed to provide a basis for the role analysis. The PATRA study completed the knowledge and skills statements. The Executive Board subsequently charged the Standards and Ethics Commission (SEC) to develop a statement that would describe the attitudes and values that undergird the profession of occupational therapy. The SEC wrote this document for use by AOTA members.

The list of terms used in this statement was originally constructed by the American Association of Colleges of Nursing (AACN) (1986). The PATRA committee analyzed the knowledge statements that the committee had written and selected those terms from the AACN list that best identified the values and attitudes of our profession. This list of terms was then forwarded to SEC by the PATRA Committee to use as the basis for the Core Values and Attitudes paper.

The development of this document is predicated on the assumption that the values of occupational therapy are evident in the official documents of the American Occupational Therapy Association. The official documents that were examined are: (1) "Dictionary Definition of Occupational Therapy" (April 1986), (2) *The Philosophical Base of Occupational Therapy* (AOTA, Resolution C #531-79), (3) *Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapist* (AOTA, 1991a), (4) *Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapy Assistant* (AOTA, 1991b), and (5) *Occupational Therapy Code of Ethics* (AOTA, 1988). It is further assumed that these documents are representative of the values and beliefs reflected in other occupational therapy literature.

A **value** is defined as a belief or an ideal to which an individual is committed. Values are an important part of the base or foundation of a profession. Ideally, these values are embraced by all members of the profession and are reflected in the members' interactions with those persons receiving services, colleagues, and the society at large. Values have a central role in a profession, and are developed and reinforced throughout an individual's life as a student and as a professional.

Actions and attitudes reflect the values of the individual. An attitude is the disposition to respond positively or negatively toward an object, person, concept, or situation. Thus, there is an assumption that all professional actions and interactions are rooted in certain core values and beliefs.

Seven Core Concepts

In this document, the **core values and attitudes** of occupational therapy are organized around seven basic concepts--altruism, equality, freedom, justice, dignity, truth, and prudence. How these core values and attitudes are expressed and implemented by occupational therapy practitioners may vary depending upon the environments and situations in which professional activity occurs.

Altruism is the unselfish concern for the welfare of others. This concept is reflected in actions and attitudes of commitment, caring, dedication, responsiveness, and understanding.

Equality requires that all individuals be perceived as having the same fundamental human rights and opportunities. This value is demonstrated by an attitude of fairness and impartiality. We believe that we should respect all individuals, keeping in mind that they may have values, beliefs, or life styles that are different from our own. Equality is practiced in the broad professional arena, but is particularly important in day-to-day interactions with those individuals receiving occupational therapy services.

Freedom allows the individual to exercise choice and to demonstrate independence, initiative, and self-direction. There is a need for all individuals to find a balance between autonomy and societal membership that is reflected in the choice of various patterns of interdependence with the human and nonhuman environment. We believe that individuals are internally and externally motivated toward action in a continuous process of adaptation throughout the life span. Purposeful activity plays a major role in developing and exercising self-direction, initiative, interdependence, and relatedness to the world. Activities verify the individual's ability to adapt, and they establish a satisfying balance between autonomy and societal membership. As professionals, we affirm the freedom of choice for each individual to pursue goals that have personal and social meaning.

Justice places value on the upholding of such moral and legal principles as fairness, equity, truthfulness, and objectivity. This means we aspire to provide occupational therapy services for all individuals who are in need of these services and that we will maintain a goal-directed and objective relationship with all those served. Practitioners must be knowledgeable about and have respect for the legal rights of individuals receiving occupational therapy services. In addition, the occupational therapy practitioner must understand and abide by the local, state, and federal laws governing professional practice.

Dignity emphasizes the importance of valuing the inherent worth and uniqueness of each person. This value is demonstrated by an attitude of empathy and respect for self and others. We believe that each individual is a unique combination of biologic endowment, sociocultural heritage, and life experiences. We view human beings holistically, respecting the unique interaction of the mind, body, and physical and social environment. We believe that dignity is nurtured and grows from the sense of competence and self-worth that is integrally linked to the person's ability to perform valued and relevant activities. In occupational therapy we emphasize the importance of dignity by helping the individual build on his or her unique attributes and resources.

Truth requires that we be faithful to facts and reality. Truthfulness or veracity is demonstrated by being accountable, honest, forthright, accurate, and authentic in our attitudes and actions. There is an obligation to be truthful with ourselves, those who receive services, colleagues, and society. One way that this is exhibited is through maintaining and upgrading professional competence. This happens, in part, through an unfaltering commitment to inquiry and learning, to self-understanding and to the development of an interpersonal competence.

Prudence is the ability to govern and discipline oneself through the use of reason. To be prudent is to value judiciousness, discretion, vigilance, moderation, care, and circumspection in the management of one's affairs, to temper extremes, make judgments and respond on the basis of intelligent reflection and rational thought.

Summary

Beliefs and values are those intrinsic concepts that underlie the core of the profession and the professional interactions of each practitioner. These values describe the profession's philosophy and provide the basis

for defining purpose. The emphasis or priority that is given to each value may change as one's professional career evolves and as the unique characteristics of a situation unfold. This evolution of values is developmental in nature. Although we have basic values that cannot be violated, the degree to which certain values will take priority at a given time is influenced by the specifics situation and the environment in which it occurs. In one instance dignity may be a higher priority than truth; in prudence may be chosen over freedom. As we process information and make decisions, the weight of the values that we hold may change. The practitioner faces dilemmas because of conflicting values and is required to engage in thoughtful deliberation to determine where the priority lies in a given situation.

The challenge for us all is to know our values, be able to make reasoned choices in situations of conflict, and be able to clearly articulate and defend our choices. At the same time, it is important that all members of the profession be committed to a set of common values. This mutual commitment to a set of beliefs and principles that govern our practice can provide a basis for clarifying expectations between the recipient and the provider of services. Shared values empower the profession and, in addition, build trust among ourselves and with others.

References

- American Association of Colleges of Nursing. (1986). *Essentials of College and University Education for Professional Nursing*. Final report, Washington, DC.
- American Occupational Therapy Association. (April 1986). Dictionary definition of occupational therapy. Adopted and approved by the Representative Assembly April 1986 to fulfill Resolution #596-83. (Available from: AOTA, 1383 Piccard Drive, P. O. Box 1725, Rockville, MD 20849-1725.)
- American Occupational Therapy Association. (1988). Occupational Therapy Code of Ethics. *American Journal of Occupational Therapy*, 42, 795-796.
- American Occupational Therapy Association. (1991a). Essentials and guidelines for an accredited educational program for the occupational therapist. *American Journal of Occupational Therapy*, 45, 1077-1084.
- American Occupational Therapy Association. (1991b). Essentials and guidelines for an accredited educational program for the occupational therapy assistant. *American Journal of Occupational Therapy*, 45, 1085-1092.
- Resolution C #531-79 - The philosophical base of occupational therapy. (1979). *American Journal of Occupational Therapy*, 33 (11), 785.

Approved by the Representative Assembly June, 1993

FROM: *The American Journal of Occupational Therapy*, December 1993, Vol. 47, No. 12, pp. 1085-1086

APPENDIX D

AOTA 2020 Occupational Therapy Code of Ethics

Preamble

The *2020 Occupational Therapy Code of Ethics* (the Code) of the American Occupational Therapy Association (AOTA) is designed to reflect the dynamic nature of the occupational therapy profession, the evolving health care environment, and emerging technologies that can present potential ethical concerns in practice, research, education, and policy. AOTA members are committed to promoting inclusion, participation, safety, and well-being for all recipients of service in various stages of life, health, and illness and to empowering all beneficiaries of service to meet their occupational needs. Recipients of services may be persons, groups, families, organizations, communities, or populations (AOTA, 2020).

The Code is an AOTA Official Document and a public statement tailored to address the most prevalent ethical concerns of the occupational therapy profession. It sets forth Core Values and outlines Standards of Conduct the public can expect from those in the profession. The Code applies to all occupational therapy personnel¹ in all areas of occupational therapy and should be shared with relevant stakeholders to promote ethical conduct.

The Code serves two purposes:

1. It provides aspirational Core Values that guide occupational therapy personnel toward ethical courses of action in professional and volunteer roles.
2. It delineates ethical Principles and enforceable Standards of Conduct that apply to AOTA members.

Whereas the Code helps guide and define decision-making parameters, ethical action goes beyond rote

compliance with these Principles and is a manifestation of moral character and mindful reflection. Adherence to the Code is a commitment to benefit others, to the virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage. Recognizing and resolving ethical issues is a systematic process that includes analyzing the complex dynamics of situations, applying moral theories and weighing alternatives, making reasoned decisions, taking action, and reflecting on outcomes. Occupational therapy personnel are expected to abide by the Principles and Standards of Conduct within this Code.

The process for addressing ethics violations by AOTA members (and associate members,² where applicable) is outlined in the Code's Enforcement Procedures (AOTA, 2019).

¹The term *occupational therapy personnel* in this document includes occupational therapist and occupational therapy assistant practitioners and professionals (e.g., direct service, consultation, administration); educators; students in occupational therapy and occupational therapy assistant professional programs; researchers; entrepreneurs; business owners; and those in elected, appointed, or other professional volunteer service.

²For a definition of associate members, please see the AOTA website: <https://www.aota.org/AboutAOTA/Membership/Types-and-Fees.aspx>

Although many state regulatory boards incorporate the Code or similar language regarding ethical behavior into regulations, the Code is meant to be a freestanding document that guides ethical dimensions of professional behavior, responsibility, practice, and decision making. This Code is not exhaustive; that is, the Principles and Standards of Conduct cannot address every possible situation. Therefore, before making complex ethical decisions that require further expertise, occupational therapy personnel should seek out resources to assist with resolving conflicts and ethical issues not addressed in this document. Resources can include, but are not limited to, ethics committees, organizational ethics officers or consultants, and the AOTA Ethics Commission. For a full list of AOTA ethics resources, please refer to the AOTA website at <https://www.aota.org/Practice/Ethics.aspx>.

Appendix A describes the revision process for the 2020 Code. Appendix B summarizes the history of the *AOTA Occupational Therapy Code of Ethics*.

Core Values

The occupational therapy profession is grounded in seven longstanding Core Values: Altruism, Equality, Freedom, Justice, Dignity, Truth, and Prudence (AOTA, 1993). The seven Core Values provide a foundation to guide occupational therapy personnel in their interactions with others. These Core Values should be considered when determining the most ethical course of action (adapted from *Core Values and Attitudes of Occupational Therapy Practice*; AOTA, 1993):

1. *Altruism* indicates demonstration of unselfish concern for the welfare of others. Occupational therapy personnel reflect this concept in actions and attitudes of commitment, caring, dedication, responsiveness, and understanding.
2. *Equality* indicates that all persons have fundamental human rights and the right to the same opportunities. Occupational therapy personnel demonstrate this value by maintaining an attitude of fairness and impartiality and treating all persons in a way that is free of bias. Personnel should recognize their own biases and respect all persons, keeping in mind that others may have values, beliefs, or lifestyles that differ from their own. Equality applies to the professional arena as well as to recipients of occupational therapy services.
3. *Freedom* indicates valuing each person's right to exercise autonomy and demonstrate independence, initiative, and self-direction. A person's occupations play a major role in their development of self-direction, initiative, interdependence, and ability to adapt and relate to the world. Occupational therapy personnel affirm the autonomy of each individual to pursue goals that have personal and social meaning. Occupational therapy personnel value the service recipient's right and desire to guide interventions.
4. *Justice* indicates that occupational therapy personnel provide occupational therapy services for all persons in need of these services and maintain a goal-directed and objective relationship with recipients of service. Justice places value on upholding moral and legal principles and on having knowledge of and respect for the legal rights of recipients of service. Occupational therapy personnel must understand and abide by local, state, and federal laws governing professional practice. Justice is the pursuit of a state in which diverse communities are inclusive and are organized and structured so that all members can function, flourish, and live a satisfactory life regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes. Occupational therapy personnel, by virtue of the specific nature of the practice of occupational therapy, have a vested interest in *social justice*: addressing unjust inequities that limit opportunities for participation in society (Ashe, 2016; Braveman & Bass-Haugen, 2009). They also exhibit attitudes and actions consistent with *occupational justice*: full inclusion in everyday meaningful occupations for persons, groups, or populations (Scott et al., 2017).
5. *Dignity* indicates the importance of valuing, promoting, and preserving the inherent worth and uniqueness of each person. This value includes respecting the person's social and cultural heritage and life experiences. Exhibiting attitudes and actions of dignity requires

occupational therapy personnel to act in ways consistent with cultural sensitivity, humility, and agility.

6. *Truth* indicates that occupational therapy personnel in all situations should be faithful to facts and reality. Truthfulness, or veracity, is demonstrated by being accountable, honest, forthright, accurate, and authentic in attitudes and actions. Occupational therapy personnel have an obligation to be truthful with themselves, recipients of service, colleagues, and society. Truth includes maintaining and upgrading professional competence and being truthful in oral, written, and electronic communications.
7. *Prudence* indicates the ability to govern and discipline oneself through the use of reason. To be prudent is to value judiciousness, discretion, vigilance, moderation, care, and circumspection in the management of one's own affairs and to temper extremes, make judgments, and respond on the basis of intelligent reflection and rational thought. Prudence must be exercised in clinical and ethical reasoning, interactions with colleagues, and volunteer roles.

Principles

The Principles guide ethical decision making and inspire occupational therapy personnel to act in accordance with the highest ideals. These Principles are not hierarchically organized. At times, conflicts between competing principles must be considered in order to make ethical decisions. These Principles may need to be carefully balanced and weighed according to professional values, individual and cultural beliefs, and organizational policies.

Principle 1. Beneficence

Occupational therapy personnel shall demonstrate a concern for the well-being and safety of persons.

The Principle of *Beneficence* includes all forms of action intended to benefit other persons. The term *beneficence* has historically indicated acts of mercy, kindness, and charity (Beauchamp & Childress, 2019). Beneficence requires taking action to benefit others—in other words, to promote good, to prevent harm, and to

remove harm (Doherty & Purtilo, 2016). 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, offering services that benefit persons with disabilities, and acting to protect and remove persons from dangerous situations (Beauchamp & Childress, 2019).

Principle 2. Nonmaleficence

Occupational therapy personnel shall refrain from actions that cause harm.

The Principle of *Nonmaleficence* indicates that occupational therapy personnel must refrain from causing harm, injury, or wrongdoing to recipients of service. Whereas Beneficence requires taking action to incur benefit, Nonmaleficence requires avoiding actions that cause harm (Beauchamp & Childress, 2019). The Principle of Nonmaleficence also includes an obligation not to impose risks of harm even if the potential risk is without malicious or harmful intent. This Principle is often examined in the context of *due care*, which requires that the benefits of care outweigh and justify the risks undertaken to achieve the goals of care (Beauchamp & Childress, 2019). For example, an occupational therapy intervention might require the service recipient to invest a great deal of time and perhaps even discomfort; however, the time and discomfort are justified by potential long-term, evidence-based benefits of the treatment.

Principle 3. Autonomy

Occupational therapy personnel shall respect the right of the person to self-determination, privacy, confidentiality, and consent.

The Principle of *Autonomy* expresses the concept that occupational therapy personnel have a duty to treat the client or service recipient according to their desires, within the bounds of accepted standards of care, and to protect their confidential information. Often, respect for Autonomy is referred to as the *self-determination principle*. Respecting the Autonomy of service recipients acknowledges their agency,

including their right to their own views and opinions and their right to make choices in regard to their own care and based on their own values and beliefs (Beauchamp & Childress, 2019). For example, persons have the right to make a determination regarding care decisions that directly affect their lives. In the event that a person lacks decision-making capacity, their Autonomy should be respected through the involvement of an authorized agent or surrogate decision maker.

Principle 4. Justice

Occupational therapy personnel shall promote equity, inclusion, and objectivity in the provision of occupational therapy services.

The Principle of *Justice* relates to the fair, equitable, and appropriate treatment of persons (Beauchamp & Childress, 2019). Occupational therapy personnel demonstrate attitudes and actions of respect, inclusion, and impartiality toward persons, groups, and populations with whom they interact, regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes. Occupational therapy personnel also respect the applicable laws and standards related to their area of practice. Justice requires the impartial consideration and consistent observance of policies to generate unbiased decisions. For example, occupational therapy personnel work to create and uphold a society in which all persons have equitable opportunity for full inclusion in meaningful occupational engagement as an essential component of their lives.

Principle 5. Veracity

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

The Principle of *Veracity* refers to comprehensive, accurate, and objective transmission of information and

includes fostering understanding of such information. Veracity is based on the virtues of truthfulness, candor, honesty, and respect owed to others (Beauchamp & Childress, 2019). In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive. For example, when entering into a therapeutic or research relationship, the service recipient or research participant has a right to accurate information. In addition, transmission of information must include means to ensure that the recipient or participant understands the information provided.

Principle 6. Fidelity

Occupational therapy personnel shall treat clients (persons, groups, or populations), colleagues, and other professionals with respect, fairness, discretion, and integrity.

The Principle of *Fidelity* refers to the duty one has to keep a commitment once it is made (Veatch et al., 2015). This commitment refers to promises made between a provider and a client, as well as maintenance of respectful collegial and organizational relationships (Doherty & Purtilo, 2016). Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. For example, occupational therapy personnel should 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.

Standards of Conduct

The AOTA Ethics Commission, under the *Enforcement Procedures for the AOTA Occupational Therapy Code of Ethics* (AOTA, 2019), enforces the Standards of Conduct listed in Table 1.

Table 1. Standards of Conduct for Occupational Therapy Personnel

Section	Standards of Conduct
1. Professional Integrity, Responsibility, and Accountability: Occupational therapy personnel maintain awareness and comply with AOTA policies and Official Documents, current laws and regulations that are relevant to the profession of occupational therapy, and employer policies and procedures.	1A. Comply with current federal and state laws, state scope of practice guidelines, and AOTA policies and Official Documents that apply to the profession of occupational therapy. (Principle: Justice; key words: policy, procedures, rules, law, roles, scope of practice) 1B. Abide by policies, procedures, and protocols when serving or acting on behalf of a professional organization or employer to fully and accurately represent the organization's official and authorized positions. (Principle: Fidelity; key words: policy, procedures, rules, law, roles, scope of practice) 1C. Inform employers, employees, colleagues, students, and researchers of applicable policies, laws, and Official Documents. (Principle: Justice; key words: policy, procedures, rules, law, roles, scope of practice) 1D. Ensure transparency when participating in a business arrangement as owner, stockholder, partner, or employee. (Principle: Justice; key words: policy, procedures, rules, law, roles, scope of practice) 1E. Respect the practices, competencies, roles, and responsibilities of one's own and other professions to promote a collaborative environment reflective of interprofessional teams. (Principle: Fidelity; key words: policy, procedures, rules, law, roles, scope of practice, collaboration, service delivery) 1F. Do not engage in illegal actions, whether directly or indirectly harming stakeholders in occupational therapy practice. (Principle: Justice; key words: illegal, unethical practice) 1G. Do not engage in actions that reduce the public's trust in occupational therapy. (Principle: Fidelity; key words: illegal, unethical practice) 1H. Report potential or known unethical or illegal actions in practice, education, or research to appropriate authorities. (Principle: Justice; key words: illegal, unethical practice) 1I. Report impaired practice to the appropriate authorities. (Principle: Nonmaleficence; key words: illegal, unethical practice) 1J. Do not exploit human, financial, or material resources of employers for personal gain. (Principle: Fidelity; key words: exploitation, employee) 1K. Do not exploit any relationship established as an occupational therapy practitioner, educator, or researcher to further one's own physical, emotional, financial, political, or business interests. (Principle: Nonmaleficence; key words: exploitation, academic, research) 1L. Do not engage in conflicts of interest or conflicts of commitment in employment, volunteer roles, or research. (Principle: Fidelity; key words: conflict of interest) 1M. Do not use one's position (e.g., employee, consultant, volunteer) or knowledge gained from that position in such a manner as to give rise to real or perceived conflict of interest among the person, the employer, other AOTA members, or other organizations. (Principle: Fidelity; key words: conflict of interest) 1N. Do not barter for services when there is the potential for exploitation and conflict of interest. (Principle: Nonmaleficence; key words: conflict of interest) 1O. Conduct and disseminate research in accordance with currently accepted ethical guidelines and standards for the protection of research participants, including informed consent and disclosure of potential risks and benefits. (Principle: Beneficence; key words: research)
2. Therapeutic Relationships: Occupational therapy personnel develop therapeutic relationships to promote occupational well-being in all persons, groups, organizations, and society,	2A. Respect and honor the expressed wishes of recipients of service. (Principle: Autonomy; key words: relationships, clients, service recipients) 2B. Do not inflict harm or injury to recipients of occupational therapy services, students, research participants, or employees. (Principle: Nonmaleficence; key words: relationships, clients, service recipients, students, research, employer, employee)

(Continued)

Table 1. Standards of Conduct for Occupational Therapy Personnel (cont'd)

Section	Standards of Conduct
<p>regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes.</p>	<p>2C. Do not threaten, manipulate, coerce, or deceive clients to promote compliance with occupational therapy recommendations. (Principle: Autonomy; key words: relationships, clients, service recipients)</p> <p>2D. Do not engage in sexual activity with a recipient of service, including the client's family or significant other, while a professional relationship exists. (Principle: Nonmaleficence; key words: relationships, clients, service recipients, sex)</p> <p>2E. Do not accept gifts that would unduly influence the therapeutic relationship or have the potential to blur professional boundaries, and adhere to employer policies when offered gifts. (Principle: Justice; key words: relationships, gifts, employer)</p> <p>2F. Establish a collaborative relationship with recipients of service and relevant stakeholders to promote shared decision making. (Principle: Autonomy; key words: relationships, clients, service recipients, collaboration)</p> <p>2G. Do not abandon the service recipient, and attempt to facilitate appropriate transitions when unable to provide services for any reason. (Principle: Nonmaleficence; key words: relationships, client, service recipients, abandonment)</p> <p>2H. Adhere to organizational policies when requesting an exemption from service to an individual or group because of self-identified conflict with personal, cultural, or religious values. (Principle: Fidelity; key words: relationships, client, service recipients, conflict, cultural, religious, values)</p> <p>2I. Do not engage in dual relationships or situations in which an occupational therapy professional or student is unable to maintain clear professional boundaries or objectivity. (Principle: Nonmaleficence; key words: relationships, clients, service recipients, colleagues, professional boundaries, objectivity, social media)</p> <p>2J. Proactively address workplace conflict that affects or can potentially affect professional relationships and the provision of services. (Principle: Fidelity; key words: relationships, conflict, clients, service recipients, colleagues)</p> <p>2K. Do not engage in any undue influences that may impair practice or compromise the ability to safely and competently provide occupational therapy services, education, or research. (Principle: Nonmaleficence; key words: relationships, colleagues, impair, safety, competence, client, service recipients, education, research)</p> <p>2L. Recognize and take appropriate action to remedy occupational therapy personnel's personal problems and limitations that might cause harm to recipients of service. (Principle: Nonmaleficence; key words: relationships, clients, service recipients, personal, safety)</p> <p>2M. Do not engage in actions or inactions that jeopardize the safety or well-being of others or team effectiveness. (Principle: Fidelity; key words: relationships, clients, service recipients, colleagues, safety, law, unethical, impaired, competence)</p>
<p>3. Documentation, Reimbursement, and Financial Matters: Occupational therapy personnel maintain complete, accurate, and timely records of all client encounters.</p>	<p>3A. Bill and collect fees justly and legally in a manner that is fair, reasonable, and commensurate with services delivered. (Principle: Justice; key words: billing, fees)</p> <p>3B. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations. (Principle: Justice; key words: documentation, reimbursement, law)</p> <p>3C. Record and report in an accurate and timely manner and in accordance with applicable regulations all information related to professional or academic documentation and activities. (Principle: Veracity; key words: documentation, timely, accurate, law, fraud)</p> <p>3D. Do not follow arbitrary directives that compromise the rights or well-being of others, including unrealistic productivity expectations, fabrication, falsification, plagiarism of documentation, or inaccurate coding. (Principle: Nonmaleficence; key words: productivity, documentation, coding, fraud)</p>

(Continued)

Table 1. Standards of Conduct for Occupational Therapy Personnel (cont'd)

Section	Standards of Conduct
<p>4. Service Delivery: Occupational therapy personnel strive to deliver quality services that are occupation based, client centered, safe, interactive, culturally sensitive, evidence based, and consistent with occupational therapy's values and philosophies.</p>	<p>4A. Respond to requests for occupational therapy services (e.g., referrals) in a timely manner as determined by law, regulation, or policy. (Principle: Justice; key words: occupational therapy process, referral, law)</p> <p>4B. Provide appropriate evaluation and a plan of intervention for recipients of occupational therapy services specific to their needs. (Principle: Beneficence; key words: occupational therapy process, evaluation, intervention)</p> <p>4C. Use, to the extent possible, evaluation, planning, intervention techniques, assessments, and therapeutic equipment that are evidence based, current, and within the recognized scope of occupational therapy practice. (Principle: Beneficence; key words: occupational therapy process, evaluation, intervention, evidence, scope of practice)</p> <p>4D. Obtain informed consent (written, verbal, electronic, or implied) after disclosing appropriate information and answering any questions posed by the recipient of service, qualified family member or caregiver, or research participant to ensure voluntary participation. (Principle: Autonomy; key words: occupational therapy process, informed consent)</p> <p>4E. Fully disclose the benefits, risks, and potential outcomes of any intervention; the occupational therapy personnel who will be providing the intervention; and any reasonable alternatives to the proposed intervention. (Principle: Autonomy; key words: occupational therapy process, intervention, communication, disclose, informed consent)</p> <p>4F. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties. (Principle: Veracity; key words: occupational therapy process, intervention, communication, disclose, informed consent, contracts)</p> <p>4G. Respect the client's right to refuse occupational therapy services temporarily or permanently, even when that refusal has potential to result in poor outcomes. (Principle: Autonomy; key words: occupational therapy process, refusal, intervention, service recipients)</p> <p>4H. Provide occupational therapy services, including education and training, that are within each practitioner's level of competence and scope of practice. (Principle: Beneficence; key words: occupational therapy process, services, competence, scope of practice)</p> <p>4I. Reevaluate and reassess recipients of service in a timely manner to determine whether goals are being achieved and whether intervention plans should be revised. (Principle: Beneficence; key words: occupational therapy process, reevaluation, reassess, intervention)</p> <p>4J. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the services are no longer beneficial. (Principle: Beneficence; key words: occupational therapy process, termination, collaboration)</p> <p>4K. Refer to other providers when indicated by the needs of the client. (Principle: Beneficence; key words: occupational therapy process, referral, service recipients)</p> <p>4L. Provide information and resources to address barriers to access for persons in need of occupational therapy services. (Principle: Justice; key words: beneficence, advocate, access)</p> <p>4M. Report systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy. (Principle: Justice; key words: discrimination, unfair, access, social justice)</p> <p>4N. Provide professional services within the scope of occupational therapy practice during community-wide public health emergencies as directed by federal, state, and local agencies. (Principle: Beneficence; key words: disasters, emergency)</p>

(Continued)

Table 1. Standards of Conduct for Occupational Therapy Personnel (*cont'd*)

Section	Standards of Conduct
5. Professional Competence, Education, Supervision, and Training: Occupational therapy personnel maintain credentials, degrees, licenses, and other certifications to demonstrate their commitment to develop and maintain competent, evidence-based practice.	<p>5A. Hold requisite credentials for the occupational therapy services one provides in academic, research, physical, or virtual work settings. (Principle: Justice; key words: credentials, competence)</p> <p>5B. Represent credentials, qualifications, education, experience, training, roles, duties, competence, contributions, and findings accurately in all forms of communication. (Principle: Veracity; key words: credentials, competence)</p> <p>5C. Take steps (e.g., professional development, research, supervision, training) to ensure proficiency, use careful judgment, and weigh potential for harm when generally recognized standards do not exist in emerging technology or areas of practice. (Principle: Beneficence; key words: credentials, competence)</p> <p>5D. Maintain competence by ongoing participation in professional development relevant to one's practice area. (Principle: Beneficence; key words: credentials, competence)</p> <p>5E. Take action to resolve incompetent, disruptive, unethical, illegal, or impaired practice in self or others. (Principle: Fidelity; key words: competence, law)</p> <p>5F. Ensure that all duties delegated to other occupational therapy personnel are congruent with their credentials, qualifications, experience, competencies, and scope of practice with respect to service delivery, supervision, fieldwork education, and research. (Principle: Beneficence; key words: supervisor, fieldwork, supervision, student)</p> <p>5G. Provide appropriate supervision in accordance with AOTA Official Documents and relevant laws, regulations, policies, procedures, standards, and guidelines. (Principle: Justice; key words: supervisor, fieldwork, supervision, student)</p> <p>5H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance. (Principle: Veracity; key words: supervisor, supervision, fieldwork, performance)</p> <p>5I. Do not participate in any action resulting in unauthorized access to educational content or exams, screening and assessment tools, websites, and other copyrighted information, including but not limited to plagiarism, violation of copyright laws, and illegal sharing of resources in any form. (Principle: Justice; key words: plagiarize, student, copyright, cheating)</p> <p>5J. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program or educational institution. (Principle: Veracity; key words: education, student)</p>
6. Communication: Whether in written, verbal, electronic, or virtual communication, occupational therapy personnel uphold the highest standards of confidentiality, informed consent, autonomy, accuracy, timeliness, and record management.	<p>6A. Maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communications in compliance with applicable laws, including all aspects of privacy laws and exceptions thereto (e.g., Health Insurance Portability and Accountability Act, Family Educational Rights and Privacy Act). (Principle: Autonomy; key words: law, autonomy, confidentiality, communication, justice)</p> <p>6B. Maintain privacy and truthfulness in delivery of occupational therapy services, whether in person or virtually. (Principle: Veracity; key words: telecommunication, telehealth, confidentiality, autonomy)</p> <p>6C. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated or permitted by relevant laws. (Principle: Fidelity; key words: communication, confidentiality, autonomy)</p> <p>6D. Demonstrate responsible conduct, respect, and discretion when engaging in digital media and social networking, including but not limited to refraining from posting protected health or other identifying information. (Principle: Autonomy; key words: communication, confidentiality, autonomy, social media)</p> <p>6E. Facilitate comprehension and address barriers to communication (e.g., aphasia; differences in language, literacy, health literacy, or culture) with the recipient of</p>

(Continued)

Table 1. Standards of Conduct for Occupational Therapy Personnel (*cont'd*)

Section	Standards of Conduct
	<p>service (or responsible party), student, or research participant. (Principle: Autonomy; key words: communication, barriers)</p> <p>6F. Do not use or participate in any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims. (Principle: Veracity; key words: fraud, communication)</p> <p>6G. Identify and fully disclose to all appropriate persons any errors or adverse events that compromise the safety of service recipients. (Principle: Veracity; key words: truthfulness, communication, safety, clients, service recipients)</p> <p>6H. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, research participants, or the public. (Principle: Veracity; key words: truthfulness, communication)</p> <p>6I. Give credit and recognition when using the ideas and work of others in written, oral, or electronic media (i.e., do not plagiarize). (Principle: Veracity; key words: truthfulness, communication, plagiarism, students)</p> <p>6J. Do not engage in verbal, physical, emotional, or sexual harassment of any individual or group. (Principle: Fidelity; key words: inappropriate communication, harassment, digital media, social media, social networking, professional civility)</p> <p>6K. Do not engage in communication that is discriminatory, derogatory, biased, intimidating, insensitive, or disrespectful or that unduly discourages others from participating in professional dialogue. (Principle: Fidelity; key words: inappropriate communication, professionalism, professional civility)</p> <p>6L. Engage in collaborative actions and communication as a member of interprofessional teams to facilitate quality care and safety for clients. (Principle: Fidelity; key words: communication, collaboration, interprofessional, professional civility, service recipients)</p>
<p>7. Professional Civility: Occupational therapy personnel conduct themselves in a civil manner during all discourse. <i>Civility</i> “entails honoring one’s personal values, while simultaneously listening to disparate points of view” (Kaslow & Watson, 2016, para. 1). These values include cultural sensitivity and humility.</p>	<p>7A. Treat all stakeholders professionally and equitably through constructive engagement and dialogue that is inclusive, collaborative, and respectful of diversity of thought. (Principle: Justice; key words: civility, diversity, inclusivity, equitability, respect)</p> <p>7B. Demonstrate courtesy, civility, value, and respect to persons, groups, organizations, and populations when engaging in personal, professional, or electronic communications, including all forms of social media or networking, especially when that discourse involves disagreement of opinion, disparate points of view, or differing values. (Principle: Fidelity; key words: values, respect, opinion, points of view, social media, civility)</p> <p>7C. Demonstrate a level of cultural humility, sensitivity, and agility within professional practice that promotes inclusivity and does not result in harmful actions or inactions with persons, groups, organizations, and populations from diverse backgrounds including age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes. (Principle: Fidelity; key words: civility, cultural competence, diversity, cultural humility, cultural sensitivity)</p> <p>7D. Do not engage in actions that are uncivil, intimidating, or bullying or that contribute to violence. (Principle: Fidelity; key words: civility, intimidation, hate, violence, bullying)</p> <p>7E. Conduct professional and personal communication with colleagues, including electronic communication and social media and networking, in a manner that is free from personal attacks, threats, and attempts to defame character and credibility directed toward an individual, group, organization, or population without basis or through manipulation of information. (Principle: Fidelity; key words: civility, culture, communication, social media, social networking, respect)</p>

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Adopted by the Representative Assembly, November 2020

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Appendix A. 2020 Revision Process for the AOTA 2020 Occupational Therapy Code of Ethics

In Fall 2019, the Ethics Commission (EC) of the American Occupational Therapy Association (AOTA) began the process of reviewing the *Occupational Therapy Code of Ethics* (the Code) as part of the AOTA Representative Assembly's 5-year review cycle. Although ethical principles are timeless, the issues to which they apply and the manner of application are constantly evolving, as are the health care and community environments in which occupational therapy personnel apply them. Therefore, the Code must change to remain applicable to the environments in which occupational therapy personnel work. The following paragraphs outline the changes made to the 2015 Code.

From August to November 2019, EC members reviewed codes of ethics from several health care professions and found that the organization of codes of ethics documents and online platforms had evolved. These professions had organized their codes not by bioethical principles, but by their relationship to areas of practice and professionalism. Moreover, the professions had organized their online platforms for greater interactive agility. The EC decided that a major revision of the Code's organization was in order, although the majority of the content would remain unchanged.

EC members divided into work groups to reorganize the Code by dividing the 2015 Code into the following parts: Preamble, Core Values, Principles, Standards of Conduct, and Appendixes.

EC work group members reorganized the Standards of Conduct from the 2015 Code into behavioral categories. The work group reviewed and discussed the placement of the Standards until consensus was reached. The work group then presented the reorganization of the Standards to the full EC for discussion on February 25, 2020. The EC continued to review and reorganize the standards until June 9, 2020. The EC added a section on Professional Civility in response to a referred motion from the Representative Assembly. Once completed and reviewed on June 9, the EC sent the revised Code draft to content experts for further review and edits.

Content experts completed a survey for responding to changes in the Code using both Likert-type scale ratings and open-ended responses. The EC reviewed the feedback from the content experts on July 14, 2020, and incorporated revisions to create a draft of the Code for membership review.

In July and August 2020, the EC sent a survey to all AOTA members to garner feedback on the revised Code. Results of the survey indicated that among the 122 respondents to the survey, there was 80% or greater agreement that each part of the Code was both relevant and clear. EC members compiled qualitative feedback, carefully considered comments, and made edits to complete the final draft of the Code. The EC then submitted this final draft of the Code, and accompanying motion and rationale, to the Representative Assembly in September 2020. After online discussion, the Representative Assembly voted on November 4, 2020, to pass the motion to strike the *Occupational Therapy Code of Ethics* (2015) and replace it with the *AOTA 2020 Occupational Therapy Code of Ethics*.

Appendix B. History of the AOTA Occupational Therapy Code of Ethics

As society evolves, so must our understanding and implementation of ethical practices as occupational therapy personnel. The American Occupational Therapy Association (AOTA) *2020 Occupational Therapy Code of Ethics* (the Code) continues to be a critical tool in the AOTA Ethics Commission's quest to guide ethical conduct and elevate public trust in the profession. The Code must be a dynamic, living document that grows and develops to complement changes in occupational therapy delivery models, technology, and society.

The first official AOTA ethical code was established in 1975. Work to create this document, titled "Principles of Ethics," began in 1973. Carolyn Baum, Carlotta Welles, Larry Peak, Lou Arents, and Carole Hayes authored this document. At that time, many professional associations began creating codes of ethics in response to the ethical issues being raised by the Tuskegee Syphilis Study, in which researchers studied the effects of syphilis on African-American men who had not given informed consent and were told that they were being treated for the disease ([Centers for Disease Control and Prevention, 2016](#)). The outcry after the public became aware of this violation, even after standards had been put in place after World War II and the Nuremberg Code of 1947, led many professions to establish ethics rules.

In April 1977, the AOTA Representative Assembly approved the "Principles of Occupational Therapy Ethics," and AOTA distributed them in the *American Journal of Occupational Therapy* in November 1977. This first publicly circulated rendition of the Code of Ethics consisted of 12 principles, all starting with the words "Related to," such as "Related to the Recipient of Service."

The Code of Ethics underwent revisions in 1988, 1994, 2000, 2005, 2010, 2015, and 2020, with input from AOTA membership. The 1988 revision began to look like the modern Code, with headings called "Principles" and subheadings called "Standards." In 1994, the members of the AOTA Ethics Commission added a focus on bioethical principles rather than professional behaviors, as in the previous two editions. The Principles included in the 1994 Code were Beneficence; Autonomy, Privacy, and Confidentiality; Duty; Justice; and Fidelity and Veracity. The Principle of Non-maleficence was added in 2000, and Social Justice was added in 2010, then combined with the Principle of Justice in 2015.

There were 30 Standards of Conduct in 2000; this number increased to 38 in 2005 and to 77 in 2010, then decreased to 69 in 2015. These Standards, categorized under the various Principles, were expanded to promote ethical practice in a variety of areas, including the use of technology for telehealth, social media, Internet use, and health records. With the 2020 Code revision, the EC has grouped the revised 73 Standards of Conduct by behaviors rather than under the Principles, in order to return to the original concept of relating the Standards to desired professional behaviors, so that they are more easily accessible to the membership when using the Code. As charged by the Representative Assembly, the Ethics Commission added a section on Professional Civility in 2020.

The Representative Assembly mandates that the Code, as an official AOTA policy document, undergo review every 5 years. This continual review is especially important because some states use the AOTA Code as part of their licensure acts. In addition, some states require occupational therapy practitioners to obtain continuing education in ethics in order to maintain licensure. In updating the Code to meet the needs of members and society, the occupational therapy profession continues to reflect and lead change in health care.

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APPENDIX E

**Grand Valley State University
College of Health Professions
Occupational Science & Therapy Department**

***Grading Rubric for Oral Presentations**

50 pts	Content — Major areas of significance should be included here, either as presented in class, or as researched. These include an introduction that relates the presentation to course topics and demonstrates a logical progression through the content. Degree of detail should cover all facets of the topic, to the extent possible. Content of handouts should contain information the audience can use in the future, and include references. Degree of depth presented should provide audience with enough information for them to carry out or otherwise make use of the presentation topic. Presentation must include a summary conclusion and an opportunity for audience to ask questions.
25 pts	Presentation Style/Skill — Includes the basics of a good presentation, including voice — adequate to be heard by all, moderate pace, smoothness of transitions, eye contact, enthusiasm, ability to present using brief notes (not reading your presentation), flow of presentation, good posture, appropriate movements, gestures and facial expressions that engage the audience in the presentation, but are not distracting. Attire should be professional (work casual, minimally).
15 pts	Instructional Technology/Handouts — Includes the quality and use of technology selected, which may be slides, overheads, PowerPoint, flipchart, smart board or blackboard, and posters, their size and clarity for easy reading and synopsis by audience, and relationship to topic as presented (it should enhance the presentation, rather than just be added on to meet the requirement). For handouts, grading will consider the quality of the handouts as well as the substance (ability to enhance the presentation), resources and references as appropriate. A printout of the PowerPoint is not an adequate handout.
10pts	Personalization/Uniqueness — Includes ways in which the presentation helped to engage the audience. Could include such things as a unique perspective, a different perspective on the content, appropriate personal experiences, a skit or other humorous element, audience participation, or any number of innovative approaches to the presentation that will make it stand out/memorable.
100 pts	Overall Grade — Based on the scores generated in the above categories, a final grade is calculated, based on 100 points, using the standard OST Department Grading Scale as shown in the <u>Student Handbook</u> .

C. Grapczynski, Ed.D, OTR 2005

***Rubric may be modified for assignments by course instructors**

**Grand Valley State University
College of Health Professions
Occupational Science & Therapy Department**

***Grading Rubric for Written Papers**

- 50 pts** **Content** – This category needs to be complete and include an appropriate introduction to the paper, indicating what the paper is about and what can be found in it. This should be followed by a well-developed discussion on each of the main topics presented. This would include breadth beyond one's own perspective, depth that allowed the reader to identify underlying assumptions, if appropriate, to see that all of the major aspects of the topic have been covered. Once each section has been completed, the paper should end with a conclusion or summary that tells the reader what this paper has been about, and what implications it has for the course/content being studied.
- 25 pts** **Writing Style/Skill** – This category needs to demonstrate clear, concise sentence structure that allows the reader to follow the train of thought of the writer. All work will be in APA style, unless otherwise indicated by the instructor. Appropriate citations must be made when using the work/ideas of others, and it should be clear in the paper who is speaking (the writer or someone else for whom there is a citation). Plagiarism will not be tolerated (see **Student Handbook**).
- 25 pts** **Grammar/Mechanics** – The final written product should demonstrate good grammar, composition, and form, using words and expressions correctly, matching nouns and their pronouns, singulars and plurals, and structures of sentences in paragraphs or sections of the paper as appropriate. All papers should be corrected for spelling, punctuation and other mechanical flaws. It is recommended that students take advantage of the Graduate Consultants available at the downtown Writing Center at GVSU to get assistance with basic writing if needed. Also, use a dictionary and thesaurus as a matter of course. The writer or others should proofread all final papers prior to submission to the instructor, to ensure that all such errors have been caught and corrected.
- 100 pts** **Overall Grade** – Based on the scores generated above, a final grade is calculated, based on 100 points, and using the standard OST Department Grading Scale as shown in the **Student Handbook**. Outstanding papers (A) have no mechanical or grammatical errors, use a style that is consistent with program requests, and shows mastery of sentence and paragraph composition and form. Content is well developed, demonstrating a breadth of perspective and depth of thinking appropriate to the topic. One-half point deductions will be made for errors of grammar, style, form and mechanics. Content deficiency will be addressed on a case by case basis, at the instructor's discretion.

C. Grapczynski, Ed.D, OTR 2005

***Rubric may be modified for assignments by course instructors**

Grand Valley State University
College of Health Professions
Peer Evaluation of Group Participation

Please evaluate the performance and involvement of your peers in this final project. In categories listed, place the number that you believe indicates that person's level of performance and involvement in the project. Use the scale: 1 = almost never, 2 = sometimes, 3 = half and half, 4 = often, 5 = almost always. Please provide a brief rationale for your rating choice.



Name of group member	Demonstrated interest in the project	Made self-available to meet	Generated & synthesized ideas	Took leadership role if apropos to group needs	Took direction from others when needed	Cooperated; took a role in group decisions/plans	Expressed concerns in a respectful manner	Completed tasks responsibly and in a timely manner	Worked to bring the project to fruition

Additional Comments: _____

***Rubric may be modified for assignments by course instructors**

APPENDIX F

Department of Occupational Science & Therapy
Grand Valley State University
Competency Achievement Contract

Student: _____

Course: _____

Competency to be
addressed: _____

A. Student Action Plan (outline plan and steps you feel are needed to achieve competency)

B. Action Plan agreed upon by Course Instructor and Student

C. Date for Action Plan to be completed:

D. Signatures

Student/Date

Course Instructor/Date

Student Advisor/Date

E. Completion of Contract

Course Instructor/Date

APPENDIX G

**GRAND VALLEY STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
OCCUPATIONAL SCIENCE & THERAPY DEPARTMENT
PROFESSIONAL BEHAVIORS WORKSHEET**

Name: _____ Advisor _____

Dates of review: 1) _____ 2) _____ 3) _____

(blue) Fall I	(red) Winter I	(green) Spr/Sum I
1) _____	2) _____	3) _____
(blue) Fall II	(red) Winter II	(green) Spr/Sum II
1) _____	2) _____	3) _____
(blue) Fall III	(red) Winter III	(green) Spr/Sum III

Students are expected to demonstrate the professional behaviors as noted with a consistency of 76 – 100% of the time (4) by the last semester of the didactic program (**before leaving for fieldwork**).

Scoring:

Almost Always (76– 100%)	4
Mostly (51 – 75%)	3
Sometimes (26 – 50%)	2
Rarely (1 – 25%)	1

Goal?	I. Professionalism				
	A. Desirable Personal Attributes I am able to:				
	Work independently	1	2	3	4
	Take responsibility for my share of collaborative work	1	2	3	4
	Demonstrate intrinsic motivation	1	2	3	4
	Take a leader or follower role appropriately	1	2	3	4
	Take responsibility for my own actions & feelings	1	2	3	4
	Recognize my personal strengths	1	2	3	4
	Recognize my personal weaknesses	1	2	3	4
	Display self-confidence without arrogance	1	2	3	4
	Balance my personal and professional obligations	1	2	3	4
	Maintain a generally positive demeanor with clients and colleagues	1	2	3	4
	Maintain an appropriate perspective when under stress	1	2	3	4
	Demonstrate a strong work ethic	1	2	3	4
	Be honest and trustworthy in my dealings with others	1	2	3	4
	Demonstrate the integrity of my moral principles	1	2	3	4
	Demonstrate an appropriate sense of humor	1	2	3	4
	Show respect for the beliefs and values of others	1	2	3	4
	Respond to social cues appropriately	1	2	3	4
	Exhibit empathy for others	1	2	3	4
	Resolve conflicts to the best advantage of most	1	2	3	4
	Set appropriate limits and boundaries with others	1	2	3	4
	Take emotional risks to enhance my learning	1	2	3	4

Goal?	B. Expectations and Protocols – I am able to:				
	Be appropriate in terms of my attitude and demeanor	1	2	3	4
	Advocate for myself appropriately	1	2	3	4
	Arrive promptly for class, breaks, and appointments	1	2	3	4
	Complete and submit <u>all</u> requirements on time	1	2	3	4
	Prioritize my activities effectively	1	2	3	4
	Use my time wisely and productively	1	2	3	4
	Come to class appropriately prepared	1	2	3	4
	Be appropriately professional in my attire	1	2	3	4
	Be safety conscious for peers and clients	1	2	3	4
	Contact faculty in case of absence/lateness	1	2	3	4
	Practice ethical behavior, including fairness, confidentiality, respect for the rights of others, information accuracy, competence, and policy adherence	1	2	3	4
	Seek and respond appropriately to critical and constructive feedback	1	2	3	4
	C. Communication Skills – I am able to:				
	<i>Oral Communication</i>				
	Verbalize ideas and thoughts clearly and succinctly	1	2	3	4
	Use appropriate professional language and terminology when speaking	1	2	3	4
	Demonstrate active listening skills	1	2	3	4
	Recognize and use non-verbal communication appropriately (no eye rolling, mocking, etc.)	1	2	3	4
	Use assertiveness appropriately	1	2	3	4
	Adapt my language to the level of my audience's understanding	1	2	3	4
	<i>Written Communication</i>				
	Express myself accurately and succinctly in all written communications	1	2	3	4
	Structure reports and essays to include an introduction, a body, and a conclusion	1	2	3	4
	Use proper mechanics, grammar & punctuation	1	2	3	4
	Use APA format appropriately in all my work	1	2	3	4
	Use appropriate professional language and terminology in my writing	1	2	3	4
	Adapt my language to the level of my readers' understanding	1	2	3	4
	Address content breadth and depth appropriately	1	2	3	4
	Write legibly for documentation	1	2	3	4
Goal?	II. Higher Order Cognitive Functioning				
	A. Critical Thinking – I am able to:				
	Identify significant problems in the field	1	2	3	4
	Accurately prioritize problems	1	2	3	4
	Consider all facets of a problem to find solutions	1	2	3	4
	Seek information from a variety of sources	1	2	3	4
	Demonstrate tolerance for ambiguity and uncertainty	1	2	3	4
	Use my observation skills effectively	1	2	3	4

	Integrate theory with practice effectively	1	2	3	4
	Differentiate between thoughts and feelings	1	2	3	4
	Critically reflect on my own thoughts and behaviors currently and from the past	1	2	3	4
	Interpret information accurately	1	2	3	4
	Question & critique my personal assumptions	1	2	3	4
	Be independent of authority and the beliefs of traditions or society	1	2	3	4
	Generalize ideas from one context to another	1	2	3	4
	Display sound professional judgment	1	2	3	4
	Synthesize and evaluate information effectively	1	2	3	4
B. Desirable Intellectual Traits – I am able to:					
	Seek out intellectual challenges	1	2	3	4
	Actively explore new learning independently	1	2	3	4
	Ask appropriate questions for clarification and/or guidance	1	2	3	4
	Recognize the need for research in the professions	1	2	3	4
	Willingly devote time and energy to the learning process as a primary priority in my life at this time	1	2	3	4
	Realize self-directed learning as an adult skill	1	2	3	4
C. Professional Socialization- I am able to:					
	See the need for, and pursue, additional learning opportunities when presented	1	2	3	4
	Understand and use the OT process effectively	1	2	3	4
	Demonstrate a commitment to the program	1	2	3	4
	Demonstrate my commitment to the profession and to its core concept of occupation	1	2	3	4
	Demonstrate my internalization of OT professional norms and values in my professional encounters	1	2	3	4
	Appropriately advocate for the profession	1	2	3	4
	See the need to be active in the professional organization at both state & national levels	1	2	3	4
	Willingly address the needs of others before my own	1	2	3	4
	Actively participate in service/volunteer work in my community	1	2	3	4

My Professional Behavior Goals

Goals	Date & Status (Progressing, Achieved)
1.	
2.	
3.	
4.	

Comments:

Advisor Signature

Date

Student Signature

Date

Fall I

Win I

SS I

Fall II

Win II

SS II

Fall III

Win III

SS III

Initial and date each semester completed.

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APPENDIX H

Grand Valley State University

Occupational Science & Therapy

Social Media Guidelines

Social media is a general term used to reference websites and applications that enable users to create and share content, and virtually connect with others users. The list of popular social media sites, including Facebook, Twitter, Instagram and Tik Tok, grows every day.

As an institution, Grand Valley recognizes the value of social media and supports its use. The university encourages students, faculty and staff to embrace social media as an engaging and impactful communication tool. Social media has a significant impact on organizational and professional reputations, and because social media can blur the line between personal voice and institutional voice,

Grand Valley has crafted guidelines to help clarify how best to enhance and protect said reputations when participating in social media. This policy is a code of conduct that provides guidelines for faculty and staff members who post content online as part of their job or personal brand.

Grand Valley's [University Communications](#) maintains official pages on various social media platforms and a [directory of affiliated pages](#).

[General recommendations](#)

[Posting on behalf of Grand Valley](#)

[Personal site guidelines](#)

[Confidentiality and privacy](#)

[Using photos and video](#)

[Crisis communication on social media](#)

[Advertising](#)

[Accessibility](#)

Application and Enforcement

The purpose of these guidelines is to have a set of standards for social media pages and blogs related to Grand Valley that can be applied equitably across all areas of the university and can assist department leaders, communications professionals, Web managers, and others in planning future Web use. The standards are designed to protect the reputation of Grand Valley and the safety of alumni, students, prospective students, faculty, staff and others. If absolutely necessary, the university, through various offices, reserves the right to remove content that does not comply.

Individuals covered by these guidelines are those who are authorized to speak on behalf of Grand Valley schools, colleges, departments and units through social media platforms.

updated 8/2021

APPENDIX

I

Room Reservation Form for Research Proposals & Defenses

Date:

Begin time:

End Time:

Purpose for the room:

Faculty mentor:

Room requested: (conference room, classroom, lab, DCIH 305, CHS or RFH)

How many total persons in the room?:

Conference rooms are set up with a TV screen with a VGA connection: you will need to bring your own laptop (If you have a MAC laptop, you will need to provide your own adapter (dongle).

Are you using the phone in the room? :

Any other information that you think might be important:

Please email to Diana Briggs for processing.

Request for Funding for a Research Project

Project Name:

Students Names in Group:

Faculty Mentor:

Amount requested:

Mentor Approval:

Director Approval:

Please email your request to your faculty mentor with instructions to approve and then send to the director for approval.

Give completed form and transcript to Advisor.
College of Health Professions

Occupational Science & Therapy Master's Program

DATE _____

PETITION FOR TRANSFER OF CREDITS

Name _____ Student G# _____

Home Address _____ City/State _____ Zip _____

Phone _____ Email _____

Course Transferred: _____ Number & Title _____

Institution: _____ Equivalent: _____

Credits: _____ Date Completed: _____ Grade: _____

Action of Department Chair: **Transfer** _____ **Do Not Transfer** _____

Signature _____ **Date** _____

Course Transferred: _____ Number & Title _____

Institution: _____ Equivalent: _____

Credits: _____ Date Completed: _____ Grade: _____

Action of Department Chair: **Transfer** _____ **Do Not Transfer** _____

Signature _____ **Date** _____

***PLEASE NOTE: TRANSFER CREDITS WILL NOT BE ADDED TO YOUR RECORD UNTIL YOU HAVE BEEN ACCEPTED AS A DEGREE-SEEKING STUDENT.**

TRANSFER OF CREDIT: UP TO 9 SEMESTER CREDITS FROM A REGIONALLY ACCREDITED INSTITUTION MAY BE CONSIDERED FOR TRANSFER IF TAKEN WITHIN 5 YEARS PRIOR TO ACCEPTANCE AS A DEGREE SEEKING STUDENT, IF GRADES WERE 3.0 OR BETTER AND IF COURSES FIT INTO THE DIRECTED OCCUPATIONAL SCIENCE & THERAPY PROGRAM.

Advisor Signature _____