

University of Southern Indiana

Occupational Therapy Program

2009 Occupational Therapy Student Handbook Version 13.4

Curriculum Design

Component:

- 32 - hours MSOT: Expanding the Roles
- 65 - hours BS: Developing the Generalist

Curriculum Strands:

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

Prerequisite Courses: Building the Foundation:

University Core Curriculum

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

Other Prerequisite Courses

1. Pharmacology
 2. Medical Terminology
 3. Chemistry
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Welcome

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

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

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

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

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

With your entry into the occupational therapy profession, your world is no longer black and white. In fact, one of our goals is to make gray your favorite color. For your success

in the occupational therapy field, you must become intimate with ambiguity. If you are seeking recipes delineating treatment for specific medical diagnoses, you might want to reconsider your options: becoming an occupational therapist, trained to think critically and work autonomously, may not be a good match for your needs. You must realize that the *Occupational Therapy Cookbook* does **NOT** exist. Just as every student is different, each person receiving occupational therapy services varies. Occupational therapy services are not delivered in a one-size-fits-all format.

In the past, “book-smart” students have struggled with the change in learning expectations provided in Table 1. If you are book-smart and want to succeed in the program, you will need to adapt to the learner-centered curriculum, learn to think, and give up your search for the one resource that will tell you what to do. Interestingly, using print-based resources with current publication dates, just as you did successfully in the non-OT required courses, may not provide optimal options for future practice. This means that in the USI combined BS/MSOT occupational therapy curriculum, much of the knowledge you will learn must be revisited and updated as you practice in the future.

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

Table 1. Student Role: Shifts in Learning

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

is the primary way expert occupational therapists deal with the ambiguity of the world. If you practice your conditional reasoning skills while in the program, you will have a head start in using conditional reasoning in your occupational therapy practice.

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

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

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

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

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

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Occupational Therapy Faculty
Occupational Therapy Program

University of Southern Indiana

Program Background**History**

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

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

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

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

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

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

Finalized in 1999, the MSOT proposal began the approval process at the institutional and state levels. At USI, the

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

The most recent accreditation process took place in the fall of 2005. After submission of the Self Study Report, the on-site visit took place September 19th through September 21st, 2005. The Accreditation Council for Occupational Therapy Education (ACOTE) again granted continuing accreditation status to the combine baccalaureate/master's degree curriculum. Listed as major strengths of this program in ACOTE's formal report are "the faculty of the occupational therapy program are recognized for their high degree of commitment to the ongoing development of the students and the curriculum. This is evidenced by the ongoing integration of clinical practice, community service, research and student mentoring, as well as, the students are complimented on their professional deportment and dedication to their program, their studies and the field of occupational therapy. It is obvious they represent strength to the future of the profession."

The years brought changes in the occupational therapy faculty. In the 1993-1994 school year, Sara Harpe, MS, OTR/L moved to a full-time position and Candace Foster, MOT, OTR and Linda Kinkade, OTR were hired for the psychosocial and media courses respectively. Rick Hobbs, MA, OTR, who had been providing guest lectures since the inception of the program, moved to a half-time position in the 1994-1995 school year and Linda Kinkade, OTR added the psychosocial course to her teaching load. That same year, Janet Kilbane, MEd, OTR was hired to teach the cognition course in the fall and then assumed fieldwork coordination in the spring. Deb Woods, OTR was hired to co-teach the work class with Rick Hobbs and Kimberly Whitmore began teaching the second media course alone. In the 1995-1996 school year, Rick Hobbs and Janet Kilbane moved to full-time positions. Jody Kissel, OTR, CHT was hired to teach the orthopedics component of the second pathophysiology course and Kimberly Whitmore to co-teach the work course with Rick Hobbs. For the 1996-1997 school year, new faculty included David Larres, BA, BS, OTR who co-taught the work class and Ginger Whitler, BS, BS, OTR, CTRS who was hired to teach the first media course. In 1998, Rick Hobbs volunteered to revamp the first media course and Ruth Burris, OTR was hired on a part time basis to assist Aimee Luebben in the teaching of the first pathophysiology course, the communications class, the orientation course, and the evaluation class. For the 1999-2000 school year Ruth Burris, OTR was hired on a full-time basis. Tim Byers, OTR, CHT and Monie Freeman, OTR were hired to teach the second media course in 2001. In 2002-2003 school year, Brad Menke, OTR, MPA, CHT was hired to teach the second media course, and Barbara Williams, MS, OTR was hired on a part time basis to teach the work course and the first pathophysiology course and the communications class. In 2003-2004, Barbara Williams was moved to a full-time position as instructor to continue teaching those classes as well as some of the new graduate level coursework. Also, during that year, Brad Menke, OTR, MPA, CHT began teaching the orthopedics component of the second pathophysiology course in addition to the second media course. In August 2004, Barbara Williams earned her doctorate in occupational therapy and was hired as an assistant professor. In 2005, several modifications were made to the Occupational Therapy Program's staff. Barbara Williams, DrOT, OTR was appointed Acting Director and assumed additional administrative responsibilities. Kathleen French, MHA, OTR, assistant professor in the Occupational Therapy Assistant Program assumed responsibility of the psychosocial and professional issues courses. Susan Ahmad, MS, OTR, director of the Occupational Therapy Assistant Program taught the orientation course as well as the activities of daily living course. Jody Kissel, OTR, CHT returned to teach the orthopedics component of the second pathophysiology course. Graduate courses were assumed by Rick Hobbs, MA, OTR, Janet Kilbane, MEd, OTR, and Aimee Luebben, EdD, OTR.

Additional modifications in teaching responsibilities took place in 2006. Barbara Williams, DrOT, OTR/L was named Director of the Occupational Therapy Program. The second media and modalities course was taught by Mary Kay Arvin, OTR, CHT and she was assisted by Elizabeth Wheeler, OTR, an instructor in the Occupational Therapy Assistant Program. Susan Ahmad, MS, OTR assumed teaching responsibilities for the work course as Kathleen French, MS, OTR transitioned to also teaching graduate courses in the Occupational Therapy Program. In 2007,

Sherri Mathis, OTR/L, COTA, was hired as an instructor and assisted the OT Program with teaching the initial applied pathophysiology course and the undergraduate evaluation course.

Vision

At the University of Southern Indiana, the Occupational Therapy Program promotes academic and professional excellence by preparing students, distinguished for their strong clinical skills and high levels of professionalism, to become credentialed occupational therapy practitioners at the entry level. At the time of graduation, the student will have acquired an education in liberal arts and sciences and have been exposed to a variety of service models and systems commonly used in current occupational service delivery. The student will understand the importance of diversity in occupational therapy practice and be able to articulate adherence to ethical standards, values, and attitudes of occupational therapy practice. Finally, the student will value the role of life long learning and remaining current in practice. All of these goals are achieved as faculty demonstrate leadership in occupational therapy education, practices, scholarship, and service by sharing their expertise through innovative teaching strategies, presentations, publications, creative works, service provision, collaboration, consultation, and political action to enrich the occupational therapy profession.

Mission Statement

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

Philosophy

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

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

Occupational therapy is the art and science of enhancing an individual's overall occupational performance by facilitating the development or learning of essential performance skills, by diminishing or correcting pathology which reduces occupational engagement, or by promoting and maintaining wellness or balance in areas of occupation. The term occupation is used to indicate the individual's purposeful use of attention, interest, energy, and time to engage and participate in daily life. Since the primary focus of the profession is the enhancement of occupational engagement, occupational therapy practitioners are concerned with factors that promote, influence, or enhance occupational performance as well as with those factors that serve as barriers or impediments to the individual's ability to function across the lifespan. The OT Program at USI considers client-centered care and

holistic practice critical components to occupational therapy. With this in mind, frames of reference emphasizing such perspectives are influential models for our program. The Person-Environment-Occupation Model (PEO) (Law et al., 1996), the Ecology of Human Performance (EHP) (Dunn, Brown & McGuigan, 1994) and the Model for Human Occupation (MOHO) (Kielhofner, 1995) each recognize the importance of considering the person, contextual factors or environment, and the role of occupation in daily life. These three components are interdependent and require equal consideration in effective occupational therapy practice.

Education directs and facilitates learning, which is valued as a lifelong process promoting competence and scholarship. Learning is the active, continuous process of gaining new knowledge and skills to bring about actual or potential changes in the way of viewing the world. New learning (a function of motivation and readiness) builds on previous levels of knowledge and experience. Learning is facilitated when activities are goal directed, purposeful, and meaningful for the learner. The faculty guide, direct, facilitate, and evaluate learners while encouraging self direction and development of intellectual curiosity, creativity, clinical reasoning, self reflection, and awareness of community involvement. Learning is best achieved in an atmosphere in which individual dignity is respected and a commitment to excellence exists. The development of higher order cognitive skills is enhanced by a liberal arts educational foundation and by the careful selection of teaching strategies and learning assignments within the occupational therapy curriculum. Graduates will be prepared as entry level practitioners in an ever changing health care delivery system.

References:

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- Kielhofner, G. (1995). *A model of human occupation: Theory and Application* (2nd ed.). Baltimore, MD: Williams & Wilkins.
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Curriculum

Synopsis

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

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

Design

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

Table 2 Curriculum Design

Component:

32 - hours MSOT: Expanding the Roles

65 - hours BS: Developing the Generalist

Curriculum strands:

1. Professional Integrity
 2. Health & Social Justice
 3. Systematic Inquiry
 4. Partnership & Collaboration
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Prerequisite Courses: Building the Foundation:**University Core Curriculum**

A. The Mind: Enhancement of Cognitive Abilities (English, communications, and mathematics)

B. The Self: Enhancement of Individual Development (ethics, arts, health/fitness)

C. The World: Enhancement of Cultural and Natural Awareness (history, developmental psychology, sociology, anatomy and physiology, western culture, and global communities)

D. The Synthesis: Integration and Application of Knowledge

Other Prerequisite Courses:

1. Pharmacology
 2. Medical Terminology
 3. Chemistry
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The academic approach provides a focus on individualism. Techniques most commonly utilized in this approach are exposition and scientific inquiry with an emphasis on engaging students in emergent learning rather than merely having them recite known conclusions.

Curriculum Component I. Building the Foundation (University Core Curriculum and Other Prerequisites)

The academic approach was the primary method of curriculum design for the Occupational Therapy Program's first component, building the foundation, which is comprised primarily of the University Core Curriculum requirements listed on pages 48-49 of the *University of Southern Indiana 2007-2009 Bulletin*. According to this document:

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

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

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

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

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

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

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

Table 3. Occupational Therapy Program's Recommended non-OT Required Courses Compared With the University Core Curriculum

Designation	Category	Hours	Occupational Therapy Program Prerequisite Courses	Hours
A. The Mind: Enhancement of Cognitive Abilities (12-19 hours)				
A1	Composition/Speech	9	ENG 101 Rhetoric and Composition I	3

Table 3. Occupational Therapy Program's Recommended non-OT Required Courses Compared With the University Core Curriculum

Designation	Category	Hours	Occupational Therapy Program Prerequisite Courses	Hours
			ENG 201 Rhetoric and Composition II	3
			CMST 107 Introduction to Interpersonal Communication	3
A2	Mathematics	3-4	MATH 111 Survey of Mathematics/College Algebra	4
B. The Self: Enhancement of Individual Development (8 hours)				
B1	Ethics	3	HP 356	3
B2	The Arts	3	Approved Arts course	3
B3	Health/Fitness	2	PED Activity course	1
			OT 310 Applied Pathophysiology I	1
C. The World: Enhancement of Cultural and Natural Awareness (26-27 hours)				
C1	History	3	Approved History course	3
C2	Individual Development/ Social Behavior	6	SOC 121 Introduction to Sociology	3
			PSY 201 Introduction to Psychology	3
C3	Science	8-9	BIOL 121 Anatomy and Physiology I	3
			BIOL 122 Anatomy and Physiology II	3
			CHEM 141	3-4
C4	Western Culture	6	Approved Humanities I course	3
			Approved Humanities II course	3
C5	Global Communities	3	HP 235	3
D. The Synthesis: Integration and Application of Knowledge (3 hours)				
D	Synthesis	3	OT 480 Occupational Therapy Research	3

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

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

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

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

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

The core of the second curriculum component, developing the generalist, was designed around initially creating a basis of knowledge of occupational therapy, next, applying such acquired knowledge, and finally, progressing to evaluating this knowledge. The curriculum design for the generalist component is based upon a functional approach that addresses occupation across the lifespan. This method of education also integrates the American Occupational Therapy Association's (2007) *Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guidelines* as well as professional terminology documents that outline the scope, language, and constructs of occupational therapy such as *Occupational Therapy Framework: Domain and Process and Uniform*

Terminology for Occupational Therapy III.

In the planning of the baccalaureate curriculum, the second component—developing the generalist in the combined BS/MSOT program, the curriculum design integrated the following documents:

- American Occupational Therapy Association. (2007). *Accreditation council for occupational therapy education (ACOTE®) standards are interpretive guidelines*. Rockville, MD: Author.
- American Occupational Therapy Association. (2005). Code of Ethics. *American Journal of Occupational Therapy*, 59, 639 – 642.
- American Occupational Therapy Association. (2005). Standards of practice for occupational therapy. *American Journal of Occupational Therapy* 59, 663-665.
- American Occupational Therapy Association. (1994). Uniform Terminology for Occupational Therapy (3rd. ed.) Rockville, MD: Author.
- American Occupational Therapy Association. (2002). Occupational Therapy Practice Framework: Domain and Process. Rockville, MD: Author.

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

Designing a curriculum that considers comprehensive models of practice did not mean the Occupational Therapy Program at the University of Southern Indiana had no medical diagnosis-based classes. Both applied pathophysiology courses (OT 310 Applied Pathophysiology I and OT 312 Applied Pathophysiology II) have a basis in medical diagnoses with an emphasis on the translation of diagnoses to consideration of occupational performance and function across the lifespan. For instance, the pathology courses consider, a child who had cerebral palsy becomes an adolescent and an adult with the same diagnosis. These diagnoses-based courses are offered early in the curriculum to establish a foundation of knowledge necessary for occupational therapy practice. All courses in the first two semesters (OT 320 Professional Communication, OT 330 Media & Modalities I, OT 391 Clinical Reasoning, PED 383 Kinesiology, OT 331 Media & Modalities II, OT 340 Psychological & Social Considerations of OT, OT 342 Cognition, and OT 380 Professional Evaluation), help to provide an educational basis for students who tend to take new information at a literal level.

Specific techniques that consider the holistic, client-centered approach as considered across the lifespan are emphasized in the two media and modalities courses (OT 330 Media and Modalities I and OT 331 Media and Modalities II) presented in the first two semesters. In OT 330 Media and Modalities I, activity analysis allows students to analyze functional movement patterns across the lifespan while engaged in therapeutic activity and occupation. In OT 331 Media and Modalities II, assistive technology as well as the rudiments of physical agent modalities join the strong orthotics core of this course. The foundational content of the occupational therapy curriculum is also addressed in the first two semesters with OT 320 Professional Communication which emphasizes written, oral, and nonverbal professional communication, OT 391 Clinical Reasoning introduces the skills in relation to function across the lifespan, PED 383 Kinesiology integrates basic concepts of movement while OT 340 Psychological and Social Considerations and OT 342 Cognition educates students of such considerations in regard to occupation across the lifespan. Students then progress through the third and fourth semesters by building on this knowledge and applying it in holistic, client centered manners across the lifespan. OT 380 Professional Evaluation covers basics screens, assessments, and evaluations of occupations, OT 440 Activities of Daily Living and Play/Leisure and OT 441 Work Productive Activities addresses functional aspects of such occupations, OT 443 Sensorimotor Skills focuses on sensory and motor components of functional activities across the lifespan while OT 493 Occupational Therapy Intervention allows students to study various interventions to establish/restore occupations across the lifespan, OT 495 Professional Practicum Seminar A and OT 496 Professional Seminar B

provide students the opportunities to experience the acquired knowledge in an occupational therapy practice setting. Finally, the students begin a transition to evaluating such knowledge, through OT 462 Professional Issues in which leadership issues are introduced and professional responsibilities are learned and in OT 480 Occupational Therapy Research in which students learn of professional inquiry and issues relating to basic and applied research, although this practice primarily take place in the graduate coursework.

Curriculum Component III. Expanding the Roles (32-hour MSOT)

The third curriculum component—expanding the roles (MSOT)—consists of 8 courses, designed to elevate students to the levels of evaluation and synthesis of knowledge and to prepare students for practice as generalist practitioners. Naturally, these higher level courses integrate the foundational occupational therapy knowledge involving function across the lifespan learned in the undergraduate curriculum. This portion of the curriculum “expands” this knowledge to enable students to function in their extensive role as an occupational therapist. The curriculum design for the expanded roles component is also based upon the American Occupational Therapy Association’s (2007) *Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guidelines* and professional terminology documents that outlines the scope, language, and constructs of occupational therapy such as *Occupational Therapy Framework; Domain and Process and Uniform Terminology for Occupational Therapy III*. This portion of the curriculum, which continues with the functional approach to occupation across the lifespan is 32 credit hours consisting of OT 692 Specialized Evaluation Strategies which expands on the undergraduate evaluation course addressing more standardized evaluation methods, OT 690 Special Topics, in which study is concentrated on emerging, innovative, or specialized areas of the occupational therapy profession, OT 671 Occupational Therapy Leadership which focuses on executive leadership and management skills, OT 683 Advanced Occupational Therapy Research which involves conducting and disseminating research and OT 696 Professional Fieldwork I and OT 697 Professional Fieldwork II which enable students to synthesize knowledge into occupational therapy practice settings, OT 699 Occupational Therapy Synthesis which students synthesize knowledge in development of community projects, and OT 698 Specialized Role Internship Seminar in which students work with faculty to customize extra practice experience by selecting (a) more in-depth preparation in a particular area or setting (e. g., orthopedics, school system) or (b) study of a new area or setting they have not yet experienced.

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

- American Occupational Therapy Association. (2007). *Accreditation council for occupational therapy education (ACOTE®) standards and interpretive guidelines*. Rockville, MD: Author
- American Occupational Therapy Association. (2005). Code of ethics, *American Journal of Occupational Therapy*, 59, 639-642.
- American Occupational Therapy Association. (2005). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, 59, 663-665.
- American Occupational Therapy Association, (1994). *Uniform Terminology for Occupational Therapy* (3rd.ed.). Rockville, MD: Author.
- American Occupational Therapy Association. (1994). *Occupational Therapy Practice Framework: Domain and Process*. Rockville, MD: Author

Curriculum Strands: Weaving the Fabric of the USI Combined BS/MSOT Curriculum

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

Historically, curriculum strands have been chosen for a variety of reasons. USI’s OT Program strands were derived from *ACOTE Standards* while other curriculum strands grew from trends in occupational therapy practice the

philosophy and curriculum design, interest of faculty members, and input from USI OT Program's advisory board. All OT course syllabi include objectives addressing at least one aspect of each strand.

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

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

Systematic Inquiry, the third strand, involves clinical reasoning, technology, research, and evidence-based practice. This strand is emphasized in OT 310 Applied Pathophysiology I, OT 391 Clinical Reasoning, OT 312 Applied Pathophysiology II, OT 331 Media & Modalities II, OT 342 Cognition, OT 380 Professional Evaluation, OT 493 Intervention, OT 441 Work & Productive Activities, OT 480 OT Research, OT 692 Specialized Evaluation Strategies, OT 683 Advanced OT Research, OT 495 Professional Practicum Seminar A, OT 496 Professional Practicum Seminar B, OT 696 Professional Fieldwork I, OT 697 Professional Fieldwork II, and OT 699 Synthesis.

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

Modification History

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

Before implementing the combined BS/MSOT degree curriculum, the BS curriculum underwent further modification. On February 24, 2004 the USI Curriculum Committee approved an Occupational Therapy Program curriculum modification that involved retrofitting the existing BS curriculum with two practicum seminar courses, which have proved successful in the USI Associate of Science in Occupational Therapy Assistant program. The modification included moving two 40-clock hour clinical experiences, originally designed as components of two occupational performance core courses (OT 340 Occupational Performance Components I: Psychosocial Skills and OT 341 Occupational Performance Components II: Sensorimotor Skills) into separate 2-credit hour practicum

seminar courses: OT 397 Professional Practicum Seminar A and OT 398 Professional Practicum Seminar B. These two new courses resulted in decreasing the hours of OT 340 (from 5-credit hours to 4) and OT 341 (from 6-credit hours to 4). In addition, the program modification also decreased OT 460 Professional Issues I from 3 credit hours to 2 because the 40-clock hour Advanced Role Practicum (student's choice of advanced practitioner role, administrator role, researcher role, or academic role) that was originally integrated into this course was moved into and greatly expanded in the new MSOT curriculum at USI.

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

Accreditation Status

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

Expected Outcome Competencies of Graduates

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

- American Occupational Therapy Association. (1993). Occupational therapy roles. *American Journal of Occupational Therapy*, 47, 1087-1099.
- American Occupational Therapy Association. (1994). Career exploration and development: A companion guide to the occupational therapy roles document. *American Journal of Occupational Therapy*, 48(9), 844-851.
- American Occupational Therapy Association. (1998a). Guidelines to the occupational therapy code of ethics. *American Journal of Occupational Therapy*, 52(10), 881-884.
- American Occupational Therapy Association. (1998b). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, 52(10), 866-869.
- American Occupational Therapy Association. (1999a). Guidelines for supervision of occupational therapy personnel in the delivery of occupational therapy services. *American Journal of Occupational Therapy*, 53(6), 592-597.
- American Occupational Therapy Association. (1999b). Standards for an accredited educational program for the occupational therapist. *American Journal of Occupational Therapy*, 53(6), 575-582.
- American Occupational Therapy Association. (1999c). Standards for an accredited educational program for the occupational therapy assistant. *American Journal of Occupational Therapy*, 53(6), 583-589.
- American Occupational Therapy Association. (1999d). Standards for continuing competence. *American Journal of Occupational Therapy*, 53(6), 599-600.
- American Occupational Therapy Association. (2000). Occupational therapy code of ethics (2000). *American Journal of Occupational Therapy*, 54, 614-616.
- American Occupational Therapy Association. (2002a). *Fieldwork Performance Evaluation for Occupational*

Therapy Student. Bethesda, MD: AOTA Press.

American Occupational Therapy Association. (2002b). Glossary: Standards for an accredited educational program for the occupational therapist and occupational therapy assistant. *American Journal of Occupational Therapy*, 56(6), 667-668.

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

General Competencies

1. Synthesize knowledge and concepts from the sciences and liberal arts and an understanding of issues related to globalism and diversity with occupational therapy theory and practice knowledge in providing comprehensive service provision for persons with difficulties in occupational performance (AOTA, 1999b: P).
2. Demonstrate logical thinking, critical analysis, problem solving, creativity, reflective thinking, and independent judgment in the provision of occupational therapy directed toward meeting a broad range of functional performance needs of individuals and families from diverse and multicultural populations throughout the lifespan and in a variety of occupational performance contexts.
3. Utilize oral, nonverbal, and written communication skills to develop and maintain therapeutic, goal directed interactions with individuals, families, caregivers, staff, and community groups.
4. Provide occupational therapy services at a generalist level, with a broad exposure to the delivery models and systems utilized in settings where occupational therapy is currently practiced and where the profession is emerging as a service (AOTA, 1999b: P).
5. Be prepared to articulate and apply professional principles, intervention approaches and rationales, and expected outcomes as related to occupation (AOTA, 1999b: P).
6. Design, implement, and evaluate comprehensive strategies directed toward assisting individuals, team members, and community groups in preventing disease, promoting health, and maximizing occupational performance.
7. Uphold the ethics, standards, values, and attitudes of the occupational therapy profession (AOTA, 1999b: P).
8. Demonstrate being an effective consumer of scholarly papers, research findings, and knowledge bases that undergird practice; participating in scientific inquiry designed to improve occupational therapy practice and to enhance the occupational therapy profession; and contributing to the growth and dissemination of research and knowledge (AOTA, 1999b: P).
9. Demonstrate a commitment to the values of caring, competence, collegiality, lifelong learning, and professional growth to keep current with best professional practice (AOTA, 1999b: P).
10. Supervise and work in cooperation with occupational therapy assistants (AOTA, 1999b: P).
11. Collaborate with other professionals as a leader, advocate, and team member to ensure access and quality service provision.
12. Fulfill various roles: direct care provider, consultant, educator, manager of personnel and resources, researcher, and advocate for the profession and the consumer.(AOTA, 2007b: P).

Specific Competencies

1 Foundational Content Requirements

- 1.1. Demonstrate oral and written communication skills (AOTA, 2007b: B, 1.1).
- 1.2. Employ logical thinking, critical analysis, problem solving, and creativity (AOTA, 2007b: B, 1.2).
- 1.3. Demonstrate competence in basic computer use, including the ability to use databases and search engines to access information, word processing for writing, and presentation software (AOTA, 2007b: B, 1.3).
- 1.4. Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics (AOTA, 2007b: B, 1.4).
- 1.5. Demonstrate knowledge and understanding of human development throughout the life span (infants, children, adolescents, adults, and elderly persons). Course content must include, but is not limited to, developmental psychology. (AOTA, 2007b: B, 1.5).
- 1.6. Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral and social sciences. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology (AOTA, 2007b: B, 1.6).
- 1.7. Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, diversity factors, and lifestyle choices in contemporary society. Course content must include, but not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology (AOTA, 2007b: B, 1.7).
- 1.8. Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations (AOTA, 2007b: B, 1.8).
- 1.9. Demonstrate knowledge of global social issues and prevailing health and welfare needs (AOTA, 2007b: B, 1.9).
- 1.10. Demonstrate the ability to use statistics to interpret tests and measurements (AOTA, 2007b: B, 1.10).

2 Basic Tenets of Occupational Therapy

- 2.1 Articulate an understanding of importance of the history and philosophical base of the profession of occupational therapy (AOTA, 2007, 2.1).
- 2.2 Explain the meaning and dynamics of the occupation and activity, including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors (AOTA, 2007a: B, 2.2).
- 2.3 Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support participation in contest(s) for the client (AOTA, 2007b: B, 2.3).
- 2.4 Articulate the importance of balancing areas of occupation with achievement of health and wellness. (AOTA, 2007b: B, 2.4).

- 2.5 Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society (AOTA, 2007b: B, 2.5).
- 2.6 Analyze the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance. (AOTA, 2007a: II. 2.6).
- 2.7 Exhibit the ability to analyze tasks relative to areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors to formulate an intervention plan (AOTA, 2007a: II. 2.7).
- 2.8 Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process (AOTA, 2007b: B, 2.8).
- 2.9 Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual (AOTA, 2007b: B, 2.9).
- 2.10 Use clinical reasoning to explain the rationale for and use of compensatory strategies when desired life tasks cannot be performed (AOTA, 2007b: B, 2.10).
- 2.11 Analyze, synthesize, and apply models of occupational performance and theories of occupation (AOTA, 2007b: B, 2.11).

3 Occupational Therapy Theoretical Perspectives

- 3.1 Describe theories that underlie the practice of occupational therapy (AOTA, 2007b: B, 3.1).
- 3.2 Compare and contrast models of practice and frames of reference that are used in occupational therapy (AOTA, 2007b: B, 3.2).
- 3.3 Discuss how theories, models of practice, and frames of reference are used in occupational therapy evaluation and intervention (AOTA, 2007b: B, 3.3).
- 3.4 Analyze and discuss how history, theory, and the sociopolitical climate influence practice (AOTA, 2007b: B, 3.4).
- 3.5 Apply theoretical constructs to evaluation and intervention with various types of clients and practice contexts to analyze and effect meaningful occupation (AOTA, 2007b: B, 3.5).
- 3.6 Discuss the process of theory development and its importance to occupational therapy (AOTA, 2007b: B, 3.6).

4 Screening, Evaluation and Referral

- 4.1 Use standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention. These include, but are not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant other (AOTA, 2007a: III. 4.1).
- 4.2 Select appropriate assessment tools based on client needs, contextual factors, and psychometric properties of tests. These must be relevant to a variety of populations across the life span, culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process (AOTA, 2007: 4.2).
- 4.3 Use appropriate procedures and protocols (including standardized formats) when administering

assessments. (AOTA, 2007a: III. 4.3).

- 4.4 Evaluate client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools include:
- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g. neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g. physicality, information exchange, relations) (AOTA, 2007a: III. 4.4).
- 4.5 Compare and contrast the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapist and occupational therapy assistant in that process (AOTA, 2007a: III. 4.5).
- 4.6 Interpret criterion-referenced and norm-referenced standardized test scores based on an understanding of sampling, normative data, standard and criterion scores, reliability, and validity (AOTA, 2007a: III. 4.6).
- 4.7 Consider factors that might bias assessment results, such as culture, disability status, and situational variables related to the individual and context (AOTA, 1993: 2; 2007b: B, 4.7).
- 4.8 Interpret the evaluation data in relation to accepted terminology of the profession and relevant theoretical frameworks (AOTA, 2007b: B, 4.8).
- 4.9 Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluation to specialists who are internal and external to the profession (AOTA, 2007 b: B, 4.9).
- 4.10 Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services (AOTA, 2007a: III. 4.10).

5 Intervention Plan: Formulation and Implementation

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

- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
 - Performance patterns (e.g., habits, routines, roles) and behavior patterns.
 - Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
 - Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations) (AOTA, 1993: 6; 2007b: B, 5.1).
 - Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation (AOTA, 2007a: III. 11).
- 5.2 Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation (AOTA, 2007: 5; 2007b: B, 5.2).
- 5.3 Provide therapeutic use of occupational and activities (e.g., occupation-based activity, practice skills, preparatory methods) (AOTA, 2007: B5.3).
- 5.4 Provide training in self-care, self-management, home management, and community and work integration. (AOTA, 2007b: B, 5.4).
- 5.5 Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception), neuromuscular, and behavioral skills (AOTA, 2007b: B, 5.5).
- 5.6 Provide therapeutic use of self, including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction (AOTA, 2007a: B, 5.6).
- 5.7 Describe the role of the occupational therapist in care coordination, case management, and transition services in traditional and emerging practice environments (AOTA, 2007a: B, 5.7).
- 5.8 Modify environments (e.g., home, work, school, community) and adapt processes, including the application of ergonomic principles (AOTA, 2007a: B, 5.8).
- 5.9 Articulate principles of and be able to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating systems) used to enhance occupational performance (AOTA, 2007a: B, 5.9).
- 5.10 Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics (AOTA, 2007a: B, 5.10).
- 5.11 Provide recommendations and training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility, and address issues related to driver rehabilitation (AOTA, 2007b: B, 5.11).

- 5.12 Provide management of feeding and eating to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and the initiation of swallowing) and train others in precautions and techniques while considering client and contextual factors (AOTA, 2007b: B, 5.12).
- 5.13 Explain the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance, including foundational knowledge, underlying principles, indications, contraindications, and precautions. Demonstrate safe and effective application of superficial thermal and mechanical modalities (AOTA, 1993: 7; 2007b: B, 5.13).
- 5.14 Explain the use of deep thermal and electrotherapeutic modalities as a preparatory measure to improve occupational performance, including indications, contraindications, and precautions (AOTA, 2007b: B, 5.14)
- 5.15 Develop and promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client (AOTA, 2007b: B, 5.15).
- 5.16 Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety (AOTA, 2007b: B, 5.16).
- 5.17 Apply the principles of the teaching-learning process using educational methods to design educational experiences to address the needs of the client, family, significant others, colleagues, other health providers, and the public (AOTA, 2007a: B, 5.17).
- 5.18 Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner (AOTA, 2007a: B, 5.18).
- 5.19 Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context (AOTA, 2007a: B, 5.19).
- 5.20 Select and teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks (AOTA, 2007b: B, 5.20).
- 5.21 Identify and demonstrate techniques in skills of supervision and collaboration with occupational therapy assistants on therapeutic interventions (AOTA, 2007b: B, 5.21).
- 5.22 Understand when and how to use the consultative process with groups, programs, organizations, or communities (AOTA, 2007b: B, 5.22).
- 5.23 Refer to specialists (both internal and external to the profession) for consultation and intervention (AOTA, 2007b: B, 5.23).
- 5.24 Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention (AOTA, 2007: B, 5.24).
- 5.25 Plan for discharge, in collaboration with the client, by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment. This includes, but not limited to, identification of client's current status within the continuum of care and the identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming to facilitate the client's progression along the continuum toward outcome goals (AOTA, 2007b: B, 5.25).

- 5.26 Organize, collect, and analyze data in a systematic manner for evaluation of practice outcomes. Report evaluation results and modify practice as needed to improve outcomes (AOTA, 2007b: B, 5.26).
- 5.27 Terminate occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. This includes developing a summary of occupational therapy outcomes, appropriate recommendations and referrals, and discussion with the client and with appropriate others of post-discharge needs (AOTA, 1993: 8; 2007, 5.27).
- 5.28 Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered (AOTA, 2007b: B, 5.28).

6 Context of Service Delivery

- 6.1 Differentiate among the contexts of health care, education, community, and social systems as they relate to the practice of occupational therapy (AOTA, 2007b: B, 6.1).
- 6.2 Discuss the current policy issues and the social, economic, political, geographic, and demographic factors that influence the various contexts for practice of occupational therapy (AOTA, 2007b: B, 6.2).
- 6.3 Describe the current social, economic, political, geographic, and demographic factors to promote policy development and the provision of occupational therapy services (AOTA, 2007: B, 6.3).
- 6.4 Articulate the role and responsibility of the practitioner to address changes in service delivery policies to effect changes in the system, and to identify opportunities in emerging practice areas (AOTA, 2007a: B, 6.4).
- 6.5 Articulate the trends in models of service delivery and their potential effect on the practice of occupational therapy, including, but not limited to, medical, educational, community, and social models (AOTA, 2007b: B, 6.5).
- 6.6 Use national and international resources in making assessment or intervention choices, and appreciate the influence of international occupational therapy contributions to education, research, and practice (AOTA, 2007b: B, 6.6).

7 Management Of Occupational Therapy Services

- 7.1 Explain how the various practice settings (e.g., medical institutions, community practice, school systems) affect the delivery of occupational therapy services (AOTA, 2007b: B, 7.1).
- 7.2 Describe and discuss the impact of contextual factors on the management and delivery of occupational therapy services (AOTA, 2007b: B, 7.2).
- 7.3 Describe the systems and structures that create federal and state legislation and regulation and their implications and effects on practice (AOTA, 2007b: B, 7.3).
- 7.4 Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws (AOTA, 2007a: II, 7.4).
- 7.5 Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third-party, private-payer), appeals mechanisms, and documentation requirements that affect the practice of occupational therapy (AOTA, 2007b: B, 7.5).
- 7.6 Describe the mechanisms, systems, and techniques needed to properly maintain, organize, and

prioritize workloads and intervention settings including inventories (AOTA, 2007b: B, 7.6).

- 7.7 Demonstrate the ability to plan, develop, organize, and market the delivery of services to include the determination of programmatic needs, service delivery options, and formulation and management of staffing for effective service provision (AOTA, 2007a: B, 7.7).
- 7.8 Demonstrate ability to design ongoing processes for quality improvement (e.g., outcome studies analysis) and develop program changes as needed to ensure quality of services and to direct administrative changes (AOTA, 2007b: B, 7.8).
- 7.9 Develop strategies for effective, competency-bases legal and ethical supervision of occupational therapy and non-occupational therapy personnel (AOTA, 2007b: B, 7.9).
- 7.10 Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator (AOTA, 2007b: B, 7.10).

8 Research

- 8.1 Articulate the importance of research, scholarly activities, and the continued development of a body of knowledge relevant to the profession of occupational therapy (AOTA, 2007b: B, 8.1).
- 8.2 Effectively locate, understand, and evaluate information, including the quality of research evidence (AOTA, 2007b: B, 8.2).
- 8.3 Use research literature to make evidence-based decisions (AOTA, 2007b: B, 8.3).
- 8.4 Understand and use basic descriptive, correlational, and inferential quantitative statistics and code, analyze, and synthesize qualitative data (AOTA, 2007b: B, 8.4).
- 8.5 Understand and critique the validity of research studies, including designs (both quantitative and qualitative) and methodologies (AOTA, 2007b: B, 8.5).
- 8.6 Demonstrate the skills necessary to design a research proposal that includes the research question, relevant literature, sample, design, measurement, and data analysis (AOTA, 2007b: B, 8.6).
- 8.7 Implement one or more aspects of research methodology. These may be simulated or actual and may include, but are not limited to, designing research instruments, collecting data, and analyzing or synthesizing data. These research activities may be completed individually, with a group, or with a faculty member (AOTA, 2007b: B, 8.7).
- 8.8 Demonstrate basic skills necessary to write a research report in a format for presentation or publication (AOTA, 2007b: B, 8.8).
- 8.9 Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for research and practice (AOTA, 2007b: B, 8.9).

9 Professional Ethics, Values, and Responsibilities

- 9.1 Demonstrate a knowledge and understanding of the American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice*, and *AOTA Standards of Practice* and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings (AOTA, 2007b: B, 9.1).
- 9.2 Discuss and justify how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations (AOTA, 2007a: I, 9.2).
- 9.3 Promote occupational therapy by educating other professionals, service providers, consumers, third-

- party payers, regulatory bodies, and the public (AOTA, 2007a: I. 9.3).
- 9.4 Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards (AOTA, 2007a: VII. 9.4).
- 9.5 Discuss professional responsibilities related to liability issues under current models of service provision (AOTA, 2007a: VII. 9.5).
- 9.6 Discuss and evaluate personal and professional abilities and competencies as they relate to job responsibilities (AOTA, 2007a: VII. 9.6).
- 9.7 Discuss and justify the varied roles of the occupational therapist as a practitioner, educator, researcher, consultant, and entrepreneur (AOTA, 2007a: V. 9.7).
- 9.8 Explain and justify the importance of supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant (AOTA, 2007a: B, 9.8 VII. 40).
- 9.9 Describe and discuss professional responsibilities and issues when providing service on a contractual basis (AOTA, 2007a: B, 9.9 V. 31).
- 9.10 Explain strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts (AOTA, 2007: B, 9.10).
- 9.11 Explain the variety of informal and formal ethical dispute-resolution systems that have jurisdiction over occupational therapy practice (AOTA, 2007a: B, 9.11 VII. 36).
- 9.12 Describe and discuss strategies to assist the consumer in gaining access to occupational therapy services (AOTA, 2007a: B, 9.12 VII. 38).
- 9.13 Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., American Occupational Therapy Association, state occupational therapy associations, advocacy organizations) (AOTA, 2007: 18; 1999b: B, 9.13).

10 Fieldwork Education

- 10.1. Document the criteria and process for selecting fieldwork sites. Ensure that the fieldwork program reflects the sequence, depth, focus, and scope of content in the curriculum design.
- 10.2. Ensure that the academic field coordinator and faculty collaborate to design fieldwork experiences that strengthen the ties between didactic and fieldwork education.
- 10.3. Provide fieldwork education in settings that are equipped to meet the curriculum goals, provide educational experiences applicable to the academic program, and have fieldwork educators who are able to effectively meet the learning needs of the student.
- 10.4. Ensure that the academic fieldwork coordinator is responsible for advocating the development of links between the fieldwork and didactic aspects of the curriculum, for communicating about the curriculum to fieldwork educators, and for maintaining contracts and site data related to fieldwork placements.
- 10.5. Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives, identifying site requirements, and communicating with the student and fieldwork educator about progress and performance during fieldwork.
- 10.6. Document a policy and procedure for complying with fieldwork site health requirements and maintaining student health records in a secure setting.

- 10.7. Ensure that the ratio of fieldwork educators to student(s) enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.
- 10.8. Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely matter in accordance with the policy adopted by the program.
- 10.9. For programs in which the academic and fieldwork components of the curriculum are provided by two or more institutions, responsibilities of each sponsoring institution and fieldwork site must be clearly documented in a memorandum of understanding. For active Level I and Level II fieldwork sites, programs must have current fieldwork agreements or memoranda of understanding that are signed by both parties. (Electronic contracts and signatures are acceptable.)
- 10.10. Documentation must be provided that each memorandum of understanding between institutions and active fieldwork sites is reviewed at least every five years by both parties. Programs must provide documentation that both parties have reviewed the contract.
- 10.11. Ensure that Level I fieldwork is integral to the program's curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.
- 10.12. Ensure that qualified personnel supervise Level I fieldwork. Examples may include, but are not limited to, currently licensed or credentialed occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists.
- 10.13. Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork.
- 10.14. Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.
- 10.15. Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.
- 10.16. Require a minimum of 24 weeks' full-time Level II fieldwork. This may be completed on a part-time basis as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies as long as it is at least 50% of a full-time equivalent at that site.
- 10.17. Ensure that the student is supervised by a currently licensed or credentialed occupational therapist who has a minimum of 1 year practice experience subsequent to initial certification, and is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program.
- 10.18. Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).
- 10.19. Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease

to less direct supervision as is appropriate for the setting, the severity of the client's condition, and the ability of the student.

- 10.20. Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or credentialed occupational therapist with at least 3 years of professional experience. Supervision must include a minimum of 8 hours per week. Supervision must be initially direct and then may be decreased to less direct supervision as is appropriated for the setting, the client's needs and the ability of the student. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An onsite supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.
- 10.21. Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the American Occupational Therapy Association *Fieldwork Performance Evaluation for the Occupational Therapy Student* or equivalent).
- 10.22. Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice. Such fieldwork must not exceed 12 weeks.

**University of Southern Indiana
BS/MSOT Curriculum
Occupational Therapy Program**

Prerequisite Courses:**FIRST YEAR**

<u>Fall Semester</u>		<u>17</u>
ENG 101	Rhetoric & Composition I	3
CMST 101/107	Communication	3
SOC 121	Principles of Sociology	3
MATH 111	College Algebra	4
BIO 121	Anatomy & Physiology I	3
OT 151	Orientation to OT	1

<u>Spring Semester</u>		<u>16</u>
ENG 201	Rhetoric & Composition II	3
HUM I	(C4)	3
PSY 201	Introduction to Psychology	3
BIO 122	Anatomy & Physiology II	3
ARTS	(B2)	3
PE Activity	(B3)	1

SECOND YEAR

<u>Fall Semester</u>		<u>15</u>
		<u>17</u>
HP 115	Medical Terminology	2
HUM II	(C4)	3
PSY 261	Lifespan Dev Psychology	3
CHEM 141	Intro to Chemistry	4

Choose one of the following electives: **3**

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

Apply to BS/MSOT Program

<u>Spring Semester</u>		<u>15</u>
HP 236	Eastern Medicine	3
PSY 322	Abnormal Psychology	3
HA 356	Ethics & Health Care	3
HIST	(C1)	3
HP 225	Pharmacology & Therapeutics	3

*If not taken in prerequisites.

Professional Coursework:**THIRD YEAR**

<u>Fall Semester</u>		<u>16-17</u>
OT 151	Orientation to OT*	1
OT 310	Applied Pathophysiology I	3
OT 320	Professional Communication	3
OT 330	Media & Modalities I	3
PED 383	Kinesiology	3
OT 391	Clinical Reasoning	4

<u>Spring Semester</u>		<u>18</u>
OT 312	Applied Pathophysiology II	5
OT 331	Media & Modalities II	3
OT 340	Psych & Social Considerations	4
OT 342	Cognition	3
OT 380	Professional Evaluation	3

FOURTH YEAR

<u>Fall Semester</u>		
HP 302	Biostatistics	3
OT 440	ADL & Play/Leisure	4
OT 443	Sensorimotor Skills	4
OT 493	Intervention	4
OT 495	Prof Practicum Seminar	2

<u>Spring Semester</u>		<u>17</u>
OT 441	Work & Productive Activities	4
OT 462	Professional Issues	4
OT 480	Occupational Therapy Research	3
OT 496	Prof Practicum Seminar B	2

OT 692	Specialized Evaluation Strategies	4

Apply for Admission to Graduate Studies**FIFTH YEAR**

<u>Summer Semester</u>		<u>6</u>
OT 696	Professional Fieldwork I	6

<u>Fall Semester</u>		<u>14</u>
OT 671	OT Leadership	4
OT 683	Advanced OT Research	3
OT 698	Specialized Role Intern	2
OT 699	OT Synthesis	5

<u>Spring Semester</u>		<u>8</u>
OT 697	Professional Fieldwork II	6
OT 690	Special Topics	2

Revised 7/7/2009
Folder: BS MSOT Curriculum

Course Descriptions

OT 151 Orientation to Occupational Therapy

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

OT 310 Applied Pathophysiology I

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

OT 312 Applied Pathophysiology II

5 credit hours. Providing a focus in the areas of neurology and orthopedics, this course continues the exploration of the etiology, clinical course, management, and prognosis of congenital and developmental disabilities, acute and chronic disease processes, and traumatic injuries. Emphasis is placed on developing an understanding of the potential effects of such conditions on anatomical structures, physiological processes and the functional performance of individuals throughout the lifespan, while exploring the effects of health promotion and disability prevention on the individual, family, culture, and society. Developing skills in investigating, formulating, and discussing significant clinical and functional factors of such conditions is emphasized.

OT 320 Professional Communication

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

OT 330 Media and Modalities I

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

OT 331 Media and Modalities II

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

OT 340 Psychological and Social Considerations of Occupational Performance

4 credit hours. This course emphasizes the identification and examination of appropriate theoretical frameworks and the application of purposeful activities and occupations as therapeutic intervention to enhance psychological and

social aspects of daily living. The course focuses on these aspects of occupation as related across the lifespan and in relation to various contextual factors of occupational performance.

OT 342 Cognition and Occupational Performance

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

OT 350 Independent Study

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

OT 380 Professional Evaluation

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

OT 391 Professional Clinical Reasoning Skills

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

OT 440 Activities of Daily Living and Play/Leisure

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

OT 441 Work and Productive Activities

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

OT 443 Occupational Performance Components II: Sensorimotor Skills

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

OT 450 Independent Study

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

OT 462 Professional Issues II

4 credit hours. This course provides opportunities to understand the necessity of participating in the promotion of

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

OT 480 Occupational Therapy Research

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

OT 493 Intervention Strategies

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

OT 495 Professional Practicum Seminar A

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

OT 496 Professional Practicum Seminar B

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

OT 671 Occupational Therapy Management

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

OT 683 Advanced Occupational Therapy Research Strategies

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

OT 690 Special Topics

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

OT 692 Specialized Evaluation Strategies

3 credit hours. Providing an advanced study of tests and measurement principles within the centralized role of specialization, this course emphasizes: (a) clinical reasoning aspects; (b) selection, administration, and interpretation of standardized and non-standardized tests and evaluations; (c) interpretation of evaluation results; (d) documentation

within an appropriate practice setting; and (e) reevaluation for effect of occupational therapy intervention and need for continued and/or changed treatment; (f) integration of evidence based practice into the evaluation process; and (g) changes in treatment goals that result from various evaluation results.

OT 696 Professional Fieldwork I

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

OT 697 Professional Fieldwork II

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

OT 698 Specialized Role Internship

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

OT 699 Occupational Therapy Synthesis

5 credit hours. This course is designed to provide students opportunities to synthesize their preparation for advanced practice across three roles: a central role of specialization (selected by the graduate student) supported by two required roles, educator and researcher. Resulting in a product such as a research project or innovative scholarly project, this course also emphasizes professional reflection on the process aspect.

General Information

College Offices

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

Status Change

Changes in name, address, telephone number, parent's or guardian's address must be reported, using the appropriate official form, to the Occupational Therapy Program and to the Registrar's Office. Please submit the completed form to Occupational Therapy Program support staff who will forward the form to the Registrar's Office.

Full-Time Working Policy

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

student decrease hours of employment.

Schedule Flexibility

Flexibility is an indicator of strong occupational therapists, and students are expected to demonstrate flexibility. For special projects or speakers, students may be assigned to attend class at times or on days other than those typically scheduled; however, the changes in dates will be reflected in the syllabi students receive on their first day of classes.

Payment of Tuition

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

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

Student Identification Cards

Each student is responsible for obtaining an Eagle Access Card, the University of Southern Indiana identification card which also allows debit capabilities. Eagle Access Cards are required for checking out library books, paying for printing services in the campus computer labs, attendance at student events, and cashing checks. In addition, Eagle Access Cards may be used in the vending and photocopying machines located around campus, and the various food services in the University Center. Arrangements for Eagle Access Cards can be made in the University Center. Eagle Access Cards are provided at no cost to the student, however, if a student loses his/her name badge, the student will be charged a \$10.00 replacement fee.

Student Nametags

Each student will be granted permission to obtain an official personalized occupational therapy intern name badge from the Eagle Access Card office prior to participation in his or her first professional fieldwork assignment. These personalized name badges, which list the student name, occupational therapy intern, and photo identification, cost \$5.00 each. If a student loses his/her name badge, the student will be charged a \$10.00 replacement fee.

Car Policies

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

No Smoking Policies

Occupational therapy practitioners, as role models and providers of care, must avoid lifestyle factors associated with disease. Smoking is prohibited inside all University of Southern Indiana buildings and within 60 feet of the Health Professions Building. Students should not smoke in any clinical facility or during the hours of the clinical assignment. Students who do smoke are encouraged to enroll in a smoking cessation program.

Student Right-to-Know Act

The University of Southern Indiana publicly discloses statistics pertaining to the University completion rate and transfer rate as mandated by the Student Right-to-Know Act. All colleges nationwide are required to release this information. For the most recent statistics, refer to the Student Right-to-Know Act webpage on the University of Southern Indiana website (<http://www.usi.edu/DEPART/INSTIRES/SRTK.ASP>).

Professional Liability Insurance

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

Other Course Fees

In addition to fees assessed annually for professional liability insurance, fees are attached to other courses for (a) consumable supplies (e.g., OT 331: Media and Modalities II and OT 380 Professional Evaluation) and (b) clinical fees.

Health Insurance

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

Professional Associations and Memberships

An increasing number of clinical sites require that students show their support of the profession by joining the American Occupational Therapy Association (AOTA) and a state association. You will join AOTA to receive a member benefit, the *American Journal of Occupational Therapy*, which is a required text for each school term. By joining the Indiana Occupational Therapy Association (IOTA), you will be eligible to participate in monthly continuing education programs sponsored by the Southwestern District of the Indiana Occupational Therapy Association (SWIOTA).

Email Accounts: mail.usi.edu

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

Computers

Students can expect to receive class assignments electronically and will be required to submit assignments electronically. For students using a personal computer, it is recommended that for optimum performance the computer be a Pentium IV 900+ MHz processor or higher with 256 MB or more of RAM. It will also be necessary to have a 16-bit sound card and speakers; 65,000-color video display card and an operating system of Windows ME, Windows 2000 or Windows XP. The computer should have Internet Explorer 7.0 or later.

CPR Certification

Students are required to have current infant and adult CPR certification to begin and complete any fieldwork experience (OT 495, OT 496, OT 696, OT 697, and OT 698). Fieldwork packets (including evaluation forms, objectives, etc.) will not be released to a student unless he or she has a current CPR certificate on file in the Occupational Therapy Program office. Students must arrange their own CPR training. If you need referral information, please check with the Occupational Therapy Program Administrative Assistant.

BS Graduation

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

MSOT Application

To begin taking graduate courses, you are responsible for completing and submitting the Graduate Studies application (which includes a \$25.00 application fee) during the spring semester of Year 4. You must meet all admissions requirements of the MSOT Program. Please note: you are not eligible to apply for the graduate degree until you have completed all non-OT required courses including the University Core Curriculum requirements.

MSOT Graduation

During the fall of Year 5, you are responsible for completing two graduation forms: *Formal Application for Graduation* and *Diploma Form*, to earn your MSOT degree. Both forms are available from the Occupational

Therapy Program. See the *University of Southern Indiana Bulletin* for more information.

APA Style Requirements

Unless notified of the use of different style guidelines, the Occupational Therapy Program uses American Psychological Association (APA) publication guidelines. The most recent editions of the *Publication Manual of the American Psychological Association* are available for student utilization in the University of Southern Indiana Rice Library and for purchase at the University of Southern Indiana bookstore.

Authorship

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

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

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

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

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

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

Temporary Credentials

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

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

the national certification examination may be in jeopardy. Please contact the Occupational Therapy Program if you have questions.

NBCOT Examination Registration

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

BS/MSOT Requirement

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

Impact of Felony Conviction or DUI

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

Health Information

Medical Evaluation, Immunizations, and Record Keeping

The following items are required for all students enrolled in the Occupational Therapy Program professional level coursework:

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

Please see the “Medical Evaluation, Immunizations, and Record Keeping” in the Infection Control Program section that follows for specifics. Please review fieldwork health requirements on page 65.

Disability Status

Any student who believes that he or she has a disability must (a) submit the required documentation for inclusion in the student medical/health records located in the Occupational Therapy Program files and (b) register with the University of Southern Indiana’s Disability Support Services. The faculty and staff of the Occupational Therapy Program will work with the student and the staff of the Disability Support Services to provide reasonable accommodations that will ensure the student of having an equal opportunity to participate in educational activities.

Pregnancy and Change in Health Status

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

Personal Injury

Students who become injured in the Health Professions Center classrooms, offices, or student housing must report the incident immediately. An *Injury and Illness Report* form, available from the Occupational Therapy Program support staff desk must be completed. Students, who become injured in the clinical setting, are to report the incident immediately to their instructor and complete an agency and College of Nursing and Health Professions incident report. The College incident report will be submitted to the Dean’s office. A copy of a physician’s release must be provided to the Occupational Therapy Department after the student experiences an illness or injury that will restrict participation in any of the fieldwork or classroom activities (e.g. lifting restrictions which may affect the ability to learn and/or perform patient lifting and transfer techniques.)

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

Infection Control Program

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

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

Guidelines for reducing risk of disease transmission have been issued by many health related organizations. In December, 1991, the Federal Occupational Safety and Health Administration, (OSHA), issued the *Bloodborne Pathogens Standard*, (available in the University of Southern Indiana OSHA Bloodborne Pathogens Exposure Control Plan housed in the College of Nursing and Health Professions offices), which was developed to reduce risk of infectious disease transmission to employees in the work place. The *Standard*, along with recommendations from the Centers for Disease Control and Prevention, (CDC), provide the basis for the University of Southern Indiana College of Nursing and Health Professions *Infection Control Program* developed by the College of Nursing and Health Professions Infection Control and HIPAA Committee.

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

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

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

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

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

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

I. Medical Evaluation, Immunizations, and Record Keeping

- A. All students admitted to a program in the College of Nursing and Health Professions are required to undergo comprehensive medical evaluation prior to enrolling in professional courses.
- B. Hepatitis B Immunization
All students are required to be immunized against hepatitis B, unless immunity is documented or they are medically at risk for the vaccination. Post vaccination testing is required and ideally should be conducted 1-6 months after the final injection. If indicated, additional doses of vaccine will be required.

The vaccination consists of a series of three injections. The second injection is given one month from the initial injection. The final injection is given six months from the initial injection. Students are encouraged to begin the series of injections immediately upon acceptance into a Program in the College of Nursing and Health Professions so that maximum protection can be achieved prior to initiation of clinical experiences.

All faculty who have client contact are required to be immunized against hepatitis B.

- C. All students are required to be immunized against mumps, measles, rubella, and tetanus and diphtheria and to receive annual influenza immunization. Faculty who have client contact are encouraged to be immunized against these diseases.
- D. All students must provide documentation of history of chickenpox or, if no history of chickenpox,

receive immunization.

- E. All students are required to undergo pre-matriculation and annual testing for tuberculosis. Two-step testing should be performed on new students who have an initial negative PPD test result and have not had a documented negative PPD test result during the 12 months preceding the initial test. A second test should be performed 1-3 weeks after the first test.

All faculty who have client contact are required to undergo annual testing for tuberculosis.

F. Hand Washing

Guidelines:

1. To be completed before and after contact with others.
2. Immediately after unprotected contact with blood, body fluids, mucous membranes or non-intact skin.
3. Immediately after unprotected contact with contaminated item or surface.
4. Before preparing, handling or serving food or beverages.
5. After touching ones eyes, nose, mouth or face.
6. After coughing, sneezing or tissue use.
7. After toileting.

Hand Washing Procedure:

1. Turn on water and wet hands.
2. Apply dime sized portion of liquid soap to the palm
3. Rub hands together, providing enough friction to create lather.
4. Distribute lather by vigorously rubbing hands together, reaching all surfaces including under nail tips and 1-2 inches up the wrists.
5. Continue for at least 15 seconds.
6. Rinse hands and wrists thoroughly under running water.
7. Inspect hands and nails; rewash if needed.
8. Dry hands thoroughly with disposable paper towels.
9. Turn the water off with a used paper towel and discard towels in the wastebasket.

G. Record Keeping

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

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

- A. Students and faculty are encouraged to know their HIV, HbsAG, and anti-HCV status and report positive status to the Dean and the Infection Control and HIPAA Committee of the College of Nursing and Health Professions. Such individuals should consult with their health care provider to assess the risks of clinical practice to their health and to others. The health care provider should make written recommendations related to the student's education experience. The Dean and the Infection Control and HIPAA Committee will review each case individually and, if indicated, will recommend appropriate modifications of the clinical experiences.
- B. All information regarding a student's medical status will be considered confidential and will not be disclosed or reported without the student's express written consent.
- C. A student's HIV, HBV and/or HCV status will not determine a student's opportunity to be admitted or progress in a program. The HIV, HBV, and/or HCV status will be considered only as

it relates to: (1) the student's ability to safely carry out the normal assignments associated with the course of study and (2) the student's long term health.

III. Tuberculosis Exposure/Conversion

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

IV. Exposure Potential

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

B. Other Potentially Infectious Materials (OPIM)

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

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

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

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

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

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

E. Hepatitis B Procedure

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

EXPOSED PERSON	SOURCE CLIENT HBsAg POSITIVE	SOURCE CLIENT HBsAg NEGATIVE	SOURCE CLIENT UNKNOWN
Unvaccinated	Administer HBIG* X 1 and HB vaccine	Initiate HB vaccine	Initiate HB vaccine

Previously vaccinated Known responder	Test exposed person for anti-HBs 1. If inadequate, HB vaccine booster dose 2. If adequate, no treatment	No treatment	No treatment
Previously vaccinated Known non-responder	HBIG X 2 or HBIG X 1 plus 1 dose HB vaccine	No treatment	If known high risk source, may treat as if +
Previously vaccinated Response unknown	Test exposed person for anti-HBs 1. If inadequate, HBIG X 1, plus HB vaccine booster dose 2. If adequate, no treatment	No treatment	Test exposed person for anti-HBs 1. If inadequate, HB booster 2. If adequate, no treatment

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

F. Hepatitis C Procedure

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

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

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

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

http://www.cdc.gov/oralhealth/InfectionControl/faq/bloodborne_exposures.htm

National Clinicians' Post-exposure Prophylaxis Hotline <<http://www.ucsf.edu/hivcenter>>

Needlestick! <http://www.needlestick.mednet.ucla.edu>

VI. Methods of Reducing Potential for Exposure to Pathogens

A. Standard Precautions

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

B. Engineering and Work Practice Controls

Engineering and work practice controls shall be used to eliminate or minimize exposure to blood

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

1. Hand washing is a significant infection control measure which protects both the student and the client. Students will wash their hands before donning gloves and immediately or as soon as feasible after removal of gloves or other personal protective equipment. Students will wash hands and any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact with blood or OPIM. No nail polish or artificial fingernails are allowed during clinical activities.
2. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in treatment areas or any other area where there is a reasonable likelihood of exposure to blood or OPIM.
3. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or OPIM are present.
4. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
5. Mouth pipetting/suctioning of blood or OPIM is prohibited.
6. Sharps Management
Sharps are items that can penetrate skin and include injection needles, scalpel blades, suture needles, irrigation cannulas, instruments, and broken glass. It is recommended that the clinician select the safest medical device and/or technique available to help reduce needlesticks and other sharps injuries. The use of needles should be avoided where safe and effective alternatives are available.
 - All disposable contaminated sharps shall be disposed of immediately or as soon as feasible in closable, puncture resistant, leak proof on sides and bottom, and labeled containers. The container must be maintained in an upright position and must not be overfilled.
 - Containers containing disposable contaminated sharps are not to be opened, emptied, or cleaned manually or in any other manner which could create a risk of percutaneous injury.
 - Contaminated needles and other contaminated sharps shall not be bent, sheared, recapped or removed unless no alternative is feasible or is required by a specific procedure. If recapping is necessary, a one handed technique or mechanical recapping device must be used.
 - Reusable contaminated sharps shall be placed in leak proof, puncture resistant, labeled containers while waiting to be processed.
 - Sharps containers must be closed before they are moved.
 - Students are not to reach by hand into containers of contaminated sharps.
 - Contaminated broken glass should be picked up using mechanical means such as a brush and dust pan, tongs, or forceps.
 - Whenever possible, sharps with engineered sharps injury protection or needleless systems should be used.
7. Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container must be closed before being stored, transported, or shipped. If outside contamination of the primary container occurs, or if the specimen could puncture the primary container, the primary container shall be placed within a secondary container which prevents leakage, and/or resists puncture during handling, processing, storage, transport, or shipping.
8. Equipment Sterilization
 - Reusable heat stable instruments are to be sterilized by acceptable methods.
 - Heat sterilization equipment will be monitored for effectiveness and records will be maintained.
9. Equipment which may be contaminated with blood or OPIM shall be examined prior to

servicing or shipping and shall be decontaminated as necessary. Equipment which has not been fully decontaminated must have a label attached with information about which parts remain contaminated.

C. Personal Protective Wear

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

Gloves

Gloves shall be worn in the following situations:

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

Disposable gloves

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

Utility gloves

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

Masks

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

Eye Protection

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

Protective Body Clothing

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

D. Housekeeping

1. Equipment and Environmental and Working Surfaces
 - Contaminated work surfaces shall be decontaminated after completion of procedures using a tuberculocidal chemical disinfectant having an Environmental Protection Agency (EPA) registration number. Decontamination

must occur between clients, immediately or as soon as feasible when surfaces are contaminated, or after any spill of blood or OPIM.

- Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and surfaces are to be removed and replaced as soon as feasible when they become contaminated.
- Reusable bins, pails, cans, and similar receptacles are to be regularly inspected for contamination with blood or OPIM and decontaminated as needed.

E. **Infectious Waste Management**

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

Infection Control Program Definitions of Terms/Abbreviations

1. **AIDS - Acquired Immune Deficiency Syndrome**
A disabling or life threatening illness caused by HIV (human immunodeficiency virus). It is the last stage on the long continuum of HIV infection and is characterized by opportunistic infections and/or cancers.
2. **Anti-HBs - Hepatitis B Surface Antibody**
The presence of anti-HBs (hepatitis B surface antibodies) in an individual's blood indicates immunity to hepatitis B disease. This is the test used to indicate that a person has had a serologic response to hepatitis B immunization and has developed antibodies to the infection.
3. **HBsAg - Hepatitis B Surface Antigen**
A surface antigen of the hepatitis B virus. Indicates potential infectivity.
4. **Anti-HCV – Hepatitis C antibody virus**
Indicates past or present infection with hepatitis C
5. **CDC - Centers for Disease Control and Prevention**
The branch of the U.S. Public Health Service whose primary responsibility is to propose, coordinate and evaluate changes in the surveillance of disease in the United States.
6. **Delayed Report**
Not reporting an exposure incident until 24 hours or more hours following the exposure.
7. **Exposure Incident**
A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

8. HBIG - Hepatitis B Immune Globulin
A type of vaccine administered in the event of an exposure to hepatitis B disease. The administration of this preparation confers a temporary (passive) immunity or raises the person's resistance to hepatitis B disease.
9. HIV - Human Immunodeficiency Virus
The organism that causes AIDS.
10. OPIM - Other Potentially Infectious Materials
Materials other than human blood that carry the potential for transmitting pathogens.
11. Standard Precautions
Treating all clients as if they are infected with a transmissible disease.
12. Universal Precautions
Treating all clients as if they are infected with a transmissible bloodborne disease.



UNIVERSITY OF SOUTHERN INDIANA

Management of Exposure Incidents

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

Management of Exposure Incidents Checklist

- For exposures other than air-borne exposures: The affected area was cleansed with antimicrobial soap. Water was run through glove if puncture was suspected. Eyes: The eyes were irrigated for one minute. Mouth: The mouth cleansed with tap water for fifteen minutes.
- Injury or Illness Report completed.
- Student Exposure Incident Report completed.
- Clinical Facility's Incident Report completed.
- Exposed student provided a copy of the Student Exposure Incident Report and sent by clinical faculty for treatment. (Refer to clinical site policy for exposure incident treatment.) *[For TB exposures, students will receive notice of exposure to suspected or active cases of TB through either the employee health department of the clinical facility where they were exposed or, in cases of active TB, through the county health department. Instructions for follow-up are provided by the notifying department.]*
- Source Patient Management: The source client, if known, should be serologically tested for evidence of HIV, HbsAg, and anti-HCV. Please circle one:
- Source patient known and tested Source patient known and refused testing Source patient unknown
- Clinical faculty signature _____ Date: _____
- The completed Injury or Illness Report, Student Exposure Incident Report and exposure check list returned to Clinical Coordinator within 24 hours or as soon as possible.
- Clinical Coordinator signature _____ Date: _____
- Postexposure management/counseling completed. Students have the right to be counseled about exposure by university faculty if desired. Please Circle One:
- Counseling completed Counseling denied
- University Faculty signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE INJURY OR ILLNESS REPORT

1. Completion of Forms

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

2. Timeliness of Reporting

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

3. Distribution of Field Injury or Illness Reports

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

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

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



University of Southern Indiana
School of Nursing and Health Professions

ACKNOWLEDGEMENT OF REFUSAL TO SEEK MANAGEMENT OF EXPOSURE INCIDENT

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

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

Date of exposure incident: _____

Time of exposure incident: _____

Institution where incident took place: _____

Summary of incident: _____

Student Name: _____

Student Signature: _____ Date/Time: _____

Advising Faculty: _____ Date: _____

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

Exposed Student Information:

Program:

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

Student name: _____ DOB: _____

Date incident occurred: _____ Time incident occurred: _____ Time reported: _____

Has the student completed the hepatitis B vaccination series? yes noIf yes, dates of vaccination: 1st _____ 2nd _____ 3rd _____Post-vaccination HBV antibody status, if known: positive negative unknown

Date of last tetanus vaccination: _____

Date of last tuberculin test: _____

Exposure Incident Information:

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

Type of incident:

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

Area of body exposed: _____

Type of body fluid/tissue/airborne pathogen exposed to: _____

Describe incident in detail: _____

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

- gloves mask eye wear gown other _____

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

Verbally questioned regarding:

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

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

Incident report completed by: _____

Student Signature: _____

Date: _____

Post-exposure management/counseling:

Date: _____ Time: _____

Comments: _____

Counselor signature: _____

University Injury of Illness Report Completed:

Signature: _____ Date _____

Clinical Instructor signature: _____

Date: _____

Student Acknowledgment:

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

Student Signature: _____

Date: _____

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

Corrective action needed: _____

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

Comments: _____

Signature: _____ Date _____

Revised July 2005/May 2007/August 2007

INJURY OR ILLNESS REPORT

Employee Date of Report ___/___/___
 Student Worker Time _____ a.m. p.m.
 Student (See reverse side for instructions)

Visitor
 Name of Injured _____ Male Female
 Permanent Address _____
 City _____ State _____ Zip Code _____
 Telephone Home (____) _____ Work (____) _____ SSN _____
 Name(s) Witness _____
 Telephone Home (____) _____ Work (____) _____
 =====

Statement of Injured Person or Witness

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

Date of Accident ___/___/___ Time _____ a.m. p.m.
 Location of Accident _____
 Summarize how injury, illness, or exposure occurred _____
 Kind of Injury _____

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

 Describe any contributing factors or objects _____
 Signature of injured person or witness _____
 =====

To be Completed by first Aid Provider

Symptoms and complaints of the injured person _____
 Describe the nature and extent of the injury _____
 Treatment, recommendations, and referral _____
 Signature of First Aid Provider _____
 =====

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

Evaluation of how accident occurred/ contributing factors _____
 Possible preventive actions _____
 =====

For Human Resources Only

Lost Time **Yes** **No** **Number of days** _____ **Anticipated**
release _____

Work Restrictions _____
 Medical Treatment _____

=====

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

Health Information Privacy Policies and Procedures (HIPAA)

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

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

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

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

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

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

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

1. General Rule: No Use or Disclosure

The College must not use or **disclose protected health information (PHI)**, except as these Privacy Policies and Procedures permit or require.

2. Acknowledgement and Optional Consent

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

The College's use or disclosure of PHI for payment activities and healthcare operations may be subject to a "need to know" basis.

Consent from an individual will be obtained before use or disclosure of PHI for TPO purposes – in addition to obtaining an Acknowledgement of receipt of our **Notice of Privacy Practices**.

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

The consent form will be retained in the individual’s file.

- b) **Exceptions** – Consent does not need to be obtained in emergency treatment situations; when treatment is required by law; or when communications barriers prevent consent.
- c) **Consent Revocation** – An individual from whom consent is obtained may revoke it at any time by written notice. The revocation will be included in the individual’s file.
- d) **Applicability** – Consent for use or disclosure of PHI should not be confused with informed consent for client treatment.

3. Oral Agreement

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

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

4. Permitted Without Acknowledgement, Consent Authorization or Oral Agreement

The College may use or disclose an individual’s PHI in certain situations, without authorization or oral agreement.

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

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

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

1. The individual or the individual’s personal representative
2. The College workforce members who **require** access to protected individual information as defined by their job role. Reasons for which protected individual information are generally needed include:
 - a. delivery and continuity of the individual’s treatment or care.
 - b. educational or research purposes, or
 - c. College business or operational purposes
3. Non-College health care providers who need such information for the individual’s care.
4. Third-party payers or non-College health care providers for payment activities of such entities.
5. Business Associates from whom the College has received written assurance that protected individual information will be appropriately safeguarded.

The College may use or disclose PHI in the following types of situations, provided procedures specified in the Privacy Rules are followed:

1. For public health activities;

2. To health oversight agencies;
3. To coroners, medical examiners, and funeral directors;
4. To employers regarding work-related illness or injury;
5. To the military;
6. To federal officials for lawful intelligence, counterintelligence, and national security activities;
7. To correctional institutions regarding inmates;
8. In response to subpoenas and other lawful judicial processes;
9. To law enforcement officials;
10. To report abuse, neglect, or domestic violence;
11. As required by law;
12. As part of research projects; and
13. As authorized by state worker's compensation laws.

5. Required Disclosures

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

The College will document each disclosure made to HHS.

6. Minimum Necessary

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

7. Business Associates

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

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

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

If the Business Associate does not promptly and effectively correct the breach or violation, we will terminate our contract with the Business Associate, or if contract termination is not feasible, report the Business Associate's breach or violation to the U.S. Department of Health and Human Services (HHS).

8. Notice of Privacy Practices

The College will maintain a **Notice of Privacy Practices** as required by the Privacy Rules.

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

9. Individual Rights

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10. Staff Training and Management, Complaint Procedures, Data Safeguards, Administrative Practices

a) Staff Training and Management

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

The College will maintain documentation of workforce training.

b.) Violation Levels and Disciplinary /Corrective Actions

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

Table 8. Violation Levels and Disciplinary /Corrective Actions		
Level of Violation	Examples	Minimum Disciplinary /Corrective Action
Level I Carelessness	<ul style="list-style-type: none"> Failing to log-off/close or secure a computer with <i>protected health information</i> displayed. Leaving a copy of <i>protected health information</i> (PHI) in a non-secure area. Discussing <i>protected health information</i> (PHI) in a non-secure area (lobby, hallway, cafeteria, elevator) 	<p>Staff: Verbal warning with documentation by immediate supervisor</p> <p>Students: Verbal warning with documentation by clinical faculty and/or Program Director</p> <p>Faculty: verbal warning with documentation by Program Director or Dean</p>
Level II Undermining Accountability	<ul style="list-style-type: none"> Sharing ID/password with another coworker or encouraging a coworker to share ID/password. Repeated violation of previous level 	<p>Staff: Written performance counseling</p> <p>Students: Written performance counseling by clinical faculty and/or Program Director</p> <p>Faculty: Written performance counseling by Program Director or Dean</p>
Level III Unauthorized Access	<ul style="list-style-type: none"> Accessing or allowing access to <i>protected health information</i> (PHI) without having a legitimate reason. Repeated violation of previous levels. 	<p>Staff: Final performance improvement counseling</p> <p>Students: Written performance counseling and Program Director determines disciplinary action.</p> <p>Faculty: Written performance counseling and Program Director or Dean determines disciplinary action.</p>
Level IV Blatant Misuse	<ul style="list-style-type: none"> Accessing or allowing access to <i>protected health information</i> (PHI) without having a legitimate reason and disclosure or abuse of the <i>protected health information</i> (PHI). Using protected patient information (PPI) for personal gain. Tampering with or unauthorized destruction of information. Repeated violations of previous levels 	<p>Staff: Initiate termination of employment</p> <p>Students: Initiate dismissal procedures</p> <p>Faculty: Dean determines disciplinary action/sanction including <u>initiating termination of employment</u></p>

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

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

- c) **Data Safeguards** – The College will strengthen these Privacy Policies and Procedures with such additional data security policies and procedures as are needed to have reasonable and appropriate administrative, technical, and physical safeguards in place to ensure the integrity and confidentiality of the PHI we maintain.

The College will take reasonable steps to limit incidental uses and disclosures of PHI made according to an otherwise permitted or required use or disclosure.

- d) **Documentation and Record Retention** – The College will maintain in written or electronic form all documentation required by the Privacy Rules for six years from the date of creation or when the document was last in effect, whichever is greater.
- e) **Privacy Policies & Procedures** – The College of Nursing and Health Professions Compliance Committee will make any needed changes to the Privacy Policies and Procedures.

11. State Law Compliance

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

12. HHS Enforcement

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

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

13. Designated Personnel

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

Zachary Law Compliance Policy

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

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

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

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

All information regarding the criminal history check will remain confidential.

Health Professions Center Policies, Procedures, and Guidelines

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

Phone Calls

Students will not be disturbed from class for phone calls except for emergencies.

Digital and Electronic Devices

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

Eating and Drinking Policies

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

Pictures

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

Day Learning Resource Center

Policies

The Charles E. Day Learning Resource Center may be reached at 812-465-1153. Students using the Day Learning Resource Center must sign in and out in the log book located on the ledge at the Audiovisual support staff desk. The Day Learning Resource Center has been designed to promote a learning environment for individual and small group study. Students are asked to maintain an atmosphere conducive for studying. Headphones are available for use when viewing media in the learning carrels. The doors to the individual Audiovisual study rooms and the Clinical Skills Room are to be kept closed when in use. Media software, hardware, and lab equipment may not be removed from the Learning Resource Center without written permission.

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

Procedures

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

Facilities and Equipment Available for Independent Student Use

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

Occupational Therapy Program Facilities

Occupational Therapy Lab

Rooms 2111 and 2112 of the Health Professions Center have been designated as the Occupational Therapy Lab, to be utilized only for classes, labs, and meetings in the Occupational Therapy Program. If occupational therapy students wish to reserve the lab during a time when classes or program activities are not scheduled, they must confirm with the Occupational Therapy Program Director or staff.

Occupational Therapy Program Library

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

Occupational Therapy Program Equipment

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

Scholarships

Any information received regarding scholarship and financial assistance opportunities is compiled and is kept in the Occupational Therapy Program staff area (HP 2068) for an appropriate period of time.

Job Postings

Any information related to available jobs that is submitted to the Occupational Therapy Program by potential employers is accessible to students. A copy of the information is forwarded to Career Services and then posted on the Occupational Therapy website.

Attendance, Preparation, and Assignments Policies

Attendance

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

To keep a record of the content of each class session and student attendance, faculty in the Occupational Therapy Program use attendance records. Students are responsible for making up material they have missed because of absence or tardiness. If a student must leave class early, he or she must have the permission of the instructor. A student who is ill or must be absent from a clinical experience (Level I practicum, Specialized Role Practicum, or Level II affiliation) must notify his or her fieldwork educator in accordance with the policies of the facility. If a student is absent from class he/she must notify the professor prior to the class session. The Occupational Therapy Program has adopted a policy which delineates the effects of absences on grades. Please see Table 11 for specifics. This policy will be enforced in each course throughout the curriculum.

Preparation

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

Assignments

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

Student Portfolios

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

Grading Scale

The grading scale for the Occupational Therapy Program is uniform across BS degree courses and across MS degree courses. Generally, classes have multiple measures of assessing learning and the final course grade is based on the percentage of total points each student achieves. Please see Table 9 and 10 for the grading scale of the Occupational Therapy Program.

Table 9. Occupational Therapy Program Grading Scale (BS)

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

Table 10. Occupational Therapy Program Grading Scale (MSOT)

Percentage	Letter Grade
95% - 100%	A
90% - 94%	B+
85% - 89%	B
82% - 84%	C+
0% - 81%	F

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

Table 11. The Effects of Absences on Course Grades

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

Professionalism, Appearance, and Behavior

Professionalism

Students must present with professional appearance. Attire suitable for usual occupational therapy practice is necessary. Students must dress appropriately for coursework involving presentations, guest speakers, lab activities, site visits, and field trips. Guidelines for such appropriate dress include khaki pants (**not** shorts, capris, or crops), polo shirts, close-toe and close-heel shoes, and student name tags. Khakis are to be an appropriate length that do not drag the floor and should sit at the natural waist. Polo shirts should be plain or have the USI OT Program logo. Students may also wear solid color scrubs, navy or dark blue. In addition to professional appearance, students are expected to treat each other, as well as faculty, in a professional manner. This includes addressing faculty with appropriate titles.

Student Progression, Probation, Suspension, and Removal Policies

Progression

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

1. General Information
 - 1) Achieve at least a grade of B (3.00) for each occupational therapy course that is evaluated with letter grade options: A, B, C, D, F.
 - 2) Achieve at least a 3.00 grade point average on a 4.0 scale for each school term of occupational therapy coursework
 - 3) Achieve at least a 3.00 grade point average on a 4.0 scale across the 65 hour BS (occupational therapy major) and MSOT curriculum.

2. Specific Course Progression Information
 - A. To begin taking in Y3 fall semester courses:
 - 1) Successful completion of the competitive selection process
 - 2) Completion of remaining prerequisite courses with maintenance of overall GPA (no significant change in individual ranking within the invited cohort.)
 - 3) Submission of all required health forms, completed appropriately.
 - 4) Submission of evidence of Hepatitis B vaccination information.
 - a) Documentation that the student has had the first TWO Hepatitis B injections, if the student is just starting the series.
 - b) Documentation of post-vaccination testing for continued immunity or booster if the student has completed the Hepatitis B series one year or more prior.
 - 5) Receipt of official personalized occupational therapy intern nametag.
 - 6) Submission of current health insurance certificate.
 - B. To enroll in Y3 spring semester courses:
 - 1) Successful completion of Y2 fall courses.
 - 2) Pass all competency testing required up to this point of the curriculum.
 - C. To begin Y4 fall semester courses:
 - 1) Successful completion of Y3 spring courses
 - 2) Submission of evidence of updated health records or immunizations as needed.
 - 3) Submission of current CPR certificate for photocopying (before any fieldwork experience may be started).
 - 4) Submission of current health insurance certificate.
 - D. To enroll in Y4 spring semester courses.
 - 1) Successful completion of Y3 fall courses.
 - 2) Pass all competency testing required up to this point of the curriculum.
 - E. To enroll in Y5 summer MSOT courses.
 - 1) Successful completion of Y4 courses, or consent of majority of OT Faculty.
 - 2) Admittance into the Graduate Program
 - F. To enroll in courses offered during the Y5 fall semester.
 - 1) Consent of advisor
 - G. To enroll in courses offered during the Y5 spring semester.

1) Consent of advisor

3. Progression in Relation to Fieldwork

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

If a student earns a letter grade of F in OT696: Professional Fieldwork I or OT 697: Professional Fieldwork II, the student will be dismissed from the OT Program.

Probation/Dismissal

A student in the Occupational Therapy Program who does not meet academic requirements, thus resulting in an initial instance of academic deficiency, may be placed on academic probation. If a student earns his/her second term of academic deficiency, the student will be dismissed from the OT Program.

Since the academic probation indicates the student is having difficulty with the academic components of the occupational therapy curriculum, he or she must relinquish outside obligations related to the occupational therapy profession, including offices and duties in the student cohort organization and in Student Occupational Therapy Association (SOTA).

A student will be placed on academic probation if the student:

- fails to achieve at least a 3.00 on a 4.0 grade point scale for each school term of occupational therapy coursework, including PED383 and HP302, resulting in an instance of academic deficiency.
- fails to achieve at least a 3.00 on a 4.00 grade point scale across the 65 hour BS (occupational therapy major) and MSOT curriculum resulting in an instance of academic deficiency.
- earns a letter grade of C or C+ in a course in the OT curriculum resulting in an instance of academic deficiency .
- earns a letter grade of D in a course within the OT curriculum, or a D in the orthopedic or neurology section of OT 312. The student must repeat the course the next school term the course is offered (usually the next year) before the student will be allowed to continue coursework in the OT Program. Additionally, the student must submit a plan of correction for improved academic performance to his/her advisor. This situation also results in an instance of academic deficiency.

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

- earns a letter grade of F in a course within the OT curriculum. The student is no longer eligible to continue coursework in the Occupational Therapy Program.
- earns a second term of academic deficiency. The student is no longer eligible to continue coursework in the Occupational Therapy Program.
- is required to repeat a Level II fieldwork course (OT696 or OT697) and does not complete the repeated course with a letter grade of at least a B. The student is no longer eligible to continue coursework in the Occupational Therapy Program.

Student Suspension or Removal

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

1. Academic Dishonesty. Please refer to the most recent *University of Southern Indiana Bulletin* regarding issues

related to academic dishonesty situations and the processes involved. Confirmed incidents of academic dishonesty will become part of the Occupational Therapy Program's student records and will be provided to other university academic units upon request.

2. Interference in Fieldwork Arrangements. A student may be suspended or removed from the Occupational Therapy Program if he or she, or a family member, or anyone working on the student's behalf (outside of the Occupational Therapy Program) interferes with a Level I or Level II fieldwork arrangement.
3. C or C+ in a Repeated Level II Fieldwork Course
Students are permitted an earned grade of C or C+ in OT697 or OT697 the first time the course is taken. However in such instances, the course must be repeated. If this is the first instance of academic deficiency, the student will be placed on academic probation. If this is the second instance of academic deficiency, the student will be dismissed from the OT Program. If at any time a student has two C's or C+ grades on any Level II course, the student will be removed from the program.

Appeal to Student Probation, Dismissal, Suspension or Removal Process

The process consists of the following steps:

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

Withdrawal

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

Incomplete Grade

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

1. A grade of incomplete will not be used to allow for remedial work; student work must be at the passing level.
2. All University of Southern Indiana policies regarding incomplete grades are applicable to occupational therapy courses. Please refer to the *University of Southern Indiana Bulletin*.
3. Students will receive a date by which the incomplete grade must be removed.

Fieldwork Policies

Fieldwork Experiences

Fieldwork experiences are scheduled internships during which time students have opportunities to apply their knowledge of occupational therapy. The combined BS/MSOT degree occupational therapy curriculum has two 40-hour traditional fieldwork levels—Level I and Level II fieldwork as well as a specialized practicum. The BS curriculum features two Level I courses: OT 495 Professional Practicum Seminar A and OT 496 Professional Practicum Seminar B. The 12-week (40 clock hours per week) internship experiences in OT 696 Professional

Fieldwork I and in OT 697 Professional Fieldwork II are designated as Level II fieldwork. In addition to the 24 weeks of Level II fieldwork in OT 696 and OT 697, students complete the 120-hour OT 698 Specialized Role Practicum.

If a student earns a letter grade of C or C+ in OT696: Professional Fieldwork I or OT697: Professional Fieldwork II, the student will be required to retake the course. Progression in the OT Program will depend upon successful completion of the second attempt of the fieldwork course. If a student earns a letter grade of F in OT696: Professional Fieldwork I or OT 697: Professional Fieldwork II, the student will be dismissed from the OT Program.

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

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

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

The Academic Fieldwork Coordinator (AFWC) or director of Occupational Therapy Program shall have the power to veto a facility selection if she determines the site is not appropriate for the student. It is rare for a student to obtain a fieldwork placement at the same facility in which the student is currently or was previously employed. Please contact the academic fieldwork coordinator if you have questions.

Students are responsible for their copies of fieldwork practicum and internship forms they receive when they complete the requirements (including competencies related to HIPAA, OSHA, and infant and adult CPR) delineated in the Course Progression Information section of this handbook. Students are also responsible for their Level II internship packets which they receive prior to each Level II internship when they have completed all the requirements. Lost forms will be replaced by the Occupational Therapy Program at a cost of \$5.00 for each practicum experience and \$20.00 for each Level II packet. Copies of selected forms are not available at a reduced rate. After requisite health records forms have been completed, updated, and checked in with Occupational Therapy Program support staff, a full set will be copied and issued to students. Students are responsible for making additional health record copies that as required by any practicum or internship site.

Establishing New Fieldwork Contracts

Prior to an occupational therapy student beginning a fieldwork experience, a completed contract must be on file in the Occupational Therapy Program office. Students who wish to add new fieldwork sites must meet with the AFWC before any contact is made with another facility. The student will work under the direction of the AFWC to establish communication between the proposed new facility and USI.

Level I Completed Contract Deadline

To establish a new fieldwork site for Level IB, the deadline for the completed contract is July 15. For these Level I's, the student who works to establish a new site will be assigned by the academic fieldwork coordinator to that facility if a completed contract is on file in the Occupational Therapy Program office by the deadline.

Level II Completed Contract Deadline

A student may work to establish a new fieldwork site for either Level II fieldwork experience. Before contacting the site, the student must submit to the academic fieldwork coordinator a New Site Request, which includes the following information:

1. Student's name, address, phone, and email
2. Date of request
3. Facility contact information including address and phone number

Level I Fieldwork

Level I fieldwork comprises a vital component of OT 495 Professional Practicum Seminar A and OT 496 Professional Practicum Seminar B of two specific classes and is designed to enrich the didactic coursework through directed participation in selected aspects of the occupational therapy process. For Level I fieldwork, fieldwork educators MAY be occupational therapy assistants, occupational therapists (without a minimum duration of practice time), or someone who is not in the occupational therapy profession. Please note that for Level I practicum experiences, fieldwork educators are NOT required to be occupational therapy practitioners.

The first Level I is a 40 clock hour experience to be completed as part OT 495 Professional Practicum Seminar A. For this experience, the academic fieldwork coordinator places each student in a site, notifies the student of the placement, and the student contacts the site. Level IA is completed during the week assigned by the AFWC during the fall semester. Other OT classes are not held during this assigned week. Students are responsible for completion of all paperwork for this clinical experience (student evaluation of the site, timesheet, and all written assignments). Students must have official USI occupational therapy intern picture identification cards to begin this first practicum experience. Remember, written assignments must comply with HIPAA and FERPA. Students who violate HIPAA/FERPA regulations will be dismissed from the Occupational Therapy Program.

The second Level I is a 40 clock hour experience to be completed as part of OT 496 Professional Practicum Seminar B. For this experience, the academic fieldwork coordinator places each student in a site, notifies the student of the placement, and the student contacts the site. Level IB is completed during the week assigned by the AFWC during the spring semester. OT classes are not held during this assigned week. Students are responsible for completion of all paperwork for this clinical experience (student evaluation of the site, timesheet, and all written assignments). Again, remember, written assignments must comply with HIPAA and FERPA. Students who violate HIPAA/FERPA regulations will be dismissed from the Occupational Therapy Program.

For both Level I practicum experiences, the fieldwork educator at the site is responsible for completing the evaluation of the student. The final fieldwork ratings, however, are the responsibility of the academic fieldwork coordinator. The evaluation of the student cannot be completed until after all written assignments are completed and submitted to the fieldwork educator. The fieldwork educator will write comments, suggestions, corrections, criticism, etc. on assignments. The original assignments (with the fieldwork educator's feedback) must be submitted to the academic fieldwork coordinator at the same time as the evaluation of the student, student evaluation of the fieldwork site, and timesheet. Students may rewrite assignments and submit the revisions; however, the original assignments with the fieldwork educator's comments must be turned in to the academic fieldwork coordinator. The student will not have completed the fieldwork practicum until all paperwork has been submitted to and processed by the academic fieldwork coordinator. The student must successfully complete OT 495 Professional Practicum Seminar A (including paperwork requirements and submission to fieldwork coordinator) prior to beginning OT 496 Professional Practicum Seminar B. The student must successfully complete OT 496 Professional Practicum Seminar B (including paperwork requirements and submission to fieldwork coordinator) prior to beginning any Level II fieldwork.

Level II Fieldwork

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

Specialized Role Practicum

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

Lottery Matching System

The Occupational Therapy Program utilizes a lottery matching system to assign students to Level II fieldwork sites. For each class of students, the academic fieldwork coordinator holds reservations for Level II fieldwork experiences for the Y5 summer sessions and Y5 spring semester. Students, who wish to enroll in Level II internships at times other than the reserved placements of their class, may be required to wait until an additional Level II fieldwork placement is available. Three special cases related to the Level II fieldwork lottery are (a) preapproval for lottery, (b) academic fieldwork coordinator veto, and (c) Administrative Placement.

In the lottery matching system, students randomly select a lottery number and then rank order their preferences for fieldwork sites from the list of reservations provided by the academic fieldwork coordinator. Using the order of the lottery selection, the academic fieldwork coordinator matches students to sites, depending on their rank ordered preferences. For the second internship experience, students submit a rank-ordered preference listing for the list of reservations provided by the academic fieldwork coordinator and then the academic fieldwork coordinator uses a reverse order (the student who was matches last for the first internship is matched first for the second internship) method to match students to sites.

Preapproval for Lottery

Recently, some fieldwork educators have requested that students have preapproval to enter the lottery for their specific sites. In some cases, a facility requests a group interview of interested students. Following a facility interview, the fieldwork educator works with the academic fieldwork coordinator to determine which students will be granted preapproval to enter the lottery for that specific site. In other cases, a facility requests faculty to select an appropriate student. To select an appropriate student for a particular site, faculty may request interested students to complete a group interview, individual interview, or written essay. During the lottery, only preapproved students may select a site that requests preapproval.

Academic Fieldwork Coordinator Veto

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

Administrative Placement

The academic fieldwork coordinator reserves the option of removing students and/or sites from the lottery. In most cases students will be notified prior to the lottery that they will not participate. At times the academic fieldwork coordinator may have to remove a student during the lottery to make an academic placement. For example, a student holding the number 1 selection in the first lottery selects a mental health internship for her first internship will removed from the second lottery if the only site available to her (since she will be last to choose) is a mental health site. Administrative placement consists of a student-site match proposed by the academic fieldwork coordinator and approved by other faculty members. In addition, students who have been placed on one or more professional probations within the program will be administratively placed by the academic fieldwork coordinator. Students who have been on professional probation are not eligible to set up a new fieldwork site. Committee on Professional Promotion will determine where students, who set up a new fieldwork site before being placed on professional probation, will be placed for clinical experiences.

Other Information

The first Level II Internship (OT 696 Professional Fieldwork I), generally completed in Y5 summer sessions, consists of a minimum of 12 weeks on a full time basis. When the student has completed the necessary requirements, he or she will receive a packet with *Fieldwork Performance Evaluation for the Occupational Therapy Student* (FWPE), student evaluation of the site, midterm evaluation sheet, certificate of professional liability insurance, etc. Students cannot enroll in OT 696 Professional Fieldwork I or OT 697 Professional Fieldwork II until they have successfully completed OT 495 Professional Practicum Seminar A and OT 496 Professional Practicum Seminar B. Also, the student cannot start any (Level I, II, or specialized role) clinical experience without official records of appropriate immunizations and other required medical information in addition to other documentation (e.g., CPR certification and competencies met for HIPAA and OSHA).

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

Level II B Internship (OT 697 Professional Fieldwork II), generally completed in Y5 spring semester, consists of a minimum of 12 weeks of full time status at the fieldwork facility. When the student has completed the necessary requirements, he or she will receive a packet with the *Fieldwork Performance Evaluation for the Occupational Therapy Student* (FWPE), student evaluation of the site, midterm evaluation sheet, envelope, and certificate of professional liability insurance. Students cannot begin the Level II fieldwork experience until they have successfully completed OT 495 Professional Practicum Seminar A, and OT 496 Professional Practicum Seminar B, and OT 696: Professional Fieldwork A. Also, the student cannot start this clinical experience without updated official records of appropriate immunizations and other required medical information in addition to other documentation (e.g., CPR certification and competencies met for HIPAA and OSHA).

All attendance policies of the Occupational Therapy Program pertain to students enrolled in the course, OT 697: Professional Fieldwork II. Within the Level II fieldwork experience, students must make up any duration of time missed beyond one day including holidays and/or sick days. Students are not permitted to take vacation during Level II fieldwork; taking a vacation during Level II fieldwork will result in an F grade for the course, OT 697: Professional Fieldwork II.

Fieldwork Absences

During practicum and internship experiences, attendance is mandatory for continuity of care. Excessive absences may result in an F grade in the clinical experience from the academic fieldwork coordinator at the University of Southern Indiana even if the facility's fieldwork educator passes the student.

Clinical Locations

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

Relation of Fieldwork Completion to Didactic Work

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

Transportation

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

Housing

Clinical experiences (OT 495, OT 496, OT 696, OT 697, OT 698) are integral aspects of the educational program of the Occupational Therapy Program at the University of Southern Indiana. Students must make their own arrangements for and finance their housing needs. The financial assistance budget for occupational therapy majors

has been adjusted to provide the additional funds required for clinical requirements.

Errors and Incidents During Fieldwork

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

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

Requirements

For incoming third years – Due July 10 or sooner:

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

For fourth years – Due September 10 or sooner (as part of grade for OT 495):

- National Criminal history check: www.sentrylink.com
- Criminal History Check (Zachary's Law (processed by OT Administrative Assistant))
- CPR certification (Infants, Children, Adults)
- Pass HIPAA/OSHA tests online through OT 495 Blackboard site
- Updated proof of health insurance
- Current Drug Test – 5 panel
- Repeat 2 step TB
- Hepatitis B Titer if needed (usually due by February 10) (part of OT 496)
- Yearly Flu vaccine: OT 495 **DUE IN DECEMBER**

For fifth years – Due September 10 or sooner (as part of grade for OT 698):

- National Criminal history check: www.sentrylink.com
- Criminal History Check (Zachary's Law (processed by OT Administrative Assistant))
- CPR certification (Infants, Children, Adults)
- Pass HIPAA/OSHA tests online through OT 495 Blackboard site
- Updated proof of health insurance
- Current Drug Test – 5 panel
- Repeat 2 step TB
- Hepatitis B Titer if needed (usually due by February 10)
- Yearly Flu vaccine: OT 698 **DUE IN DECEMBER**

Academic Rights and Appeal Policies

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

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

Academic Grievance Process

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

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

Family Educational Rights and Privacy Act (FERPA)

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

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

For additional information, please contact the University of Southern Indiana College of Nursing and Health Professions office for specifics. Please contact the Occupational Therapy Program office for further information about forms available for students to provide permission for the University of Southern Indiana College of Nursing and Health Professions to provide information to (e.g., employers and other educational institutions) or to allow personal information to be shared or to request review of their academic file.

Student Organizations and Participation

Students are encouraged to participate actively in class, Occupational Therapy Program, College of Nursing and Health Professions, and University of Southern Indiana organizations. To serve as officers in class or Occupational Therapy Program organizations (including representatives to national or state organizations), students must be in

good standing (i.e., if students are placed on probation of any kind including Course Deficiency Report, they must relinquish their offices and duties).

Class Organizations

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

SOTA: Student Occupational Therapy Association

In the fall of 2005, the Student Occupational Therapy Association (SOTA) at the University of Southern Indiana was established in accordance with University of Southern Indiana rules and regulations regarding student clubs, associations, etc. This group elect officers, and representatives (and alternates) to the following organizations: the Assembly of Student Delegates (ASD) (formerly American Student Committee of the Occupational Therapy Association [ASCOTA] of the American Occupational Therapy Association [AOTA]), the American Occupational Therapy Association (AOTA), and the Indiana Occupational Therapy Association (IOTA). A faculty member or the director of Occupational Therapy Program is the faculty advisor to this group.

University of Southern Indiana Student Organizations

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

Fundraising and Other College Activities

Student involvement in fundraising or any activities identified with the University of Southern Indiana Occupational Therapy Program must have the approval of the Dean of the College of Nursing and Health Professions. Students must ensure the activity they propose is not in conflict with the USI Foundation. Proposal and final project forms for fundraising and other College activities are available in the Learning Resource Center. A formal written plan must be submitted to the Dean's office 30 days prior to implementation of the plan. The proposal must be signed by the organization's faculty advisor before submission to the Dean. Upon completion of the project/activity a final report must be submitted. This information is maintained in a fundraising file to assist students in selecting future projects or activities.

Personal Safety on USI Campus

Security Website

The University of Southern Indiana Campus and Security website is available at <http://www.usi.edu/security> .It addresses environmental health and safety issues on campus. It is recommended that new students review the website.

Emergency Procedures: Evacuation

Directions

1. All building evacuations will occur when an alarm sounds continuously and/or upon notification by the University Security Department and/or the Building Coordinator.
2. Be aware of all the marked exits from your area and building. Know the routes from your work area.

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

Evacuation from Evansville, IN

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



Evansville Snow
Routes.pdf