

Allegany College

of Maryland

OCCUPATIONAL

THERAPY

ASSISTANT



*Program
Handbook*

Occupational Therapy Assistant Program Guidelines

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INTRODUCTION

The Occupational Therapy Assistant Program is an Associate in Applied Sciences Degree Program designed to provide the student with the knowledge and skills necessary to become a Certified Occupational Therapy Assistant (COTA). Working under the supervision of occupational therapists, assistants work with persons of all ages whose lives have been affected by impairment or disease.

Occupational Therapy Assistants teach people how to prevent or overcome many types of physical and psychosocial problems caused by disease, substance abuse, mental illness, loss of limb, spinal cord injury, stroke, arthritis, and birth defects, to name a few. COTAs help individuals learn to succeed in self-care, school, work, play, and leisure skills and are employed in hospitals, hospices, nursing homes, rehabilitation facilities, day care centers, public and private schools, and the home.

The program objectives are designed to enable students to:

- Demonstrate accurate and effective oral and written communication skills
- Integrate therapeutic use of self into practice.
- Demonstrate ability to use teaching-learning process with consumers, health care practitioners, and the public
- Appreciate and adapt to varied/diverse cultures, processes, and ideas.
- Demonstrate resourcefulness and creativity.
- Take responsibility for professional development and life-long learning.
- Integrate the Core Values and Code of Ethics of AOTA into practice.
- Understand and appreciate the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.
- Recognize and describe pathology of selected physical, psychosocial, and developmental dysfunctions.
- Collaborate with clients, caregivers, occupational therapists and other health professionals in assessment, program planning, and implementation.
- Evaluate the need for and demonstrate applications of compensatory strategies when desired life tasks cannot be performed.
- Understand the effectiveness of health care delivery and the past and present roles of OT as it serves individuals in a varied and changing environment.
- Understand the importance of the mind-body connection in the maintenance of health and wellness.
- Promote the profession of occupational therapy.

SECTION I: PROGRAM OVERVIEW

A. History of Allegany College of Maryland

Allegany College of Maryland was founded in August of 1961 by a resolution passed by the Allegany County Board of Education and approved by the Allegany County Commissioners. The college, which now has separate governance under a Board of Trustees, is an example of the rapid growth in the development of Maryland's college system.

Allegany College of Maryland was established to provide low-cost, high quality, higher education for the residents of the area. Its accessibility to the county's center of population permits students to live at home, thus saving a substantial part of out-of-pocket costs for a college education.

Although heavy emphasis was placed on liberal arts transfer programs in the College's early development, in recent years the College has developed highly specialized curricula, including those in the technological and pre-professional areas, as career programs to satisfy identified needs of the region. Ever cognizant of its responsibility to an industrial area pocketed in Appalachian western Maryland, Allegany College of Maryland has accepted a mission to make tangible contributions through higher education to the economic and cultural growth of the area. Through its Board of Trustees, the College presents a dimension of learning that prepares men and women for the excitement and satisfaction of creative lives.

B. Philosophy of Allegany College of Maryland

In developing and implementing the offerings of the College, the Board of Trustees, the faculty, and the staff have steadfastly held, and continue to hold, the following beliefs:

- We believe in democracy as a way of life, and in both the freedoms and responsibilities inherent in a democracy. We believe in preparation for active participation in a democracy.
- We believe that education is a process by which certain objectives of society are reached. We believe that education is sustained, utilized, and protected by society.
- We believe that our college, as an essential and integral part of the American way of life, has a direct relationship and responsibility to the community to serve as a leader in educational thought and practice. To this end, the educational resources of the institution are made available for use by the community.
- We believe that education embraces knowledge, training, and aspiration. Consequently, we believe in the dissemination of knowledge, the liberation of minds, the development of skills, the promotion of free inquiry, the encouragement of the creative or inventive spirit, and the establishment of a wholesome attitude toward order and change, with an emphasis on ethical and legal concerns.
- We believe that we should educate broadly through a program of general education which introduces the students to the basic fields of knowledge--the arts and humanities, English composition, social and behavioral sciences, mathematics, and the biological and physical sciences.

- We believe that it is our responsibility to guide students in the exercise of self-direction and self-discipline in the solution of their problems and to instill in them the desire to continue education as long as they live.
- We believe in the development of the total personality--intellectual, social, emotional, spiritual, physical, and ethical.
- We believe that knowledge alone is not enough. Ethics is indispensable; therefore, our program emphasizes appreciation of and response to beauty, truth, and justice, thus contributing to the general cultural development of the community through the individual.
- We believe in the cooperation of the college with all segments of its service area and in the continual evaluation of the College, its purpose and program, to the end that it may contribute to the maximum development of the individual and the area.

C. Vision statement of Allegany College of Maryland

We will be the college of choice that transforms lives, strengthens communities, and makes learners the center of everything we do.

D. Mission statement of Allegany College of Maryland

Allegany College of Maryland is a lifelong learning community dedicated to excellence in education and responsive to the changing needs of the communities we serve. Our focus is the preparation of individuals in mind, body, and spirit for lives of fulfillment, leadership, and service in a diverse and global society. We are committed to engaging students in rich and challenging learning opportunities within a small college atmosphere that is known for its personal touch.

E. Values of Allegany College of Maryland

Quality	We improve through assessment.
Integrity	We promote honesty and trust.
Respect	We foster dignity and worth.
Opportunity	We promote innovative choices.
Wellness	We promote healthy lifestyles.

F. Allegany College of Maryland Accreditation

Allegany College of Maryland is accredited by the [Middle States Commission on Higher Education](#) (MSCHE), 3624 Market Street, 2nd Floor West, Philadelphia, PA 19104; 267-284-5000. The MSCHE is an institutional accrediting agency recognized by the U.S. Secretary of Education and the Council for Higher Education Accreditation. MSCHE offers the [Statement of Accreditation Status](#) for Allegany College of Maryland on their website.

The College is also accredited and approved for operation by the [Maryland Higher Education Commission](#) (MHEC), 6 North Liberty Street, Baltimore, MD 21201; (800) 974-0203. The [Pennsylvania Department of Education](#) has granted certification to Allegany College of Maryland campus in Bedford county and to the academic programs they offer.

G. Additional Information

The Occupational Therapy Assistant Program was developed in response to a demonstrated need for occupational therapy personnel in Western Maryland and the tri-state area. There was an impressive amount of investigation and pre-planning done prior to initiation of the program.

The location of the Occupational Therapy Assistant Program in Cumberland fills an important need for the citizens of the state and the region. There are only two other programs in Maryland, none in West Virginia, and one 60 miles away in Pennsylvania. Existing programs report many more applicants than student slots available.

Western Maryland and the tri-state area surrounding Cumberland are rural in nature. The city is looked to as a regional health care provider by residents within 40 miles east, north and west, and within 60 miles or more to the south.

This program will help to meet the health care needs of the region as it provides needed employment opportunities for area residents. According to the Bureau of Labor Statistics, the need for Occupational Therapy Assistants is among the twenty fastest growing occupations. The Western Maryland Area Health Education Center (WMAHEC) conducted a "Survey of Institutional Health Care Personnel Needs Update - October 1990", which includes data to support the need for this program and the need for Occupational Therapy Assistants in the area.

Allegany College of Maryland is a supported, regional, co-educational institution offering programs in liberal arts and highly specialized curricula in technological and pre-professional areas in order to satisfy the identified needs of the region, an industrial area located in Appalachian western Maryland.

Allegany College of Maryland is accredited by the Commission on Higher Education, Middle States Association of Colleges and Secondary Schools, and by the Maryland Higher Education Commission. It is empowered by the Maryland Higher Education Commission to grant the Associate Degree.

Over 4,000 full-time and part-time students attend Allegany College of Maryland, with a 17 to 1 student-faculty ratio. Allegany College of Maryland has accepted a mission to make tangible contributions through higher education to the economic and cultural growth of the area.

For more information about Allegany College of Maryland, its history, programs, and facilities, refer to the college catalog or visit our website at www.allegany.edu

H. OTA program mission statement

The Mission of the Occupational Therapy Assistant program is to provide high quality education to prepare individuals in mind, body, and spirit, to become skilled helpers. The OTA program promotes lifelong learning and the quest for excellence. Through the program's design to draw parallels between therapy and education, students will become actively involved in a well-designed series of activities and experiences that will lead them to entry level competence while developing a strong sense of empathy for those they will eventually encounter in treatment. The Occupational Therapy Assistant program challenges the student to recognize that his or her own uniqueness within a group of student peers mirrors the client's uniqueness when entering the Occupational Therapy process. Individual attention and personalization of the educational or therapeutic experience are critical to the process of growth and adaptation. While the OTA educational program is designed to exceed nationally recognized standards, the emphasis on meeting the special economic, social, and cultural needs of the local tristate area is presented as an illustration of the importance of social and cultural systems within the professional practice. The program's dedication to self-assessment and continuous improvement serves to inspire students to look honestly at their own strengths and areas of need, and to excel in their areas of personal interest and skill through work experience, workshops, courses, collaboration, and independent study.

I. OTA program philosophy

Every person is a unique unified whole constructed from biological, psychological and social components. The person and each of his or her components are constantly influencing and being influenced by the environment, or the relationship between the two is a process that is continuous. Meyer (as quoted in Sladyk and Ryan, 2001), states that "humans are unique in that they have a sense of time, imagination, and need for occupation." The process of adaptation and change is influenced by the environment, and the person's past and present participation in purposeful activity and occupation. Each person draws on his or her sense of time, history of occupation and imagination to plot his or her future. That person's development from any one point in time to another usually follows a predictable sequence. This predictable sequence can be interrupted at any point from birth to death by biological, psychological, social or environmental events. Such an interruption can cause dysfunction in the interaction between the person and the environment and in the continuum of adaptation. From the point of interruption, the person can, again drawing on sense of time, and history of occupation, imagine a sequence of events or activities leading to a new future. This new future would be based on a new set of biological, psychological, social, and environmental strengths and needs. The client is empowered through occupation and activity to adapt to new roles, responsibilities and occupations. A person, because of component limitations, or cultural or environmental factors, may not be able to plot an effective sequence of activities or imagine a new future. That person has the right to assistance to become active and as independent as possible in this process. Occupational Therapy provides this assistance.

Occupational Therapy education parallels Occupational Therapy treatment in that students entering the program are preparing to adapt to new roles, responsibilities, and occupations. Students have the right to and will receive a well-designed sequence of purposeful activities and experiences intended to maximize their ability to accomplish this adaptation.

Occupational Therapy education, like adaptation, is a process of continuous improvement. Human beings learn in a developmental fashion, first mastering simple, foundational skills,

then moving on to become proficient in more complex areas. Success at each level of learning is crucial to the progression.

The uniqueness of each student is a gift that gives dimension to our program. Throughout the course of study students will be encouraged to master all entry-level competencies. They will be pushed to strive, through the continuous process of education, to excel in their areas of personal interest and to share this excellence with their peers and consumers of their service

Today's health care system is characterized by the nearly continuous emergence of innovative techniques and new technology. Occupational Therapy, facing an increasing demand for services within this system, must integrate technological advances into more diverse patterns of service provision to serve a broader spectrum of consumers than ever before. The student, in considering the interaction of his or her own unique strengths, needs and beliefs, will be pressed to consider that not all service consumers in our Appalachian area value rapid advances in techniques and technology. Knowledge of the importance of social systems and culture, and experience in application of standards of practice and the code of ethics, will guide the student in making decisions about the delivery of service.

Bringing technology and current techniques into a cultural environment that may be rooted in routines established generations ago will be their challenge. Promoting the value of adaptation in all populations, including those resistant to change, will be their strength.

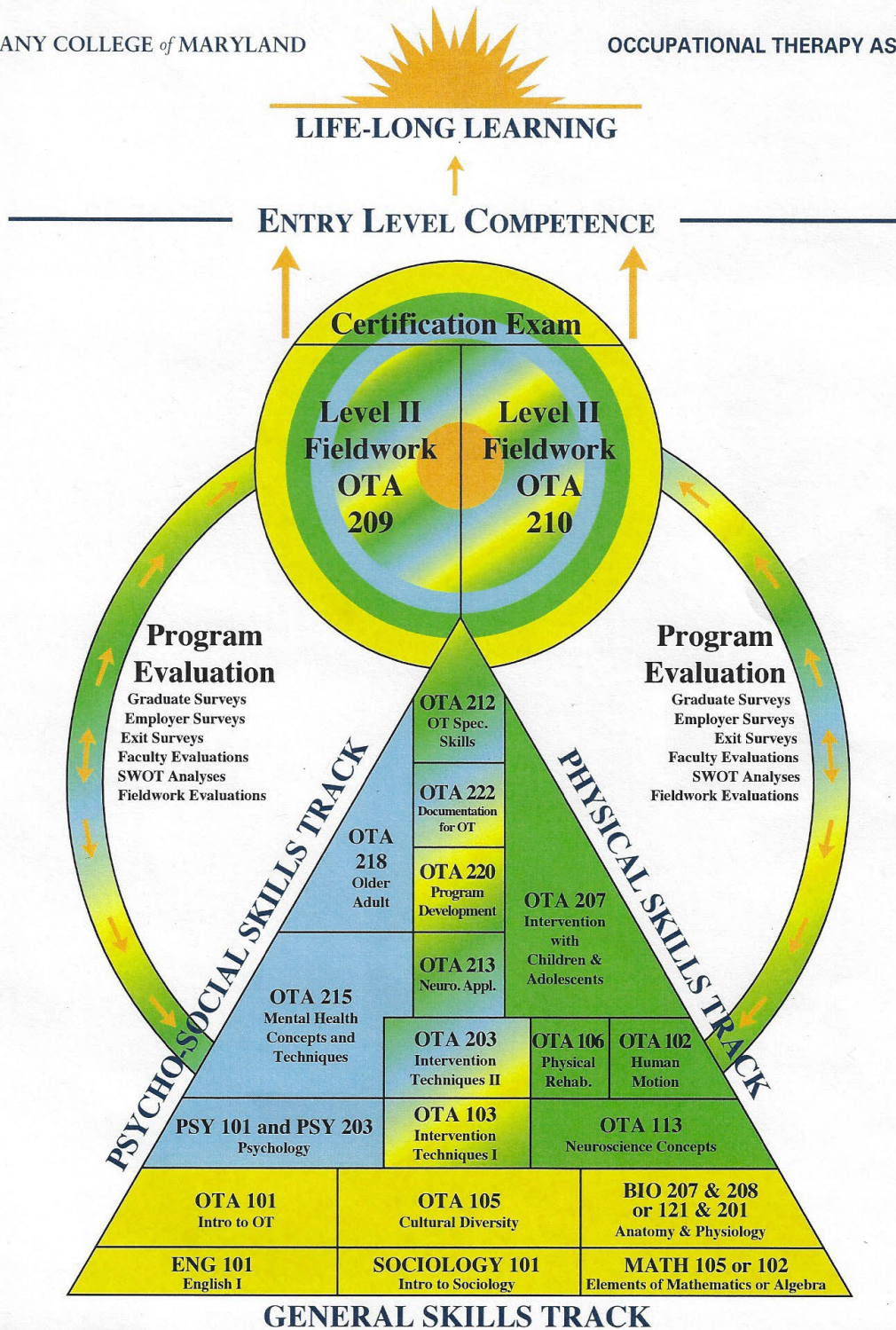
J. OTA curriculum design

CURRICULUM DESIGN

An A.A.S. Degree Program of Study

ALLEGANY COLLEGE of MARYLAND

OCCUPATIONAL THERAPY ASSISTANT



K. OTA program curriculum

The Occupational Therapy Assistant Program at Allegany College of Maryland has been in existence since April 1993. The program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449. ACOTE's telephone number c/o AOTA is (301) 652-AOTA and its Web address is www.acoteonline.org. The program was reaccredited in December 2014.

Classes began in September 1993 with 15 students enrolled in the OTA Program; beginning in the fall of 1994 the class increased in number to 16 students.

While enrolled in the Occupational Therapy Assistant Program at Allegany College of Maryland, each student is required to pass the following courses:

PHASE I:

SEMESTER I

ENG 101 (English) - The students are introduced to different modes of exposition. Students are also instructed in the use of the library and basic research tools. Credit may be conferred by way of the CLEP general examination in English composition (with essay).

BIO 121 (Biological Science) ** - The student will experience basic concepts and terminology associated with the study of the human body. The major focus of the course is to develop the student's detailed knowledge of the human muscular system.

PSY 101 (General Psychology) - A foundation course in psychology. Review of the nature and purpose of psychology, the dynamics of adjustment, sensory development, psychometry, and the application of psychological knowledge to practical problems.

Humanities Elective

Mathematics Elective

SEMESTER II

OTA 101 (Intro to OT) - Covers the philosophy, history, and the development of the occupational therapy assistant profession, with observation of therapy in a variety of settings.

OTA 105 (Cultural Diversity and Treatment Planning) - The student will explore how planning intervention is tied to understanding cultural differences.

BIO 201 (Biological Science) ** - The student will explore the structure and function of representative systems and gain an understanding of the working of the human body. The laboratory work involves a complete study and dissection of a cat as a typical mammal, with comparison to the human.

SOC 101 (Intro. to Sociology) - A basic course in sociology. Overview of basic principles of social interaction, social roles, organization, processes, stratification, social change, group dynamics, and valuation.

Psychology 203 (Human Growth and Development)- The processes affecting and effecting human development, with implications for educational practices used by and in the family, school, and community. Attention given to measurements and evaluative techniques for assessing total growth. The case method will be used, with direct and recorded observation being required.

Physical Activity Elective

**Students may elect to take Biological Science 207 and 208 (Anatomy and Physiology of the Human I and II) in place of Biological Science 121 and 201. If the student's long-term goal is to obtain a Master's degree, then it is recommended that the student take Biology 207 and 208.

PHASE II:

SUMMER SESSION (Following Second Semester)

OTA 103 (Intervention Techniques I) - Through study, discussion, and participation, the student will explore intervention methods and techniques focusing on minor crafts, play-leisure skills, and activity analysis.

OTA 106 (Intervention with Physical Rehabilitation) - Through study and discussion the student will identify commonly seen medical and orthopedic diseases and disabilities, and identify Occupational Therapy evaluation techniques and methods of intervention for these conditions.

OTA 113 (Neuroscience Concepts) – Provides a basic understanding of the human nervous system as it applies to assessment and intervention.

SEMESTER III

OTA 102 (Dynamics of Human Motion) - Applies knowledge of human anatomy to the analysis of human motion as seen in activities of daily living.

OTA 203 (Intervention Techniques II) - This course introduces the student to the process of adapting materials and activities, for use by clients with special needs. Topics include electrical and mechanical adaptive equipment, custom and standard wheelchair measurement and design, and training clients in the use of prosthetic limbs. Also covered is the ADA and its applications to practice. Special consideration is given to human adjustment to and acceptance of adaptive devices.

OTA 207 (Intervention with Children and Adolescents) - The student will explore injuries, diseases and difficulties commonly encountered in individuals from birth through adolescence.

215 (Mental Health Concepts and Techniques) - Through lecture, discussion, fieldwork, and observation/participation, the student will 1) identify commonly seen psychosocial conditions using Occupational Therapy evaluation techniques, 2) identify methods of intervention in psychosocial settings, 3) practice observing, assessing, and reporting group behaviors, 4) practice planning and implementing therapeutic groups, and 5) identify roles of group leader and follower.

SEMESTER IV

OTA 212 (OT Specialty Skills Development) - The student will identify area of interest and collaboratively, with instructor, design goals and objectives for this course. Course includes lecture, discussion, and independent study.

OTA 213 (Clinical Application to Neuroscience) – This course provides a means for the student to understand the power of the nervous system in illness, disability, health promotion, self-healing and in intervention planning for both physically and psychologically involved individuals.

OTA 218 (Intervention with the Older Adult) - The student will gain entry level knowledge in the OT specialty area of the older adult, covering various models of intervention for difficulties associated with both the physical and psychosocial aspects of aging.

OTA 220 (OT Program Development) – This course is designed to allow the student to understand the steps in developing a program providing services to individuals in need of occupational therapy. The student will explore management and leadership styles, human resources issues, budgeting, supervision, organization, and planning as they related to the provision of occupational therapy.

OTA 222 (Documentation for OT) – The student will obtain the skills to be proficient in documenting occupational therapy services. Topics include ethical and legal considerations, electronic health records, school system documentation, and Medicare standards.

OTA 209 (Clinical Internship I) - 8-12 weeks of full-time work as mandated by the facility. Through participation, the student will complete a supervised clinical internship in an appropriate health care facility.

SUMMER SESSION (Following Fourth Semester)

OTA 210 (Clinical Internship II) - 8-12 weeks of full-time work as mandated by the facility. Through participation, the student will complete a supervised clinical internship in an appropriate health care facility.

(Note: It is assumed that any General Education courses taken at ACM or transferred from other institutions fulfill the content required by the OTA program. The program director reserves the right to request copies of syllabi from any non-OTA courses to verify content.)

L. Estimated student costs (2019-2020)

Occupational Therapy Assistant Program

TOTAL COST TO STUDENT, Fiscal Year 2020

Note: Costs are an approximation and subject to change. Refer to College website or Admissions Office

Item	Phase I 31 credit hours	Phase II 39 credit hours	Total/Other info
Tuition (see catalog) -In-County \$125/credit hour, -Other MD county ++ -Non-resident of MD: \$304/credit hour Please Note: Tuition Fees will be increased Fall2020 \$129/CR \$314/CR Non-resident of MD	\$3,875 \$9,424	\$4,875 \$11,856	\$8,750 \$21,280
*Registration Fee		\$35 per semester	
Student Fee		\$36 per semester	
Technology Fee		\$48 per semester	
Course/Lab		See chart below	
Textbooks		\$300-400 per semester	
Physical Examination & Vaccination		\$25-35	
Immunizations + - Influenza - TDAP - Tuberculin Skin Test		\$20 \$50 \$20	NMWC ++
Health Insurance		**Varies - \$475	
Medical Management Fee (NMWC Fee – see below)		\$75	
AOTA membership		\$75/year	
CPR certification/recert AHA Basic Life Support (BLS) for Health Care Providers certification		\$30-85	
OTA Program Uniform --name tag, ID photo --Polo clinical shirts & sweater --scrub top/pant		\$10 See course fee for OTA 106 \$30	(May be covered by Financial Aid)
Criminal Background		***See below	Varies by state
Fingerprinting – required by some fieldwork sites		\$55	
Drug Screening – required by some fieldwork sites		\$30-55	
Transportation, housing and meal expense to fieldwork		Variable	
Intervention Techniques I & II (possible craft supplies as needed)		\$50	
NBCOT Exam		\$515	Plus \$40 per state for score transfer
State License Fee		\$200 MD \$100 WV \$30 PA	

Some courses have a course-specific fee that is paid along with your tuition and college fees

Course #	Course Name	Course Fees
OTA 102	Dynamics of Human Motion	\$95
OTA 103	Intervention Techniques I	\$95 plus \$20 Learning Harbor Fee
OTA 106	Intervention in Physical Rehabilitation	\$95 plus \$40-85 Criminal Background Fee \$25 Nurse Managed Wellness Center (NMWC) \$90 Simucase or online simulation fee \$120 EHRgo \$65 uniform fee – polo and sweater
OTA 203	Intervention Techniques II	\$95
OTA 204	Physical Agents in Modalities	\$95
OTA 207	Intervention with Children/Adolescents	\$95 \$25 NMWC
OTA 209	Clinical Internship I	\$25 NMWC
OTA 212	Specialty Skills Development	\$50
OTA 210	Clinical Internship II	\$140 Exam Prep Fee \$25 NMWC
OTA 215	Mental Health Concepts and Techniques	\$95

++ Maryland out-of-county resident tuition \$240/credit hour, however, students are eligible for Health Manpower Shortage Grant assistance. The OTA Program has been designated as a Health Personnel Shortage Program by the MD Higher Education Commission. This means that MD residents from outside Allegany County who are enrolled in the program are eligible for in-county tuition rates. See the Program Director for the form to be completed, signed and submitted to the Admissions Office

*Registration fee is nonrefundable, but is applied to tuition

** Health Insurance cost dependent on student situation. If you do not have health insurance, you will be required to purchase it. More information can be obtained at the Business Office.

***Criminal Background \$40 MD, WV, VA

PA residents may also be required to purchase PA Access to Criminal History PATCH, Child abuse, and Fingerprint = approximately \$65-85

+ Immunization Documentation Required:

- Tdap
- 2-Step Tuberculin Skin Test (TST) PPD
- MMR
- Varicella (or blood titer for immunity status)
- Hepatitis B (and/or blood titer)
- Seasonal Flu Vaccination
- Drug screening

++NMWC Allegany College of Maryland Nurse Managed Wellness Center prices

*The OTA Program has been designated as a Health Personnel Shortage Program by the MD Higher Education Commission. This means that MD residents from outside Allegany

County who are enrolled in the program are eligible for in-county tuition rates. See the Program Director for the form.

SECTION II: ACADEMIC GUIDELINES

A. Purpose

1. The purpose of the Occupational Therapy Assistant handbook is to serve as a personal reference to the guidelines and procedures of the Occupational Therapy Assistant Program. All OTA students are responsible for reading, knowing and complying with the material contained within this handbook.
2. This Student Handbook is distributed to all new OTA students prior to the beginning of the first semester of clinical coursework (at orientation). Interpretation and clarification of the guidelines and procedures found herein may be obtained from the program director or fieldwork coordinator.
3. This Student Handbook may be revised or supplemented at the discretion of and upon the authority of the program director. New or revised guidelines and/or procedures will be established by the program director, fieldwork coordinator, and/or faculty when appropriate in response to local concerns and changing technology. Supplements will be mailed and/or delivered to the student in the form of a memo.

B. Grading

1. A passing grade in any Occupational Therapy Assistant course is a letter grade of A, B, or C. Any student who receives a final grade lower than a C (D, F, X, R, or W) in any OTA course and/or content area may not proceed to the next course/ semester.
2. Occupational Therapy Assistant grades are based on theory, campus lectures, clinical demonstration and testing labs, and clinical performance. Each course syllabus specifically outlines the requirements of that course and the evaluation methods that will be used. The level of difficulty reflected in course work and testing increases in accordance with the developmental model of the curriculum design and program philosophy. A passing grade in each course component is required to pass the entire course. **This also refers to fieldwork. Level I fieldwork is graded Pass/Fail and if a student does not pass level I fieldwork, they will fail the associated course.**
3. Grading Scale is as follows:

A	93-100%	Excellent
B	84-92 %	Good
C	75-83%	Average
D	66-74%	Poor
F	< 66%	Failing

4. Clinical performance grades are the same as above, except Level II fieldwork for which students earn a grade of Pass/Fail.
5. If a student is demonstrating difficulty with didactic or clinical concepts, the Program Director or the Fieldwork Coordinator, at any time, has the right to test the student's

skills through competency examinations. These competencies will include, but are not limited to: case studies, goal writing, treatment planning, documentation, patient interaction scenarios, interviewing skills, and transfers skills. These can be oral or written competencies.

6. This can occur at any time a student is registered for OTA courses and/or Level II fieldwork.

C. Written Assignments/Examinations

1. Written assignments must be submitted to the instructor on or before the due date. Late assignments will result in a grade reduction of 10% per day.
2. Evidence of cheating or plagiarism on examinations, quizzes, or written assignments will result in disciplinary action, and may warrant dismissal from the program. Allegany College of Maryland and the OTA program use turnitin.com for the detection of plagiarism. Refer to course syllabi for more information.
3. When the student submits written assignments, all sources used by the student must be properly documented with in-text citations, quotations, and a bibliography, as appropriate.
4. Written assignments are to be typewritten.

D. Didactic and Clinical Session Attendance

1. Students are expected to attend every class and clinical session. Tardiness to class or clinic will not be tolerated. The classroom door will be closed at the start of class.
2. Attendance will be taken at each class
3. It is the student's responsibility to make up all material missed.
4. All work missed must be completed by the next class session. Additional work/assignments may be required at the discretion of the instructor.
5. Excused absences include closure of the college, illness of student or a dependent child, or death of an immediate family member (parent, child, sibling, or grandparent). Faculty may request documentation of the death.
6. Absentee letters will be sent to any student who has been absent from 20% of any one course. For example, if a course meets once weekly, three sessions would constitute 20% of the course. If a course meets two times a week, then six sessions would be 20%. (Lecture and lab count as two separate occurrences). **Absenteeism in excess of 20% may result in dismissal from the course, and consequently, the program.**
7. Students must report their classroom absence as early as possible by notifying the instructor, using the instructions outlined in the course syllabus. They must report fieldwork absence as early as possible by notifying the assigned clinical rotation site,

and the fieldwork coordinator. Failure to properly notify college or clinical personnel of an impending absence will be considered an unexcused absence.

8. All fieldwork time missed must be rescheduled with the approval of the fieldwork coordinator and the clinical supervisor so that the student may make up clinical assignments. All make-up time not approved in advance will not be applied toward semester clinical fieldwork hours.
9. Students absent more than two consecutive days because of illness must submit a written physician's certification indicating that the student is fit and able to resume clinical activities. The program director reserves the right to request a physician certification at any time.
10. If a student misses an exam and has not notified the instructor of his/her absence prior to the exam, a grade of zero will be recorded for the exam. A student with an excused absence who misses an exam must make appropriate arrangements with the instructor for a make-up exam by the end of the first day back; otherwise, a grade of zero will be recorded for the exam. Other arrangements may be made at the instructor's discretion.
- 11. Students should schedule all appointments, medical and other, during times when they are not participating in didactic or clinical experience, unless it is an emergency situation.**
12. Occupational Therapy Assistant classes and fieldwork take precedence over any outside employment. Arrangements for working must be made so that it does not interfere with meeting the requirements of the program.

E. Enrollment in Occupational Therapy Courses

1. New students are selected according to the admissions procedures as outlined in the college catalog, college website, and OTA Program brochure.
2. Students who are selected and invited to enroll in the Occupational Therapy Assistant Program are required to submit the results of a physical examination and documentation of the required immunizations. The physical examination and immunizations are completed at the student's expense, and can be conducted by the student's personal physician or at the ACM Nurse Managed Wellness Clinic on the first floor of the Allied Health building. The health records must be in the student's file before the student begins fieldwork. Students are also required to be certified in the American Heart Association's Healthcare Provider CPR and present a current CPR card prior to beginning fieldwork. Students must have a criminal background check completed before beginning any fieldwork. (In addition, some sites also require fingerprinting and drug testing.) **Please be advised that our fieldwork sites require receipt of the results of criminal background checks before accepting students for fieldwork. If a student has any criminal history, he or she will not be able to complete fieldwork, and as fieldwork is a major part of the OTA curriculum, the student will not be able to complete the program. In addition, a criminal history may prevent the student from becoming licensed to practice occupational**

therapy. If a student incurs legal charges while in the program, it is his/her responsibility to notify the program director immediately.

F. Withdrawals

1. A student may withdraw due to poor academic performance, illness, or personal reasons. Students who withdraw are not guaranteed readmission. When a student withdraws from the program, an exit interview may be held with the student, his or her advisor, and the appropriate instructor(s).
2. To receive "W" grades, all withdrawals must be completed prior to the scheduled date of the last day to withdraw according to the current academic calendar. Withdrawal from a course does not relieve the student of financial obligations to the college. If a student is dropped after the middle of the semester or fails to officially withdraw, a grade of "F" will be recorded.
3. **Withdrawal Initiated by Students:** Students may withdraw from the program by completing the appropriate form and submitting it to the Registration Office. At the time a student voluntarily leaves the program, he or she may request an exit interview. This interview will be conducted by the student's advisor. At that time, the student's record will be updated to include his or her reason for leaving the program.
4. **Withdrawal Initiated by the Program:** The program may initiate withdrawal of a student from the Occupational Therapy Assistant Program in the following cases:
 - When a student receives a final course grade of less than a "C" in any OTA course or Level I fieldwork, or has missed 20% of any class during the course of a semester, the program may initiate withdrawal of that student from the program. The student is reassigned to "pre-OTA" status, and may be eligible for readmission according to the readmission fi described in section F. The student is not permitted to continue taking subsequent courses in the program until readmission and satisfactory completion of all required courses for that semester are completed.
 - When a student's actions do not follow the college's professional standards
 - If a student's emotional or physical health appears such that he or she cannot competently function at the level of his or her student peers. Students must advise faculty and Program Director of any change in health status. (Refer to Section IV. Item F. for physical and mental requirements for the student.)

G. Readmission to the Occupational Therapy Assistant Program

1. A student who did not successfully complete the OTA courses may be considered for readmission on an individual basis by the Program Director and Fieldwork coordinator, **unless that student was dismissed from the program for threatening or abusive behavior, or for unethical behavior, such as cheating.**

2. Individuals who wish to return to the program may be considered for readmission if they initiate the readmission procedure by submitting a new application form and participating in a personal interview with the OTA Program Director.
3. The following factors will be taken into consideration regarding readmission:
 - The student meets the current admissions criteria for the program at the time of readmission.
 - Space is available in the program.
 - The student passes proficiency examinations with a 75% or better, or provides evidence of having passed all appropriate pre-requisite courses.
 - The student complied with all guidelines set forth by the program and the college for withdrawal.
 - If the withdrawal was initiated by the program because of the student's unprofessional behavior, the student must submit, in writing, the steps he or she has taken to insure that the behavior will not be repeated. Supporting documentation from mental health or other professionals may be required.
4. At least two months prior to the anticipated date of return, the student must submit a letter to the OTA program director requesting readmission to the OTA curriculum. This letter must state 1) the last semester and OTA course in which the student was enrolled; 2) the grade obtained; 3) any reason(s) other than academic for the student's withdrawal; and, 4) those steps the student has taken to improve his or her potential for success if readmitted to the program. This letter will be reviewed by the program director and a decision concerning readmission will be made by the director. **THE STUDENT IS ADVISED THAT HE OR SHE MAY ALSO NEED TO PETITION ALLEGANY COLLEGE OF MARYLAND FOR READMISSION** depending on his or her academic status with the college. The following documents will be considered regarding readmission:
 - a. Student Exit Interview
 - b. College Transcript(s)
 - c. Length of Time Absent from Program
 - d. Course Outlines (The content of courses successfully completed by the student compared to the current content of those courses.)
 - e. Clinical Evaluations
 - f. Current Health Record, if pertinent
5. Readmission will be based on evaluation of circumstances and cannot be guaranteed. Acceptance may be delayed dependent on the availability of clinical facilities and instructors.
6. Placement in the program will be determined by evaluation of such factors as changes in the curriculum, length of time out of the program, and specific learning needs of the individual.
7. All students will be governed by the edition of the "Occupational Therapy Assistant Program Student Handbook" under which they were most recently admitted to the OTA program.

8. Students who are accepted for readmission and elect not to return will be considered again on an individual basis.
9. In the case of more than one student requesting readmission, the student's GPA of OTA courses completed or attempted will be the criteria used to determine readmission. In the case of a tie, the application date will be used.
10. A student who once more withdraws from the program after being readmitted will not be eligible to reapply for the third time.

H. Complaint Guideline

1. If a student has a complaint against a faculty member, he or she may request a meeting with that faculty member. If the meeting does not bring about a resolution, the student may make a formal complaint, in writing, to the program director, outlining the problem and the steps already taken to resolve the problem.
2. The program director will review the situation and will meet with both the student and the faculty member in order to come to a resolution.
3. If the student still does not feel that the situation has been satisfactorily resolved, he or she should then submit a complaint, in writing, to the office of the Dean of Enrollment, Academic, and Student Services. An appointment will be scheduled with the Dean or designee for further action.
4. In the case of a complaint against the program or the program director, the student may request a meeting with the program director to discuss the issue. If this does not resolve the situation to the student's satisfaction, he or she may follow the procedure outlined in #3 above.

I. Graduation Requirements

The specific program requirements for graduation are:

- Satisfactory completion of all courses in the Occupational Therapy Assistant curriculum as outlined in the current college catalog.
- A grade of "C" or better in any courses required by the Occupational Therapy Assistant Program.
- Satisfactory achievement of all fieldwork competency objectives.
- Satisfactory completion of the minimum required fieldwork hours for each OTA course.
- Completion of all level II fieldwork with a grade of "P". This includes a minimum of 16 weeks and a maximum of 24 weeks of full time (unpaid) employment. This fieldwork experience MUST be completed within 18 months of completion of academic courses in the OTA program.

- Completion of “Exit Interview” and payment in full of all outstanding bills (Financial Aid, library, book store).

J. Credentialing and Licensure

1. Upon graduation from the program, having successfully completed all course work and fieldwork, students are eligible to sit for the certification exam administered by the National Board for Certification in Occupational Therapy (NBCOT), One Bank Street, Suite 300, Gaithersburg, MD 20878; (301) 990-7979. In order to be employed as an occupational therapy assistant, a student must pass this exam and receive the designation of COTA. The following steps are necessary to take the exam:
 - Complete the online application found at www.nbcot.org.
 - Submit an official final grade transcript to NBCOT (directly from Registration Office).
 - Upon receipt of the Authorization to Test letter from NBCOT, schedule a date and time to take the exam.
2. In addition to certification, a COTA must be licensed to practice in the state in which he or she plans to be employed. At the time the candidate applies to take the NBCOT exam, he or she must also apply for licensure in any or all states he or she intends to seek employment. (See Level II Fieldwork Handbook for State Regulatory Information.)

K. Plagiarism and Cheating

The OTA program requires that all assignments with a research component be submitted to turnitin.com in Brightspace. This is a service that reviews written assignments in order to detect plagiarism. Throughout the OTA program, students will be required to submit written assignments electronically, as indicated by program faculty.

Evidence of cheating or plagiarism on examinations, quizzes, or written assignments will result in disciplinary action, and may warrant dismissal from the program.

L. Accommodating Disabilities

Academic access and disability resources can be found on the ACM website at [Academic Success and Disability Resources](#) or call 301-784-5234. The office is located in the Humanities Building – office H1.

SECTION III: DIDACTIC AND CLINICAL SESSIONS

A. General Information

1. Program scheduling is comprised of two parts: didactic and clinical. Didactic courses are scheduled according to college guidelines. Clinical assignments vary from semester to semester. Students are required to participate in no less than 70 credit hours of instruction and no less than 16 weeks of full-time clinical experience following completion of academic coursework. Level I fieldwork during coursework will be

arranged by the Fieldwork coordinator. **Students will be responsible for providing their own transportation, and where necessary, room and board, for all fieldwork throughout the entire period of the OTA educational program. Travel and temporary relocation are a strong possibility. In addition, certain sites may require the student to be fingerprinted before being approved for fieldwork. This will be completed at the student's expense.**

2. Level I fieldwork (fieldwork done in conjunction with academic coursework) will be supervised by the student's fieldwork site supervisor. Students are not to handle/work with patients/clients unsupervised unless previously approved by the site supervisor and Allegany College of Maryland's Fieldwork Coordinator. Level II fieldwork (after completion of coursework) levels of supervision are determined individually for each site. The student is expected to abide by all rules applicable to a given site.
3. An OTA student may complete a Level I placement in a facility in which they are employed; however, students employed by the clinical affiliate shall accept employment assignments during hours when they are not involved in classroom, laboratory, or clinical assignments. Employed students may not assume the responsibility of supervising other students and, while students are engaged in educational activities, they may not assume the responsibility of supervising other students. In addition, while students are engaged in educational activities, they may not assume the responsibilities of paid staff therapists.
4. **An OTA student MAY NOT complete a Level II placement in a facility in which they are employed, or in any facility that is owned or operated by the company by whom they are employed.**
5. Students will be assigned to didactic and clinical experience not to exceed 40 hours per week (not including breaks, lunch, travel, or study time).
6. Students may be assigned occasional afternoon, evening, and weekend clinical rotations, depending upon the clinical site schedule. The clinical instructor will give rotation schedules each semester.
7. Students are not assigned clinical rotation on recognized holidays.
8. Students receive vacation time according to the college calendar.
9. Students receive meal periods of not less than 30 minutes when assigned for four or more clinical hours per day.
10. **Students should schedule all appointments, medical and other, during times when they are not participating in didactic or clinical experience, unless in an emergency situation.**
11. Students must arrive and leave no later than their assigned starting time. There is no grace period. Students arriving later than their assigned starting time will be considered tardy. Tardiness is reflected in the Clinical Practicum courses as a grade reduction. (See attendance guidelines found in Section II).

12. Students are expected to participate in all scheduled didactic and clinical experiences. Absenteeism is defined as not being present for an assigned educational experience.
13. **OTA classes and fieldwork take precedence over any outside job. Arrangements for working must be made so that they do not interfere with meeting the requirements of the OTA Program.**

B. Fieldwork/Fieldwork Requirements

1. Level I Fieldwork

- a. Every student is required to complete Level I fieldwork associated with the following courses and it is graded as Pass/Fail.
 - 1) OTA 106 Intervention in Physical Rehabilitation - Summer
 - 2) OTA 207 Intervention with Children and Adolescents – Fall
 - 3) OTA 215 Mental Health Concepts and Techniques – Fall
 - 4) OTA 218 Intervention with the Older Adult – Spring
 - 5) OTA 212 Specialty Skills – end of Fall/Spring
- b. This fieldwork may be met through one or more of following instructional methods
 - 1) Simulated environments
 - 2) Standardized patients
 - 3) Faculty practice
 - 4) Faculty led site visits
 - 5) Supervision by a fieldwork educator in a practice environment (up to 5 days in an appropriate clinical site for each course except OTA 212, up to 2 days)
- c. The same guidelines are applied to clinical labs as the didactic and clinical sessions.
- d. In no case shall Level I fieldwork be allowed to substitute for Level II fieldwork.
- e. Prior to beginning fieldwork each semester, students will receive a copy of the fieldwork objectives, fieldwork assignments and their rotation assignment. If applicable, site-specific objectives will also be distributed at this time.
- f. Travel to clinical sites may be required for Level I fieldwork and the cost and time of travel is the responsibility of the student. Placement near a student's home is not always a viable option due to the availability of clinical sites.

2. Level II Fieldwork

- a. Each student is required to complete two 8-12 week (or 320 hours) of a supervised Level II fieldwork rotations.
- b. Level II Fieldwork is the final phase of the educational process to qualify to sit for the certification exam and is graded Pass/Fail.

- c. A minimum of sixteen weeks and a maximum of 24 weeks of full-time work as mandated by the facility is required.
- d. Level II fieldwork is designed to provide in-depth experiences in delivering Occupational Therapy services and to develop and expand the repertoire of Occupational Therapy practice.
- e. Fieldwork will be scheduled to include a variety of settings that represent possible areas of practice. The variety will include groups at different stages of the life span, various physical and psychosocial disabilities, and a variety of treatment settings/service models.
- f. All Level II fieldwork must be completed within 18 months of completion of academic coursework.
- g. In the fall or early spring semester of Phase II, students receive their Level II fieldwork schedule. At this time, they also receive a copy of the Level II Fieldwork Handbook, as well as any site-specific objectives. The program's general objectives are also contained in the Level II Handbook. All site-specific objectives are filed with the facility contract. These are available for student review at any time.
- h. Students are encouraged to explore different areas of the country for Level II Fieldwork opportunities. Special requests for fieldwork sites must be submitted ASAP to the AFWC, but no later than **October 1** of Phase II in order to allow time for the fieldwork coordinator to make contact, check on availability and establish a contract with the facility if it is a viable option.
- g. Travel to clinical sites may be required for Level II fieldwork and the cost and time of travel is the responsibility of the student. Placement near a student's home is not always a viable option due to the availability of clinical sites.

3. Fieldwork Requirements

- a. All fieldwork assignments must be type written and turned in either in person or through Brightspace as assigned by due date.
- b. Fieldwork grades are based on assignments as well as clinical performance. Performance is assessed by the fieldwork educator completing a student evaluation at the end of each rotation. A sample of the level I evaluation is found under the sample fieldwork forms section.
- c. Fieldwork is a crucial part of occupational therapy education. Each student should try to get as much benefit from it as possible. The student's initiative to learn during fieldwork will be reflected in the grade received for professional behavior. Fieldwork should be taken very seriously. The student's performance not only reflects on the student as a professional, but on the program and the college as a whole.

- d. **Cell phones are not permitted in clinical areas while you are on fieldwork. Cell phones should be stored in your book bag or purse.**

4. Selection of Sights

- a. Potential fieldwork centers are contacted by the fieldwork coordinator to discuss interest in becoming a fieldwork site.
- b. Once interest and appropriateness of site is established, the following information is sent to the fieldwork supervisor: fieldwork contract, copy of course syllabus, suggested objectives for Level I fieldwork, "Guidelines for Occupational Therapy Fieldwork--Level I," and evaluation sheets.
- c. A meeting will then be set up with the supervisor to review objectives, develop additional objectives as appropriate, evaluation sheets, and answer any questions he/she may have about fieldwork.
- d. Following this meeting, a determination is made by the fieldwork coordinator and program director regarding the suitability of the site for meeting the needs of OTA students in a given course or semester.
- e. Upon approval, a list is then sent to confirm dates and times students will be coming.
- f. Once the fieldwork site is established, ongoing communication and collaboration is conducted through telephone conversations, written correspondence, and/or on-site visits. Supervisors will be encouraged to contact the fieldwork coordinator as soon as possible regarding any concerns related to students.
- g. A copy of a potential supervisor's current professional license must be submitted to the AFWC. In addition, each potential supervisor must sign a form provided by ACM, stating that he or she has a minimum of one-year practice experience.
- h. On-site visits will be conducted at least annually for local sites.
- i. Fieldwork contracts are ongoing, but will be reviewed annually.
- j. The protocol for assignment of fieldwork placements is dictated by our accrediting body (ACOTE) and is the responsibility of the academic fieldwork coordinator (AFWC). Any communication with a clinical site regarding fieldwork placements **may only be initiated by the AFWC, or the student with the approval of the AFWC. Family members or significant others are prohibited from contacting the clinical sites.** Failure to abide by this rule may result in a delayed start or termination of a clinical rotation, and could jeopardize the student's ability to graduate on time, or even at all. Interference in the process by unauthorized persons could ultimately cause a clinical site to terminate a fieldwork

contract with the OTA program, resulting in the loss of fieldwork placements for future students.

C. OTA Program Phone Numbers

Allegany College of Maryland of MD Occupational Therapy Assistant Department

Sharon Leonard, Program Director - 301-784-5536
Laurie Deckers, Fieldwork Coordinator - 301-784-5583
Jamie Andres, Administrative Assistant - 301-784-5538

DO NOT CALL THE DIRECTOR, FIELDWORK COORDINATOR, OR INSTRUCTORS AT HOME. **Voicemail and e-mail are on 24 hours per day. **

D. Expectations

1. As an Occupational Therapy Assistant student, you are expected to perform as follows:
 - Adhere to the Code of Ethics of the American Occupational Therapy Association (See Section IV).
 - Be prepared in theory and practice to complete the clinical focus for the day.
 - Dress appropriately (See appropriate attire in clinical and classroom guidelines).
 - Be responsible for the care of assigned clients and related tasks.
 - Behave in a professional manner as outlined in the professionalism section of this handbook
 - Refrain from plagiarism in all course assignments.

2. Grounds for dismissal include, but are not limited to:
 - Inadequate preparation for clinical assignment (e.g. inappropriate dress, incomplete assignments, etc.)
 - Inappropriate verbal or nonverbal communication with clients, staff, instructors, or classmates.
 - Threatening statements or actions against clients, staff, instructors, or classmates.
 - Conduct or performance that would impair or interfere with classroom and clinical assignments (e.g. use of drugs or alcohol).
 - Absence from more than 20% of any course during the clinical phase of the program.
 - Evidence of plagiarism or cheating on examinations, quizzes, or written assignments.

3. If a student is asked by a fieldwork supervisor to leave a fieldwork site because of unsafe or unprofessional behavior, this will result in the student receiving an “F” for the fieldwork, and consequently, for the course to which the fieldwork is attached.

E. Confidentiality

1. Any and all information concerning clients must be held in the strictest of confidence and may not be divulged. Information concerning clients should not influence one's attitude toward or treatment of clients.
2. Students found guilty of breach of confidentiality will be subject to disciplinary action and/or dismissal.

F. Documents

1. Students may not witness documents. *
2. Students may not sign any documents. *

*If it is the policy of the facility that students sign documents, signatures should be co-signed by the immediate supervisor.

SECTION IV : PROFESSIONALISM

Students are expected to maintain a professional bearing throughout their didactic and clinical training. Students will be evaluated on their affective performance as well as their knowledge and skill. If a student demonstrates unsafe or unprofessional behavior during his or her clinical training, the clinical supervisor will file an incident report with the Clinical Coordinator. (See Section VIII for sample incident report). The following clinical affective objectives apply to all didactic and clinical experiences in the program.

A. Student - Patient Interaction

1. The student will consistently display a professional and positive attitude in all dealings with patients.
 - a) The student will always identify himself/herself to patients.
 - b) The student will display courteous behavior towards the patient.
 - c) The student will display respect for the patient regardless of race, religion, sex, ethnicity or orientation.
 - d) The student will adhere to the above objectives regardless of the patient's condition
 - e) Gratuities may not be accepted from patients.
 - f) Students shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession. (i.e. –such as dating patients)
 - g) Students will adhere to acceptable ethical standards and The OT Code of Ethics.
2. The student will maintain confidentiality of all patient records and information.
 - a) The student will record all information accurately in the patient's chart. The patient's chart belongs to the health care institution and will not be taken from the nursing unit or medical records department unless otherwise authorized by hospital/college personnel.
 - b) The student will discuss the patient information only with other medical personnel involved in the care of the patient.

- c) The student will discuss with the patient only information already known to the patient.
 - d) The student will discuss the patient's condition with his/her clinical instructor only when out of audible range of the patient and/or family.
3. The student will display respect for the patient's right to privacy.
 - a) The student will arrange clothing and bedding to maintain the patient's modesty.
 - b) The student will knock on the patient's door before entering the room.
 - c) The student will be familiar with the American Hospital Association's "Patient Bill of Rights."
 4. The student will demonstrate concern for the protection of the patient from injury during procedures.
 - a) The student will perform only those procedures in which he or she has been deemed competent by the instructor.
 - b) The student will adhere to skill sheet when performing any procedure.
 - c) The student will, in accordance with the skill sheets, assess the client's condition in response to therapy.

B. Student-Clinic Personnel Interaction

1. The student will consistently display a professional and positive attitude in all dealings with clinic personnel.
 - a) The student will identify himself/herself by wearing appropriate clothing, name badge, and other identification as may be required.
 - h) The student will display respect for all hospital personnel regardless of race, religion, sex, ethnicity or orientation.
 - b) The student will read and practice all rules, regulations, and procedures that are established for the department to which he/she is assigned.
2. The student will first discuss with the fieldwork educator any established clinic procedures or any techniques observed in the clinic with which he/she does not agree. The student will not discuss or debate any clinic procedure in the presence of a patient.
3. The student will demonstrate respect for the clinic by careful and responsible use of the clinic's facilities and equipment.
 - a) The student will use only equipment with which he/she is familiar.
 - b) The student will notify the fieldwork educator of any malfunctioning equipment.

C. Student-Student Interaction

1. The student will consistently display a professional and positive attitude in all dealings with students.
 - a) The student will complete, without the aid of another student, all assignments that he/she is expected to complete alone.
 - b) The student will perform cooperatively when working in assigned areas with other

students.

- c) The student will display courteous behavior toward classmates/peers.
- d) The student will not make threatening gestures or statements towards classmates/peers.

D. Student-Instructor Interaction

1. The student will consistently display a professional and positive attitude in all dealings with his/her clinical instructor.
 - a) The student will work to the best of his/her ability to complete all assignments.
 - b) The student will demonstrate respect for the instructor at all times.
 - c) During clinical and class time the student shall not leave the clinical facility or classroom area without notification of, and permission from, the instructor. Failure to adhere to this policy may result in dismissal from the OTA Program.
 - d) Rotations and daily assignments are left to the discretion of the clinical instructor. Any student argument or refusal to accept an assignment will be cause for dismissal from clinic and possible expulsion from the program. However, a student may decline an assignment if the student feels the procedure presents undue risk to the patient or if the student feels a particular patient's care to be beyond his/her level of competency.
 - e) Affective objectives require that all students shall maintain a professional attitude at all times in the clinic, in the laboratory, and in the classroom.
 - f) A "professional attitude" implies that students will be non-offensive in speech, dress, and dealings with facility personnel, patients, physicians, college personnel, and with other students.
 - g) Students must realize that dishonesty, abusive language or conduct, swearing, or threats in either the classroom or clinical setting will be just cause for immediate dismissal from the course or program once such action is deemed justified by the Program Director and Vice President of Instructional Affairs. The student will be suspended from fieldwork until a decision is made. If the student is reinstated, the clinical time will need to be made up.
 - h) Such dismissal may or may not be preceded by a verbal or written warning depending on the circumstances, but in all cases will require a conference with the Program Director, Clinical Coordinator and involved persons to hear both sides of the case before any such severe action is taken.
 - i) Ensure that the student shall be supervised by an Occupational-therapy practitioner, who meets state regulations and has a minimum of one-year experience, subsequent to the requisite initial certification. The supervisor may be engaged by the fieldwork site or by the educational program. (C.1.14)
 - j) Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct, 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. (C.1.16.)

- k) Once a Level II OTA student has completed their fieldwork, it is the responsibility of the fieldwork educator to complete and submit the AOTA Fieldwork Performance Evaluation for the occupational therapy student to the academic fieldwork coordinator. When the evaluation has been received by the academic field work coordinator, a continuing education certificate is mailed to the fieldwork educator. (C.1.18.)
- l) It must be emphasized that in the clinical areas, the students are GUESTS of the facility. Any problems between students and facility personnel should be referred DIRECTLY and IMMEDIATELY to the instructor and/or Program Director and Clinical Coordinator who will mediate the situation. Students are NOT to involve themselves in arguments with or between any facility personnel, physicians, patients, or visitors AT ANY TIME, FOR ANY REASON. Any event in which the facility administration or department administration would recommend that the student be dismissed from the clinical area WILL involve dismissal from the course or program if the Program Director sees the conflict as an unsolvable situation.

E. Allegany College of Maryland Allied Health Programs Professionalism Standards

“Professionalism is an indispensable element in the compact between the medical profession and society that is based on trust and putting the needs of patients above all other considerations.” – *Professionalism: Good for Patients and Health Care Organizations* Mayo Clinic Proceedings 2014 (Volume 89, Issue 5, Pages 644–652).

Purpose:

To establish a consistent standard of professionalism for all Allied Health programs and students. This consistency facilitates faculty’s teaching professionalism across all the related curricula, supports the expectations within the professions themselves, prepares students for both clinical experiences and future employment, minimizes confusion by students who change programs, holds students accountable for meeting the standard, and creates a systemic process for both accountability and review/appeal.

This document does not address course requirements, grades, or other purely instructional matters. See course syllabi and/or program manuals for academic information. Where student actions are addressed in course syllabi and in professionalism standards (eg., attendance), the instructor shall choose which procedure is to be applied consistently within the course or program – in consultation with the Program Director as needed.

Professionalism Statement and Standards:

As a student in an Allied Health Program at Allegany College of Maryland, you are required to conduct yourself in a professional manner in the classroom, in clinical/practicum settings, and in any setting or activity that is related to your program or course. Professionalism is broadly understood as how a person performs the duties of his/her job with respect to ethics, compliance with policies/procedures, compliance with workplace expectations, treatment of patients, and treatment of colleagues. For Allied Health students at Allegany College of Maryland, professionalism standards include but are not limited to the following expectations:

Students shall ~

1. Follow the profession’s rules of ethics.
2. Be honest and trustworthy.

3. Never violate patient confidentiality or HIPAA.
4. Never provide care that is inconsistent with best practice or training.
5. Maintain appropriate boundaries.
6. Show compassion/sensitivity.
7. Practice effective written, verbal, and non-verbal communication skills by being
 - (a) accurate
 - (b) timely
 - (c) courteous in content
 - (d) courteous in tone/delivery
8. Report to class and to work
 - (a) on time,
 - (b) prepared/ready for the day's tasks,
 - (c) clean, and
 - (d) dressed in attire that is suitable for the day's tasks.
9. Follow directions and apply constructive feedback from instructors and supervisors.
10. Follow safety rules and shall not act in any way that endangers the safety of patients, clients, residents, other recipients of services, classmates, colleagues, or supervisors.
11. Not report to class, course or program/program-affiliated activities, or clinical sites impaired by a condition which renders the student unable to provide safe, competent care or safely participate in the educational experience.
12. Not report to class, lab, clinical site, course or program/program-affiliated activities impaired by the use of alcohol and/or other chemical agents that cause drowsiness, affect cognitive ability or judgement, and/or cause changes in behavior that negatively affect the student's safety, participation, or performance.
13. Follow the College policies including the Sexual Misconduct & Sex Discrimination (Title IX) Policy and the Code of Student Conduct*. Students are expected to be familiar with both policies.
14. Follow all local, state, and federal laws*.

*Acts which violate these standards can prompt appropriate disciplinary action, criminal prosecution, and/or academic consequences [as described below].
15. Not engage in other acts/behaviors which are inconsistent with professional standards in the health care field. If the act/behavior could jeopardize professional employment, it could reasonably be considered a violation of these professionalism standards.

Students shall seek guidance if/when they do not understand what is expected or if they are unsure whether an act violates standards of professionalism. Students are encouraged to meet with instructors and supervisors privately if the student questions or disagrees with guidance, directions, or feedback.

Consequences for Non-professional conduct:

A violation(s) of professional standards will be addressed promptly by the instructor, clinical supervisor, or program director who shall make recommendations in accordance with the program guide/manual pursuant to the following procedures:

- A. Immediate action will be taken on site to correct any unsafe or dangerous situation.
- B. The situation/incident will be documented by any person with knowledge.
- C. Documentation will be forwarded to the Program Director.
- D. The Program Director will review the documentation and meet with the student to determine the appropriate next step(s). Other persons may also be contacted and other records may also be reviewed for information.

- (a) No action required / resolved by personnel on site
 - (b) Written reprimand
 - (c) Specific corrective action that is appropriate for the specific situation. Examples include remedial work, apology, or other task/assignment designed to assist the student's learning.
 - (d) Probation: student is on notice that any subsequent incidents of non-professional conduct place that student at risk of suspension from the program or dismissal from the program. Probation may be accompanied by specific corrective action designed to assist the student's learning.
 - (e) Recommendation: Suspended from program
 - (f) Recommendation: Dismissed from program
- E. The Program Director may consult program faculty, other Program Directors, and/or other College personnel before making a final decision/recommendation.
 - F. If the Program Director determines that no action, written reprimand, specific corrective action, or probation is appropriate for the situation, the Program Director may implement that decision immediately via written notification to the student. When possible, the Program Director should meet with the student. The Program Director's decision is final.
 - G. If the Program Director recommends suspension or dismissal from the program, s/he will notify the student of this recommendation and inform the student that the Allied Health Directors' Accountability Committee will decide the appropriate action; the Program Director will provide the student with information about the next steps in this procedure. The Program Director will submit all the documentation along with his/her recommendation and reasoning to the Dean of Student & Legal Affairs (or designee)
 - H. The student shall have an opportunity provide his/her account of the alleged violation of professionalism standards by submitting a written statement for consideration by the Allied Health Directors' Accountability Committee within three business days. The statement is provided to the Dean of Student & Legal Affairs (or designee), ex officio member of the A.
 - I. The Allied Health Directors' Accountability Committee will review the documentation in a timely manner and meet with the Program Director for any questions or additional information as needed. The Committee has discretion to solicit information from other program faculty/staff as needed. The Committee has discretion to solicit information from the student and has discretion to meet with the student. The Committee may accept, modify, or deny the Program Director's recommendation. The Committee sends its written determination to the Program Director.
 - J. The Program Director implements the Committee's decision and notifies the student in writing. When possible, the Program Director should meet with the student to review the Committee's decision and next steps.
 - K. The student may accept the decision or appeal to Dean of Career Programs.

Appeal Process:

If a student chooses to appeal the decision by the Allied Health Directors' Accountability Committee, s/he shall notify the Dean of Student & Legal Affairs in writing. The student shall provide a written statement detailing the reason(s) why the student disagrees with the Committee's decision and what the student's alternative solution is. The Dean of Student & Legal Affairs forwards all the documentation to the Dean of Career Programs who reviews all the documents and meets with the student. The Dean of Career Programs may solicit additional information from other persons/records. The Dean of Career Programs determines whether to accept, modify, or deny the Committee's decision. The Dean of Career Programs notifies the student in writing.

If the Dean of Career Programs' decision is adverse to the student, the student may appeal the Dean's decision to the Senior Vice President of Instruction & Student Affairs following the same process. The Vice President may solicit additional information from other persons/records. The Vice President determines whether to accept, modify, or deny the Committee's decision. The Vice President notifies the student in writing.

If the Vice President's decision is adverse to the student, the student may appeal the Vice President's decision to the President following the same process. The President may solicit additional information from other persons/records. The President determines whether to accept, modify, or deny the Committee's decision. The President notifies the student in writing.

*All steps in these procedures should be done in a reasonably timely manner – taking into consideration critical academic calendar dates, course/program deadlines, clinical schedules, impact upon the student, impact upon classmates, impact upon clinical personnel, impact upon faculty/staff, and other relevant factors. If the matter cannot be resolved in a timely manner, relevant persons (including the student) should be informed in writing of the reason(s) for any delay.

*All information shared during these processes shall be confidential in accordance with relevant laws and College policy.

Allied Health Directors' Accountability Committee:

Allied Health Directors' Accountability Committee is a sub-committee of the Allied Health Directors' Steering Committee. Membership in the Allied Health Directors' Accountability Committee is comprised of:

- 5 Allied Health Program Directors,
- 1 Allied Health Program Director who serves as an alternate when needed, and
- the Dean of Student & Legal Affairs (or designee).

Allied Health Directors will serve on the Allied Health Directors' Accountability Committee on a rotating schedule to be determined by the Steering Committee.

The Dean of Student & Legal Affairs (or designee) is *ex officio*, manages the paperwork, and provides legal guidance to the process. As *ex officio*, the Dean has no vote in the Committee's decision. The Dean has discretion to consult the College's General Counsel as needed.

The Allied Health Program Director who has referred a student to the Committee may not serve in the process/meeting in which that student's matter is decided; the Program Director shall recuse himself/herself in such a situation. Any other Program Director who has a conflict of interest will likewise recuse himself/herself. The alternate will serve in such situations.

F. Dress Code - Appropriate Classroom and Clinic Attire

Student shall maintain a professional appearance at all times in the classroom and clinical setting

1. Students will be required wear navy blue scrubs to all classes
The following will not be permitted in the classroom:
 - Bedroom slippers
 - Excessive jewelry
 - Hoodie sweat shirts
2. Students must wear closed toed shoes

3. Dress or business casual khakis and the OTA program polo shirts are to be worn for presentations and field trips.
4. Clothing should be in good repair, clean and should fit appropriately and be loose enough to allow for mobility.
5. Name badges will be worn at all times
6. Jewelry
 - Wedding and engagement rings may be worn if clinical facility permits
 - One set of small stud earrings may be worn in earlobe
 - No other jewelry is acceptable except Medical Alert jewelry
7. Students are expected to be well-groomed and clean, including free of odors caused by tobacco and alcohol use.
8. Hair style must be of a naturally occurring color, neat and clean
9. Heavy perfumes, scented body lotions and after-shave lotions are not permitted.
10. Make-up may be worn in moderation.
11. All tattoos must be covered.
12. Clinical uniforms are site specific and what to wear will be confirmed by student with the fieldwork supervisor before starting.
13. No brightly colored, flashy polish/designs or chipped nail polish during fieldwork.
14. Nails must be no longer than the fingertips. Artificial nails are not permitted.
15. Chewing gum is not permitted in clinical settings

Any violation of the professional dress code in the clinical setting will result in the student being dismissed from the clinical site immediately with an unsatisfactory for the day and a notation of violation of professional behavior made in the student's file. The day must be made up at the facility's and faculty's convenience. If the facility staff refuses to have the student return, it will result in an immediate clinical failure.

G. Allegany College of Maryland Allied Health pProgram Essential Functions

(OTA specific functions denoted by shading)

Professional technical standards

The role of the student demands intelligence, sound judgment, intellectual honesty, the ability to relate with people and the capacity to react to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and commitment to the patient's welfare are essential attributes.

Students participating in the health program must:

- Have the academic ability to learn a large volume of technically detailed Information and be able to synthesize and use this data to solve complex clinical problems. This information must be acquired in a short and intense period of study which requires well developed study skills, a high level of motivation and may require considerable personal and financial sacrifice
- Have the mental, emotional, physical ability, and stamina to complete the program in the required sequence
- Possess the emotional maturity and stability to approach highly stressful human situations in a calm, safe, and rational manner and make appropriate judgments in an emergency or situation that is not clearly governed otherwise.

- Have well developed oral and written English language communication skills
- Be physically and academically prepared to participate in clinical assignments which occur at different times in a variety of geographic locations
- Insurance—It is required, that students be covered by medical insurance before practicing in the clinical setting, as this is NOT provided by the College. Students are responsible for their own health insurance. Personal health insurance information is available at the ACM Business Office located in Room 162 of the College Center building.
- Health Care Provider CPR certification is required for all programs except Human Services.
- Display strong ethical integrity consistent with working as a health care professional
- Be free of contagion and possess sufficient physical stamina with or without reasonable accommodations and possess mental stability to fulfill the requirements of the program and the customary requirements of the profession to competently perform the technical activities that are a critical part of the program curriculum and profession, including:
 - a. work for 10 - 12 hours performing physical tasks requiring physical energy without jeopardy to patient and student safety as, for example, bending, lifting, turning and ambulating adult patients.
 - b. perform fine movements and be able to manipulate instruments and equipment.
 - c. establish and work toward goals in a consistently responsible, realistic manner.
 - d. have auditory ability sufficient to monitor and assess health needs.
 - e. have visual ability sufficient for observation and assessment necessary for patient care

H. **AOTA Occupational Therapy Code of Ethics (2015)**

Preamble

The 2015 *Occupational Therapy Code of Ethics* (Code) of the American Occupational Therapy Association (AOTA) is designed to reflect the dynamic nature of the profession, the evolving health care environment, and emerging technologies that can present potential ethical concerns in research, education, and practice. AOTA members are committed to promoting inclusion, participation, safety, and well-being for all recipients in various stages of life, health, and illness and to empowering all beneficiaries of service to meet their occupational needs. Recipients of services may be individuals, groups, families, organizations, communities, or populations (AOTA, 2014b).

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

The Code serves two purposes:

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

Whereas the Code helps guide and define decision-making parameters, ethical action goes beyond rote compliance with these Principles and is a manifestation of moral character and mindful reflection. It is a commitment to benefit others, to virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage. Recognizing and resolving ethical issues is a systematic process that includes analyzing the complex dynamics of situations, weighing consequences, making reasoned decisions, taking action, and reflecting on outcomes. Occupational therapy personnel, including students in occupational therapy programs, are expected to abide by the Principles and Standards of Conduct within this Code. Personnel roles include clinicians (e.g., direct service, consultation, administration); educators; researchers; entrepreneurs; business owners; and those in elected, appointed, or other professional volunteer service.

The process for addressing ethics violations by AOTA members (and associate members, where applicable) is outlined in the Code's Enforcement Procedures (AOTA, 2014a).

Although the Code can be used in conjunction with licensure board regulations and laws that guide standards of practice, the Code is meant to be a free-standing document, guiding ethical dimensions of professional behavior, responsibility, practice, and decision making. This Code is not exhaustive; that is, the Principles and Standards of Conduct cannot address every possible situation. Therefore, before making complex ethical decisions that require further expertise, occupational therapy personnel should seek out resources to assist in resolving ethical issues not addressed in this document. Resources can include, but are not limited to, ethics committees, ethics officers, the AOTA Ethics Commission or Ethics Program Manager, or an ethics consultant.

Core Values

The profession is grounded in seven long-standing Core Values: (1) Altruism, (2) Equality, (3) Freedom, (4) Justice, (5) Dignity, (6) Truth, and (7) Prudence. *Altruism* involves demonstrating concern for the welfare of others. *Equality* refers to treating all people impartially and free of bias. *Freedom* and personal choice are paramount in a profession in which the values and desires of the client guide our interventions. *Justice* expresses a state in which diverse communities are inclusive; diverse communities are organized and structured such that all members can function, flourish, and live a satisfactory life.

Occupational therapy personnel, by virtue of the specific nature of the practice of occupational therapy, have a vested interest in addressing unjust inequities that limit opportunities for participation in society (Braveman & Bass-Haugen, 2009).

Inherent in the practice of occupational therapy is the promotion and preservation of the individuality and *Dignity* of the client by treating him or her with respect in all interactions. In all situations, occupational therapy personnel must provide accurate information in oral, written, and electronic forms (*Truth*). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions in professional and volunteer roles (*Prudence*).

The seven Core Values provide a foundation to guide occupational therapy personnel in their interactions with others. Although the Core Values are not themselves enforceable standards, they should be considered when determining the most ethical course of action.

Principles and Standards of Conduct

The Principles and Standards of Conduct that are enforceable for professional behavior include (1) Beneficence, (2) Nonmaleficence, (3) Autonomy, (4) Justice, (5) Veracity and (6) Fidelity. Reflection on the historical foundations of occupational therapy and related professions resulted in the inclusion of Principles that are consistently referenced as a guideline for ethical decision making.

BENEFACTENCE

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

Beneficence includes all forms of action intended to benefit other persons. The term *beneficence* connotes acts of mercy, kindness, and charity (Beauchamp & Childress, 2013). Beneficence requires taking action by helping others, in other words, by promoting good, by preventing harm, and by removing harm. Examples of beneficence include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, helping persons with disabilities, and rescuing persons in danger (Beauchamp & Childress, 2013).

RELATED STANDARDS OF CONDUCT Occupational therapy personnel shall

- A. Provide appropriate evaluation and a plan of intervention for recipients of occupational therapy services specific to their needs.
- B. Reevaluate and reassess recipients of service in a timely manner to determine whether goals are being achieved and whether intervention plans should be revised.
- C. Use, to the extent possible, evaluation, planning, intervention techniques, assessments, and therapeutic equipment that are evidence based, current, and within the recognized scope of occupational therapy practice.
- D. Ensure that all duties delegated to other occupational therapy personnel are congruent with credentials, qualifications, experience, competency, and scope of practice with respect to service delivery, supervision, fieldwork education, and research.
- E. Provide occupational therapy services, including education and training, that are within each practitioner's level of competence and scope of practice.
- F. Take steps (e.g., continuing education, research, supervision, training) to ensure proficiency, use careful judgment, and weigh potential for harm when generally recognized standards do not exist in emerging technology or areas of practice.
- G. Maintain competency by ongoing participation in education relevant to one's practice area.
- H. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the services are no longer beneficial.
- I. Refer to other providers when indicated by the needs of the client.

- J. Conduct and disseminate research in accordance with currently accepted ethical guidelines and standards for the protection of research participants, including determination of potential risks and benefits.

NONMALEFICENCE

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

Nonmaleficence “obligates us to abstain from causing harm to others” (Beauchamp & Childress, 2013, p. 150). The Principle of *Nonmaleficence* also includes an obligation to not impose risks of harm even if the potential risk is without malicious or harmful intent. This Principle often is examined under the context of due care. The standard of *due care* “requires that the goals pursued justify the risks that must be imposed to achieve those goals” (Beauchamp & Childress, 2013, p. 154). For example, in occupational therapy practice, this standard applies to situations in which the client might feel pain from a treatment intervention; however, the acute pain is justified by potential longitudinal, evidence-based benefits of the treatment.

RELATED STANDARDS OF CONDUCT Occupational therapy personnel shall

- A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.
- B. Avoid abandoning the service recipient by facilitating appropriate transitions when unable to provide services for any reason.
- C. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues, students, research participants, or others.
- D. Avoid any undue influences that may impair practice and compromise the ability to safely and competently provide occupational therapy services, education, or research.
- E. Address impaired practice and, when necessary, report it to the appropriate authorities.
- F. Avoid dual relationships, conflicts of interest, and situations in which a practitioner, educator, student, researcher, or employer is unable to maintain clear professional boundaries or objectivity.
- G. Avoid engaging in sexual activity with a recipient of service, including the client’s family or significant other, student, research participant, or employee, while a professional relationship exists.
- H. Avoid compromising the rights or well-being of others based on arbitrary directives (e.g., unrealistic productivity expectations, falsification of documentation, inaccurate coding) by exercising professional judgment and critical analysis.
- I. Avoid exploiting any relationship established as an occupational therapy clinician, educator, or researcher to further one’s own physical, emotional, financial, political, or business interests at the expense of recipients of services, students, research participants, employees, or colleagues.

- J. Avoid bartering for services when there is the potential for exploitation and conflict of interest.

AUTONOMY

Principle 3. Occupational therapy personnel shall respect the right of the individual to self-determination, privacy, confidentiality, and consent.

The Principle of *Autonomy* expresses the concept that practitioners have a duty to treat the client according to the client's desires, within the bounds of accepted standards of care, and to protect the client's confidential information. Often, respect for Autonomy is referred to as the *self-determination principle*. However, respecting a person's autonomy goes beyond acknowledging an individual as a mere agent and also acknowledges a person's right "to hold views, to make choices, and to take actions based on [his or her] values and beliefs" (Beauchamp & Childress, 2013, p. 106). Individuals have the right to make a determination regarding care decisions that directly affect their lives. In the event that a person lacks decision-making capacity, his or her autonomy should be respected through involvement of an authorized agent or surrogate decision maker.

RELATED STANDARDS OF CONDUCT Occupational therapy personnel shall

- A. Respect and honor the expressed wishes of recipients of service.
- B. Fully disclose the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention; and any reasonable alternatives to the proposed intervention.
- C. Obtain consent after disclosing appropriate information and answering any questions posed by the recipient of service or research participant to ensure voluntariness.
- D. Establish a collaborative relationship with recipients of service and relevant stakeholders to pro-mote shared decision making.
- E. Respect the client's right to refuse occupational therapy services temporarily or permanently, even when that refusal has potential to result in poor outcomes.
- F. Refrain from threatening, coercing, or deceiving clients to promote compliance with occupational therapy recommendations.
- G. Respect a research participant's right to withdraw from a research study without penalty.
- H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communications, in compliance with applicable laws, including all aspects of privacy laws and exceptions thereto (e.g., Health Insurance Portability and Accountability Act [Pub. L. 104–191], Family Educational Rights and Privacy Act [Pub. L. 93–380]).
- I. Display responsible conduct and discretion when engaging in social networking, including but not limited to refraining from posting protected health information.
- J. Facilitate comprehension and address barriers to communication (e.g., aphasia; differences in language, literacy, culture) with the recipient of service (or responsible party), student, or research participant.

JUSTICE

Principle 4. Occupational therapy personnel shall promote fairness and objectivity in the provision of occupational therapy services.

The Principle of *Justice* relates to the fair, equitable, and appropriate treatment of persons (Beauchamp & Childress, 2013). Occupational therapy personnel should relate in a respectful, fair, and impartial manner to individuals and groups with whom they interact. They should also respect the applicable laws and standards related to their area of practice. Justice requires the impartial consideration and consistent following of rules to generate unbiased decisions and promote fairness. As occupational therapy personnel, we work to uphold a society in which all individuals have an equitable opportunity to achieve occupational engagement as an essential component of their life.

RELATED STANDARDS OF CONDUCT Occupational therapy personnel shall

- A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy.
- B. Assist those in need of occupational therapy services in securing access through available means.
- C. Address barriers in access to occupational therapy services by offering or referring clients to financial aid, charity care, or pro bono services within the parameters of organizational policies.
- D. Advocate for changes to systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy services.
- E. Maintain awareness of current laws and AOTA policies and Official Documents that apply to the profession of occupational therapy.
- F. Inform employers, employees, colleagues, students, and researchers of applicable policies, laws, and Official Documents.
- G. Hold requisite credentials for the occupational therapy services they provide in academic, research, physical, or virtual work settings.
- H. Provide appropriate supervision in accordance with AOTA Official Documents and relevant laws, regulations, policies, procedures, standards, and guidelines.
- I. Obtain all necessary approvals prior to initiating research activities.
- J. Refrain from accepting gifts that would unduly influence the therapeutic relationship or have the potential to blur professional boundaries, and adhere to employer policies when offered gifts.
- K. Report to appropriate authorities any acts in practice, education, and research that are unethical or illegal.
- L. Collaborate with employers to formulate policies and procedures in compliance with legal, regulatory, and ethical standards and work to resolve any conflicts or inconsistencies.

- M. Bill and collect fees legally and justly in a manner that is fair, reasonable, and commensurate with services delivered.
- N. Ensure compliance with relevant laws, and promote transparency when participating in a business arrangement as owner, stockholder, partner, or employee.
- O. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.
- P. Refrain from participating in any action resulting in unauthorized access to educational content or exams (including but not limited to sharing test questions, unauthorized use of or access to content or codes, or selling access or authorization codes).

VERACITY

Principle 5. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.

Veracity is based on the virtues of truthfulness, candor, and honesty. The Principle of *Veracity* refers to comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information (Beauchamp & Childress, 2013).

Veracity is based on respect owed to others, including but not limited to recipients of service, colleagues, students, researchers, and research participants.

In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive. When entering into a therapeutic or research relationship, the recipient of service or research participant has a right to accurate information. In addition, transmission of information is incomplete without also ensuring that the recipient or participant understands the information provided.

Concepts of veracity must be carefully balanced with other potentially competing ethical principles, cultural beliefs, and organizational policies. Veracity ultimately is valued as a means to establish trust and strengthen professional relationships. Therefore, adherence to the Principle of Veracity also requires thoughtful analysis of how full disclosure of information may affect outcomes.

RELATED STANDARDS OF CONDUCT Occupational therapy personnel shall

- A. Represent credentials, qualifications, education, experience, training, roles, duties, competence, contributions, and findings accurately in all forms of communication.
- B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.
- C. Record and report in an accurate and timely manner and in accordance with applicable regulations all information related to professional or academic documentation and activities.
- D. Identify and fully disclose to all appropriate persons errors or adverse events that compromise the safety of service recipients.
- E. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, research participants, or the public.

- F. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.
- G. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.
- H. Give credit and recognition when using the ideas and work of others in written, oral, or electronic media (i.e., do not plagiarize).
- I. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program or educational institution.
- J. Maintain privacy and truthfulness when using telecommunication in the delivery of occupational therapy services.

FIDELITY

Principle 6. Occupational therapy personnel shall treat clients, colleagues, and other professionals with respect, fairness, discretion, and integrity.

The Principle of Fidelity comes from the Latin root *fidelis*, meaning loyal. *Fidelity* refers to the duty one has to keep a commitment once it is made (Veatch, Haddad, & English, 2010). In the health professions, this commitment refers to promises made between a provider and a client or patient based on an expectation of loyalty, staying with the client or patient in a time of need, and compliance with a code of ethics. These promises can be implied or explicit. The duty to disclose information that is potentially meaningful in making decisions is one obligation of the moral contract between provider and client or patient (Veatch et al., 2010). Whereas respecting Fidelity requires occupational therapy personnel to meet the client's reasonable expectations, the Principle also addresses maintaining respectful collegial and organizational relationships (Purtilo & Doherty, 2011). Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. Practitioners, educators, and researchers alike must consistently balance their duties to service recipients, students, research participants, and other professionals as well as to organizations that may influence decision making and professional practice.

RELATED STANDARDS OF CONDUCT Occupational therapy personnel shall

- A. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated or permitted by relevant laws.
- B. Address incompetent, disruptive, unethical, illegal, or impaired practice that jeopardizes the safety or well-being of others and team effectiveness.
- C. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.
- D. Avoid using one's position (employee or volunteer) or knowledge gained from that position in such a manner as to give rise to real or perceived conflict of interest among the person, the employer, other AOTA members, or other organizations.
- E. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.

- F. Refrain from verbal, physical, emotional, or sexual harassment of peers or colleagues.
- G. Refrain from communication that is derogatory, intimidating, or disrespectful and that unduly discourages others from participating in professional dialogue.
- H. Promote collaborative actions and communication as a member of inter-professional teams to facilitate quality care and safety for clients.
- I. Respect the practices, competencies, roles, and responsibilities of their own and other professions to promote a collaborative environment reflective of inter-professional teams.
- J. Use conflict resolution and internal and alternative dispute resolution resources as needed to resolve organizational and interpersonal conflicts, as well as perceived institutional ethics violations.
- K. Abide by policies, procedures, and protocols when serving or acting on behalf of a professional organization or employer to fully and accurately represent the organization's official and authorized positions.
- L. Refrain from actions that reduce the public's trust in occupational therapy.
- M. Self-identify when personal, cultural, or religious values preclude, or are anticipated to negatively affect, the professional relationship or provision of services, while adhering to organizational policies when requesting an exemption from service to an individual or group on the basis of conflict of conscience.

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Ethics Commission

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- Lea Cheyney Brandt, OTD, MA, OTR/L, *Chair (2014–2015)*
- Ann Moodey Ashe, MHS, OTR/L (2011–2014)
- Joanne Estes, PhD, OTR/L (2012–2015)
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SECTION V: GENERAL GUIDELINES

A. Inclement Weather

As a student in this program, you may be required to travel under adverse weather/road conditions. Allegany College of Maryland and this program value your safety and your educational needs.

We encourage you to register for the College's e-Safe alert system and monitor weather/road conditions. If ACM is closed or delayed (including weather related events), you may report to your clinical site in accordance with the site's and this program's requirements or policies unless it is unsafe for you to do so. You are to use your best judgement in making a decision to travel in adverse weather/road conditions. If you decide to not travel to your fieldwork site, you must contact your site supervisor as soon as possible. If there is a disagreement between you and the site supervisor about your attendance, you must contact the fieldwork coordinator for direction.

B. Professional meetings and lectures

Students are encouraged to attend various professional meetings and lectures. Students may do so on a voluntary basis. Cost of registration, travel, meals, lodging, and other expenses are paid by the student.

C. American Occupational Therapy Association Student Membership

Students in the program are required to become members of AOTA at a reduced student rate. A student member receives all of the benefits of AOTA membership which include the *American Journal of Occupational Therapy*, *OT Practice*, weekly job placement bulletins, reduced rates for AOTA-sponsored conferences, reduced rates on publications, products, and audiovisual materials.

D. Communicable disease guidelines

Precautions to Prevent Transmission of HIV

Medical history and examination cannot identify all patients infected with the human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS), or other blood pathogens. Diseases can be transmitted through exposure to body fluids, including secretions and excretions. The potential risk that health care workers may be exposed to blood and body fluids emphasizes the need to consider ALL patients as potentially infected with transmittable pathogens. All health care workers should adhere rigorously to infection control precautions in order to minimize the risk of exposure to blood and body fluids of ALL patients.

To minimize the transmission of blood-borne pathogens, UNIVERSAL BLOOD AND BODY FLUID PRECAUTIONS should be used in the care of ALL patients.

1. All health care workers should routinely use appropriate barrier precautions to prevent skin
2. and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves should be worn for touching blood and body fluids,

mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient.

3. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
4. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
5. All health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning instruments; during disposal of used needles; and when handling sharp instruments after procedures to prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal. The puncture-resistant containers should be located as close as practical to the use area. Large-bore reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
7. Health-care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.
8. Pregnant health care workers are not known to be at a greater risk of contacting HIV infection than health care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from prenatal transmission. Because of this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.
9. Implementation of universal blood and body fluid precautions for all patients eliminates the need for use of the isolation category of "Blood and Body Fluid Precautions" previously recommended by CDC (7) for patients known or suspected to be infected with blood-borne pathogens. Isolation precautions (e.g., enteric, "AFB"(7) should be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected.

E. Occupational exposure to blood-borne pathogens

1. The student is required to follow the clinical affiliates' written exposure control plan.

2. The student is highly encouraged to receive the Hepatitis B vaccine and vaccination series as outlined in the Physical Examination Form.
3. If the student is exposed during his/her clinical rotation, he/she must report the exposure to the clinical instructor and follow procedures regarding post-exposure evaluation and follow-up.
4. The student is required to adhere to the warning labels.
5. Students are required to purchase eye protection at their own expense and the clinical affiliate provides protective equipment such as gloves, gowns, laboratory coats, and other required devices at no cost.
6. The clinical affiliate will maintain extensive confidential medical records for individuals receiving an occupational exposure and retain such records for at least the duration of education plus 30 years.

F. Student Health

1. Students who become ill while in the clinic must report to the Clinical Instructor at the site who will determine the proper course of action. The Academic Fieldwork Coordinator should also be notified if a student leaves the clinical setting due to illness.
2. Conditions in the clinical setting may include diseases and conditions that could have an impact on pregnancy in all stages. Students are required to notify the fieldwork coordinator or program director immediately when pregnancy is suspected or confirmed.
3. An updated health care provider's statement and/or physical is required when any change in a student's current physical and/or mental status occurs that disrupts the student's ability to perform the "Allegany College of Maryland allied health programs professionalism standards
4. The ability to perform these "Essential Functions" was indicated by the student's signature when the admission physical exam form was submitted upon admission to the program.
5. A change in health status that may affect "Essential Functions" could include, but is not limited to a major illness, surgery, injury, pregnancy complications, birth of a child, or hospitalization. The health care provider's statement must be provided before the student returns to the class/clinical setting. Students are expected to return able to perform "Essential Functions". A student may be required to complete another physical exam form.
6. Good communication with the Program Director, Academic Fieldwork Coordinator and clinical instructors surrounding a change in health status is imperative to protect the welfare and safety of the student. Students are advised, in the event of a change in health status to consult their health care provider regarding limitations, if any, especially when working in areas of direct client care. **It is the student's responsibility to provide documentation of any applicable restrictions or limitations as a result of his/her health condition.** If possible, reasonable accommodations may be made that are responsive to the student's needs.
7. Reinstatement of a student who has withdrawn due to a change in health status will occur under the following conditions:
 - Space is available in the class such that the maximum student capacity is maintained.
 - The students followed the correct procedure for withdrawal from the program.

- The student has completed all minimum requirements of the program up to the point of withdrawal.
- The student has initiated the readmission procedure by completing a new application.

8. The final decision regarding readmission rests with the College.

G. Student and Client Safety

Students must be alert to potential safety hazards during all clinical interactions with clients, instructors, or other students. Students should follow safety procedures outlined for specific activities (e.g. transfers, physical agent modalities, etc.) during all classroom, lab, and fieldwork experiences. Willful failure to do so may result in dismissal from a fieldwork placement or from the program.

H. Use of Program Equipment and Supplies

Students have access to all program equipment and supplies in order to enhance their learning. Much of the equipment owned by the OTA program is very expensive. Students are required to handle all program equipment and supplies with respect and care to prevent damage to the equipment and/or injury to themselves or others. Students who cause damage to program equipment through negligence or improper use will be liable for the expense of repair or replacement of the equipment.

I. Evacuation in Case of Emergency

In the event of a fire alarm, students will exit the classroom (AH236), proceed down the stairwell immediately to the left of the classroom, and leave the building via the exit on the southeast side of the building. If students are in the lab (AH 258), they should exit the room via either door and proceed to the main entrance on the west side of the building. If an emergency evacuation occurs while a student is at a fieldwork site, they are expected to follow the evacuation policies of the facility, under the direction of their fieldwork supervisor.

J. Student Rights, Responsibilities, and Policies

Refer to the Allegany College of Maryland Student handbook found online at https://allegany.edu/Documents/Student%20Life/Student%20Handbook2016_17.pdf for rules and regulations on the following:

- Code of Student Conduct
- Student Discipline
- Policy Regarding Student Cheating
- Policy Statement on the Release and Confidentiality of Student Records
- Policy on Recognition and Chartering of Student Organizations
- Policy on Communication of Student Information
- Veterans Standards of Progress

- Allegany College of Maryland's Academic Regulation

- Student Grievance Policy

K. Communications

1. Student mail boxes: Each student will be assigned a mailbox during his or her first semester of the OTA program. Mailboxes are located in the OTA/PTA office area and should be checked on a daily basis.
2. Bulletin Boards: All official notices and memos will be posted on the bulletin board in the hallway outside the OTA classroom. This should be referred to daily. The bulletin board is for departmental matters only and unapproved material will be removed.
3. Chain of Command: Any student curriculum-related problems are to be resolved using the procedure set forth in the current Allegany College of Maryland Student Handbook and the OTA Program Student Handbook. At no time is the chain of command to be altered or individual offices bypassed.

L. OTA office library use

A small library of books, treatment materials, videos, and periodicals are located in Room 234C as well as Rooms 233 and 241. A notebook containing an index of materials and a sign-out sheet are located in the administrative assistant's area. Materials must be signed out and returned to the administrative assistant. Materials are not to be placed back on the shelf by the student.

M. Copier use

Students are permitted to use the copier on a limited basis (the Print Shop should be utilized if at all possible, especially if you are making more than five copies), for **school-related purposes only**. Any student using the copier must be a member of the SOTA Club and participate in fundraising efforts to support the Club's funding of the copier. If a student chooses not to participate, the charge is 10 cents per copy.

N. Kitchen and classroom use

Having the kitchen area in the classroom is a luxury. Students are permitted to use the kitchen appliances, but this area must be kept clean at all times. If faculty or staff find this area is not kept clean, the privileges will be taken away.

A "Clean-Up Schedule" is posted in Room 236 with monthly assignments. During your assigned month, you will be responsible for keeping the labs (Rooms 236 and 258) clean and neat and stocking supplies as needed. Following classroom demonstrations and labs, **all** students will be responsible for clean up.

O. Computer Use

AH 236 contains two PCs and they are equipped with internet access and a printer. These computers are for school-related use only. No food or drinks are permitted in the computer area. When you are finished with the computers, turn off both the monitor and hard drive.

P. Promoting the profession activity requirement

The promoting the profession (PTP) requirement of the OTA program aims to facilitate student learning through community activities and services as per ACOTE standards. PTP is meant to be a community service learning activity where students develop valuable skills while simultaneously meeting a need of the community. Students are required to complete 20 hours of PTP.

PTP activities should actively meet a need of the community while also introducing or developing an understanding of occupational therapy and its benefits. PTP activities are not volunteer activities. Although volunteering can meet a community need, most volunteer activities promote another service or value not specific to occupational therapy. Though an OTA student can volunteer at an event, simply being present as an OTA student does not educate or facilitate community learning of the benefits or values of OT. PTP activities must **actively** provide a service to the community with the OT scope of practice in mind to promote the profession and OT services.

Students are required to complete 20 hours of PTP (the number of hours required may be subject to change at the discretion of the OTA Program Director due to the COVID-19 situation.) Failure to complete 20 hours of activities by the end of the Fall semester will result in the student not being able to commence Level II fieldwork until this requirement is met.

It is highly encouraged that students look to their own communities to find new activities and opportunities to promote the profession. The ultimate goal is to bring OT to agencies and organizations which may one day become a service practicing clinicians can provide to the community.

Below is a list of activities determined by the OTA program to be PTP activities. PTP activities are not limited to this list, however, alternate activities should be discussed with the OTA Program Director for approval.

- Hill Day (**required**, class trip to Washington D.C. provided plans can be arranged) – 8hrs. **Should this trip not convene; an alternate activity will be assigned equal to 8 hours.
- Design & update the informational bulletin board outside the OTA classroom (**required**, see the Program Director for schedule and content) – 5hrs
- Speak to visiting student groups on campus – 1hr=1hr
- Write an article for a local newspaper highlighting OT in some fashion – 2hrs
- Participate in a community health fair -1hr=1hr
- Give a presentation to a local high school or community organization about OT – 2hrs
- Write a letter to a political representative regarding legislation impacting occupational therapy -2hrs
- Volunteer at a community event (benefit, walk, nonprofit event, etc.) – 1hr=1hr up to 5 hours towards 20-hour requirement
- Update show board or other OT bulletin boards – 2hrs

All activities should be approved by the Program Director before undertaking the activity. It is the responsibility of each student to record their hours in the PTP notebook in the Program Director's office and ensure that the hours are approved and signed off by the Program Director.

Q. Cell phone Rule

Cell phones will not be tolerated in class.

In addition, cell phones are not permitted in clinical areas while you are on fieldwork. Cell phones should be stored in your book bag or purse.

R. Tobacco Use Policy

The occupational therapy assistant program will adhere to the College Tobacco Use Policy located in the Allegany College of Maryland Student Handbook. Smoking or carrying of any lighted tobacco product or tobacco substitute, and the use of oral tobacco or tobacco substitute products, is prohibited anywhere on the campus, in college vehicles, or at fieldwork sites.

S. Criminal Background Check

See academic guidelines Section E.2. (p.15) Any student with a criminal record will be required to meet with the program director to discuss options.

T. College Central Network

ACM offers a service called College Central Network to students and alumni. Those who register for this service will have access to a wealth of information and helpful resources to get into the workforce. Take advantage of the free resume builder, which walks one through from beginning to end on how to prepare a great resume or upload a current resume to the site. Approved employers can actually view a resume once it is posted. Other features include searching jobs and internships, creating a portfolio, and watching videos on interviewing skills.

To register for this free service, go to www.allegany.edu, click on the Career Services Link. Then click on Student-Sign Up and complete the registration. From there, registered persons can log into CCN and start using all its features.

U. Social Networking Guidelines

We understand the importance, frequency and ease of students' communication with fellow students through various means. Past classes have found it helpful to set up a Facebook page to be used for sharing ideas, study tips, and announcements. This is encouraged; however, under no circumstances should social media be used for the following:

- Inappropriate disclosure of confidential information
- Inappropriate disclosure of personal information and/or photographs
- Inappropriate and/or unauthorized publications
- Damage to the College's reputation in the community
- Damage to personal relationships
- Bullying
- Derogatory comments about classmates, the OTA program, OTA program faculty, fieldwork supervisors or facilities

Failure to abide by these guidelines will result in disciplinary action to be determined by the program director and appropriate campus authorities.

SECTION VI: STUDENT OCCUPATIONAL THERAPY ASSISTANT CLUB (SOTA)

A. Description

Allegany College of Maryland OTA students are encouraged to join the student OTA Club. This group meets on a regular basis, volunteers for community/campus events, conducts fund raisers for a scholarship, field trips (including the annual AOTA conference), and other workshops to further their education in the field of OT.

B. Purpose

The purpose of the SOTA Club includes, but is not limited to the following:

- Providing funding for the OTA Scholarship
- Providing community education
- Making donations for wheelchairs/equipment for needy individuals in the community
- Providing peer support
- Fieldtrips, Educational experiences/Workshops/Conventions
- Participation in activities such as Special Olympics, Bowl for Kids' Sake, the March of Dimes Walk, and the National Association for Autism Research Walk, to name a few
- Copier Use
- Expansion of the OTA/PTA Library resources
- Contribution to any other cause/event the club feels necessary
- Expenses related to the OTA Graduation

The Club consists of Members, Officers (President, Vice President, Secretary, Treasurer, and Historian), and a fund-raising committee made up of the President, Treasurer, and 2 members from the class. The role delineations are described in the SOTA Club Binder located in the OTA Office area.

SECTION VII: SAMPLE RELEASE FORM
Occupational Therapy Assistant Program
General Release/Waiver Form

Student Name: _____

ID Number: _____

By providing my initials next to each statement and by signing below, I acknowledge and agree as follows:

- _____ **1. Consent to The Release of Information-** I hereby consent to the release of information about my academic status and other information contained in educational records maintained by Allegany College of Maryland to all clinical affiliate institutions of the Allegany College of Maryland Occupational Therapy Assistant program, and to the administrative and professional staff of said clinical affiliate institutions who are in any way connected to the clinical training provided through the College's Occupational Therapy Assistant program. In providing this consent to the release of information, I recognize that I am waiving rights I may have under State and Federal privacy laws.
- _____ **2. Medical Expense Waiver-** Students entering health programs need to be aware, by virtue of the clinical nature of the training, that they may be exposed to infectious disease processes, injury and their inherent risks. Students enrolled in training programs which involve clinical/practicum experiences are expected to have their own personal health insurance. Allegany College and the clinical agency are not responsible for medical expenses related to disease or injury incurred during training programs. I, the undersigned, understand the above and agree to be responsible for any medical expenses incurred during training at Allegany College or at clinical/practicum sites.
- _____ **3. Handbook Agreement-** I hereby acknowledge receipt of this handbook. I understand that I am responsible for reading it and following the policies and procedures as described herein.
- _____ **4. Authorization Form-** Signing below gives Allegany College of Maryland, and its employees, authorization to provide prospective employers, the AOTA (American Occupational Therapy Association), etc., your name and address, and vital information regarding your status at this institution.
- _____ I do not want any information sent to any of the above institutions.
- _____ Please pass my name on to anyone that requests personal information on to me.
- _____ **5. Level I and II Fieldwork Contract -** I understand that I will have to drive a distance during level I and Level II fieldwork while I am a student in the Occupational Therapy Assistant Program at Allegany College of Maryland. I am responsible for any expenses that are related to the clinical phase of the program (car, gas, lodging, meals, uniforms, immunizations, materials, books and/or any site specific requirements). This is my responsibility as a student in the OTA program.

**Occupational Therapy Assistant Program
General Release/Waiver Form**

I declare that I have read and understand the above provisions and agree to be bound by them, as indicated by my initials next to each provision and my signature below, and I hereby enter into this agreement and release voluntarily.

Student Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Dean of Career Programs: _____ Date: _____

Sample

SECTION VIII: SAMPLE FIELDWORK FORMS

Unprofessional Behavior Incident Report

Allegany College of Maryland
Occupational Therapy Assistant Program
Unprofessional Behavior Incident Report

Name of student: _____

Date of Incident: _____

Facility/Class: _____

Supervisor/instructor: _____

Comments:

Signature of Supervisor/instructor: _____

Date: _____

STUDENT SHOULD READ AND SIGN THE FOLLOWING:

I have been informed of my unprofessional behavior and have met with the clinical supervisor/class instructor to discuss a plan of correction. My plan of correction includes the following•

Student's Signature: _____ Date: _____

Unsafe Behavior Incident Report

Allegany College of Maryland
OTA Program
Unsafe Behavior Incident Report

_____ was observed performing the following unsafe behavior.

The student has been informed of the unsafe incident. Instruction on the correct procedure/behavior was provided to the student by _____

Additional Comments:

Sample

Date Supervisor's signature

STUDENT SHOULD READ AND SIGN THE FOLLOWING:

I have been informed of my unsafe behavior and have received instruction to correct it. I have had the opportunity to ask questions concerning this incident and now understand what is expected of me. I am aware that the school's clinical coordinator will be informed of the incident and that further unsafe behavior may result in termination of the fieldwork experience.

Additional Comments:

Date Student's signature

Level I Student Questionnaire

**Allegany College of Maryland
Occupational Therapy Assistant Program
Level I Student Questionnaire**

Student Name: _____
Facility Name: _____
Type of Fieldwork: _____

Please answer the following questions by checking “yes” or “no” in the box provided.

Student Questionnaire	Yes	No
1. Student was provided a tour of the facility, complete with an explanation of location of common tools utilized.		
2. Student was provided with introductions to the team when the student first arrived.		
3. Student was provided a summary and example of the documentation process.		
4. Student was oriented to possible client behaviors they might encounter and provide some therapeutic options.		
5. Student was provided a tentative schedule for the entire Level I experience that is responsive to students’ interests.		
6. Student was given a break for lunch, and was included in social interactions.		
7. Student was provided an orientation or opportunities for students to shadow other disciplines; process with students their observations of similarities and differences.		
8. Student was give feedback early and often, including feedback concerning distracting behaviors; use assessment form provided by the academic program throughout the experience to avoid surprises at the end.		
9. Student was given several minutes for processing after a therapy session and a short time at the end of the day to provide an opportunity for questions and processing.		
10. Student was given a list of suggested fieldwork activities and asked the students what they would like to do.		
11. Supervisor gradually increased the challenges for the student by increasing involvement within their abilities.		
12. Supervisor designate time throughout the week to discuss the students’ progress and learning activities provided; each supervisor should contribute feedback using same evaluation form.		

1. What did you like about your level I fieldwork?

2. What didn't you like about your level I fieldwork?

Sample

3. What changes would you make to this level I field site for future OTA students?

Additional Comments:

Level I Fieldwork Evaluation Form

**ALLEGANY COLLEGE OF MARYLAND
OCCUPATIONAL THERAPY ASSISTANT PROGRAM
LEVEL I PEDIATRIC FIELDWORK STUDENT EVALUATION**

STUDENT NAME: _____

FACILITY NAME: _____

DATES OF FIELDWORK: _____

*****Indicate the student's level of performance using the scale below.**

- | | |
|------------------------------|---|
| 1 = UNSATISFACTORY | The student does not demonstrate the required level of professional skill. |
| 2 = NEEDS IMPROVEMENT | The student, while beginning to demonstrate the required level of professional skill, needs improvement in either quality or quantity. |
| 3 = SATISFACTORY | The student demonstrates the required level of professional skill. |

1. TIME MANAGEMENT SKILLS

Consider ability to be prompt, arrive on time, complete assignments on time.

1 2 3

COMMENTS:

Sample

2. ORGANIZATION

Consider ability to set priorities, be dependable, be organized, follow through with responsibilities.

1 2 3

COMMENTS:

3. ENGAGEMENT IN THE FIELDWORK EXPERIENCE

Consider student's apparent level of interest, level of active participation while on site; investment in individuals and treatment outcomes.

1 2 3

COMMENTS:

4. SELF-DIRECTED LEARNING

Consider ability to take responsibility for own learning; Demonstrate motivation.

1 2 3

COMMENTS:

5. REASONING/PROBLEM SOLVING

Consider ability to use self-reflection, willingness to ask questions; ability to analyze, synthesize and interpret information; understand the OT process.

1 2 3

COMMENTS:

6. PROFESSIONAL PRESENTATION

Consider if student wore appropriate attire and was neatly groomed.

1 2 3

COMMENTS:

Sample

7. INITIATIVE

Consider initiative ability to seek and acquire information
From a variety of sources; demonstrates flexibility PRN. 1 2 3

COMMENTS:

8. OBSERVATION SKILLS

Consider ability to observe relevant behaviors for
Performance Areas of Occupation, Performance Skills,
Performance Patterns, Context, Activity Demands, Client
Factors. 1 2 3

COMMENTS:

9. PARTICIPATION IN THE SUPERVISORY PROCESS

Consider ability to give, receive and respond to feedback;
seek guidance when necessary; follow proper channels. 1 2 3

COMMENTS:

**10. VERBAL COMMUNICATION & INTERPERSONAL
SKILLS WITH:**

PATIENTS/CLIENTS/STAFF/CAREGIVERS 1 2 3

Consider ability to interact appropriately with
Individuals such as eye contact, empathy, limit
Setting, respectfulness, use of authority, etc; degree/
Quality of verbal interactions; use of body language
and non-verbal communication; exhibits confidence.

COMMENTS:

Sample

ADDITIONAL COMMENTS:

STUDENT SIGNATURE: _____ **DATE:** _____

SUPERVISOR SIGNATURE: _____ **DATE:** _____

PLEASE PRINT NAME: _____

Please answer the following question.

Students are implementing purposeful activities at this field site.


_____ **Yes**

_____ **No**

Sample

SIGNATURE PAGE

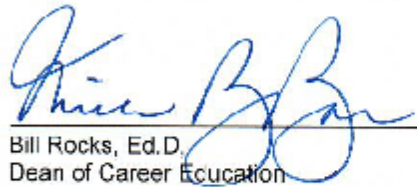
The guidelines in this manual have been revised and supersede all other published Occupational Therapy Assistant guidelines. These guidelines become effective with the Summer 2020 semester. The policies have been approved by the following individuals.



Sharon Leonard, OJD, OTR/L
Occupational Therapy Assistant Program Director

7.13.2020

Date



Bill Rocks, Ed.D.
Dean of Career Education

7/31/2020

Date



Kurt Hoffman, Ed.D
Senior Vice President of Instructional and Student Affairs

7/31/2020

Date

Original: 1993
Revised: 2020

Today's health care system is characterized by the nearly continuous emergence of innovative techniques and new technology. Occupational Therapy, facing an increasing demand for services within this system, must integrate technological advances into more diverse patterns of service provision to serve a broader spectrum of consumers than ever before. The student, in considering the interaction of his or her own unique strengths, needs and beliefs, will be pressed to consider that not all service consumers in our Appalachian area value rapid advances in techniques and technology. Knowledge of the importance of social systems and culture, and experience in application of standards of practice and the code of ethics, will guide the student in making decisions about the delivery of service.

Bringing technology and current techniques into a cultural environment that may be rooted in routines established generations ago will be their challenge. Promoting the value of adaptation in all populations, including those resistant to change, will be their strength.

Original: 1993
Revised: 5/2020