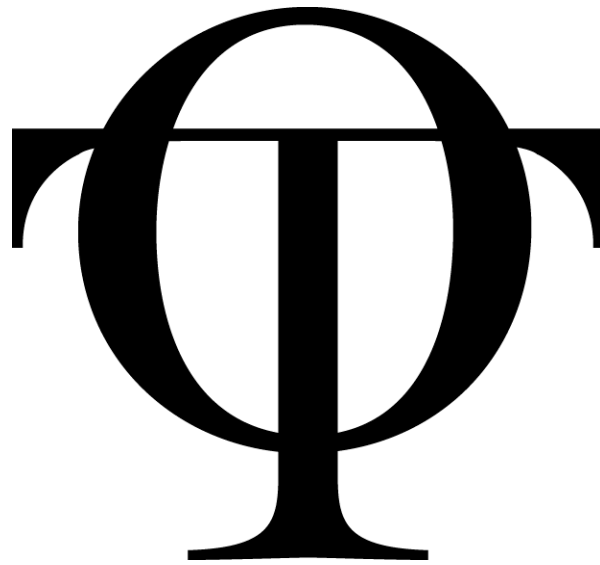


COLUMBIA UNIVERSITY



STUDENT HANDBOOK

Programs in Occupational Therapy

2011-2012

OCCUPATIONAL THERAPY STUDENT HANDBOOK

This Handbook contains information and policies adopted by the Programs in Occupational Therapy. Some of the information is contained only in the Handbook and is provided here in greater detail than in any other document. All of the information relates to some aspect of your education, and it is important that you become familiar with the contents.

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Limitations of Handbook

This handbook is intended to provide information for the guidance Columbia University Occupational Therapy students. While every effort has been made to ensure the accuracy of the information contained herein, accuracy cannot be absolutely guaranteed, and anyone who needs to rely on any particular matter is advised to verify it independently. The contents of this handbook are subject to change, and the Programs reserve the right to depart without notice from any policy or procedure referred to in this handbook, or to revise and amend this handbook in whole or in part at anytime. This handbook is not intended to and should not be regarded as a contract between the University and any student or other person.

Students should also refer to the Essential Policies for the Columbia Community, <http://facets.columbia.edu>, the university publication on policies and regulations.

Introduction to the Programs in Occupational Therapy

Introduction

The curriculum of the Program in Occupational Therapy at Columbia University reflects the mission of the University, the philosophical base of the profession, the beliefs and values of the faculty about professional education at the graduate level, and the needs of the students who enter with a baccalaureate degree. Our program has been accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®), and has been since 1943. Our current ten year accreditation period is from 2002/2003 – 2012-2013. The Accreditation Council for Occupational Therapy Education (ACOTE®) is part of the American Occupational Therapy Association (AOTA), and is located at 4720 Montgomery Lane, Bethesda, MD 20824, (301) 652 2682, www.aota.org.

Mission Statement

The mission of Columbia University is to provide a deep, broad, challenging education, beyond the acquisition of information and marketable skills, encouraging the hunger for understanding and the quest for enduring values.

The College of Physicians and Surgeons is guided by the principle that medical education is university education. The acquisition of knowledge and skills is important in professional education, but far more vital is a profound understanding of the science, the art and the ethic within which both knowledge and skill are applied. As a part of Columbia University, the College builds its curriculum, selects its officers of instruction, and marshals its enormous resources of equipment and clinical experience to develop in the student this understanding of medicine (*Bulletin of the College of Physicians & Surgeons*, Columbia University).

The Program in Occupational Therapy is guided by the principles of the College of Physicians and Surgeons, of which it is an integral part. A decade ago, the College of Physicians and Surgeons launched a curriculum that acknowledges to a far greater extent than before the context of the family, the community, and society as part of the healing process. Currently, the College is moving towards placing greater value on education, and its role in promoting clinical excellence and research. This expanded mission creates a favorable climate for the Occupational Therapy Program to build and enhance its curriculum beyond strict adherence to the medical model, guided by the beliefs of occupational therapy that emphasize the impact of

illness or disease, and prevention: how these impact the daily lives of individuals. Incorporated in this is the need to acknowledge the context of the individual in every aspect of health care.

The mission of the Occupation Therapy Programs at Columbia University is the preparation and/or the advancement of knowledge of occupational therapists who, by virtue of their respective graduate professional education, can engage in the health care field as clinicians, clinical instructors, program developers, scholars, and researchers. The programs various curricula are built on the premise that attainment of competence and scholarship requires that once having been provided with the resources, students learn how to learn independently and collaboratively. This emphasis upon both independent and collaborative learning is viewed as the most effective mechanism for preparing students to practice in an evolving health care system.

Graduates of the programs are professionals who can identify human and non-human problems, can independently and collaboratively search for and create resources to develop solutions, and through a process of clinical reasoning determine and implement optimal intervention strategies. Mastery of these skills is achieved through a curriculum mode that simultaneously provides a variety of clinical and academic resources and teaches students to rely on their own resources. The program also provides a foundation for graduates to assume responsibility for lifelong learning and for contributing to the growth and evolution of occupational therapy.

Philosophy

The philosophy of each of the occupational therapy programs rests on a combined framework of educational theory as well as the beliefs expressed in the Philosophical Base of Occupation Therapy. This model incorporates five distinct but related elements: the adult learner, professional education, occupational therapy, the health care system, and society.

1. The Adult Learner

- Students are mature adults who have previously demonstrated the ability to participate in a liberal arts education and may have demonstrated knowledge and skill in the world of work.
- Students at the graduate level are adults with different needs and approaches to learning. The faculty must be willing to depart from the traditional teaching approaches to adjust to the needs of a variety.
- Adult learners can assume responsibility for their own education. They must be provided with resources and instructed in ways of accessing information in order to maximize their learning.
- Adult students enter graduate education as motivated learners with a self-selected career goal. Each new learning experience must allow students to use well-established skills to address unfamiliar, unexpected and more complex situations.

- Adult learners are consumers of their educational system and must be included in formulation of policies in that system.

- **2. Professional Education**
- Each profession has a unique body of knowledge that must be transmitted within a limited time frame to those who are entering the profession. Students must learn to manage their time in order to meet the temporal as well as the content requirements.
- Education for practice must include making connections across disciplines, placing the discipline of occupational therapy in a larger context. Students must be provided with opportunities for interdisciplinary and transdisciplinary learning.
- Professional education must include ample time and opportunities to apply theories and skills to actual practice.
- The learning environment must include a variety of role models who embody those qualities that are valued by the profession.
- Faculty in professional education are experienced practitioners who assume responsibility for transmitting the values of the discipline to the student. This calls for a collegial environment in which faculty assumes the role of mentor, facilitator and coach rather than the student's only source of knowledge.

- **3. Occupational Therapy**
- A person is an active being whose development is influenced by the use of purposeful activity or occupation.
- When normal development at any stage of life is interrupted by illness and disease, a corresponding breakdown in the activity pattern of that person may occur.
- Occupational therapy through the provision of purposeful activity may be used to restore function, prevent dysfunction, or to adapt to irreversible losses.
- The occupational therapy process involves a partnership between the recipient of care and the occupational therapist.
- Provision of occupational therapy at any level includes assessment and problem identification, goal setting, planning intervention, implementation of multiple approaches, and evaluation of outcome based on the idiosyncratic needs of the individual. Students must become familiar with each of these processes in a generic and specialized sense.
- The occupational therapy process must acknowledge in equal measure the expertise of the occupational therapist in specific knowledge and interpersonal skill, as well as ability to communicate, collaborate and coordinate services in any given setting.

- **4. Health Care**
- Currently, health care is in a state of flux. Students must become familiar with change as an environmental reality and must learn ways of anticipating, planning for, and responding to change.

- Health care delivery must be provided in many different settings. Students must be prepared to translate occupational therapy principles and to provide services in these settings.
- In anticipation of health care reform, education must prepare students to respond to as yet unanticipated fiscal realities in which they must be prepared to balance issues of quality and quantity.

- **5. Society**

- Membership in a profession carries privileges and responsibilities assigned to that profession by society. These responsibilities include, but are not limited to, recognition of an adherence to ethical standards with which the student must be familiarized.
- Students must recognize and be responsive to the changing composition of the communities in which they work.
- Students must acknowledge that a profession has made a covenant with society to approach every recipient of service with the highest degree of integrity, to provide humane care to every person under their care, and to respect the cultural diversity and alternative lifestyles of individuals.
- As members of the world society, students must acknowledge their relationships not only to people in geographic proximity to the university but also their connections to people all over the world.

Professional Values Statement

Your successful entry into the profession of occupational therapy depends on many factors. These include your academic achievement and your recognition and demonstration of professional behavior. Students who make a smooth transition into professional practice possess a set of internal values that are closely aligned with the values of their chosen profession.

What is value?

Basically, a value is a belief held as one's own that guides behavior. As you are faced with choices about how to respond to situations in life, your personal values will guide the choice of response you select.

What are professional values?

Professional values are beliefs that are observed as guides for conduct in behaving, in this instance, as an occupational therapist. These professional values can differ from personal value preferences. AOTA has identified seven core values and attitudes: Altruism; Equality; Freedom; Justice; Dignity; Truth; Prudence.

What are professional values at Columbia?

Professional values and their corresponding behaviors at this university begin with the concept that we are a *community* composed of many individuals. While individual needs in this community are important, of paramount importance is the understanding that we are all current or future members of a professional group. Professionals are often called upon to lay aside personal concerns and to consider the values of the professional group.

During your student career, you will become familiar with the Code of Ethics of your profession. This document represents the values held by your profession and is a guide to conducting yourself as a health professional. These professional values will likely cause you to examine your personal values for signs of congruence or lack thereof.

The faculty and administrative staff members of the Program in Occupational Therapy will assist you in the socialization process of your chosen profession. It is expected that your personal values of honesty, integrity, and responsibility will remain active while you are a student and will be incorporated into your professional values. In the spirit of establishing a community for learning which will benefit all of us and which will assist you on your path towards becoming a professional, we expect all faculty, administrative staff, and students to conduct themselves according to specified behavioral standards when interacting with each other. These standards are based on mutual respect, a desire to maintain an atmosphere of civility, and tolerance for individuality. We believe that adherence to these standards by all of us will establish the foundation for mutually rewarding relationships. This foundation will ultimately enhance the atmosphere for teaching and learning and will afford all of us opportunities for professional growth.

Curriculum Design: Professional (Entry-Level) Program

The curriculum design reflects the mission of the university and the philosophy of the Program in Occupation Therapy in the sense that the real issue of illness and disease is the impact on the individual in the context of his/her environment. With this conceptual model in mind, the curriculum is built on four assumptions:

First, if occupational therapy education at the entry level is to prepare students to address this impact, then the educational program must provide the students with equal preparation in four major areas of life stages and clinical conditions of clients.

Second, professional education must provide ample time and opportunity to apply theories to practice in a broad spectrum of environments. Throughout the four semesters students spend the equivalent of one day per week in a community or clinical setting where occupational therapy services are provided. The nature of the fieldwork placement varies each semester. It also varies according to the design of the clinical learning experience.

Third, the program is based on a framework that acknowledges the need to introduce adult learners to the body of knowledge of the profession by providing learning experiences with increasing complexity and increasing student independence. Equally, with each ensuing semester the patient/client's context is more carefully analyzed and takes the student into the client's home, school or community setting.

Fourth, the expectation for professional education at the graduate level must include preparation for scholarly, educational, and management roles. The importance of research is underscored throughout the four semesters with didactic preparation and the completion of a Master's Project. Class presentations foster confidence for educational roles. Every course incorporates in some measure the beliefs and the mission, either in content, learning strategies or evaluation of outcome.

Rationale for Content, Scope, and Sequence

The curriculum is built on two organizing ideas that guide the selection of content and run concurrently through the four semesters: **first, content that focuses on the individual and addresses performance components and performance areas;** and **second, content in preparation for professional roles and responsibilities in research, program development, health policy, education and management.** Since the students come with a broad preparation in the liberal arts and clearly delineated prerequisite courses in the physical and behavioral sciences, as well as communication skills, all science content in the program builds on this earlier foundation. Structure and function are reviewed in the first semester along with an introduction to pathology. The pathology content during the second semester provides the basis for the problems and specifically for working with patients with mental disorders during their Level I and Level II fieldwork. The research component of the program extends throughout the two years and culminates in a report of a research project at the end of the

second year. Also in the second year are the remaining three clinical courses and their corresponding fieldwork.

In collaboration with the staffs at the fieldwork sites, three different Level I models have been developed to emphasize different learning strategies that are required for each. The first is the traditional model generally found in Level I settings where 1-2 students are supervised by one OTR one day per week over 12 weeks. This is used for, **Physical Disabilities I** and **Occupational Therapy with Children II**. In the second model, used for **Mental Health**, students go to their placements for two days per week during the last seven weeks of the course and receive direct supervision by an occupational therapist on-site or off-site. This allows students to absorb all the didactic content before application to the clinical setting. In the third model, used for **Occupational Therapy with Older Adults**, students are most frequently placed into a community setting and receive direct supervision from someone other than an occupational therapist. An occupational therapist supervisor visits the students in the clinical setting. Students assume greater responsibility for decision-making and for exercising professional judgment.

First Semester

The **Professional Foundations** course and its full day clinical assignment introduce students to the philosophy of the profession. In this course students learn what to expect from the profession and what will be expected of them as occupational therapists. The weekly opportunities to explore practice with children, older adults, mental health, and physically disabled populations allow students to observe a variety of role models and to experience a occupational therapy outcomes to which the basic science courses in **Human Anatomy** and **Neuroscience** can be applied. The course that emphasizes normal development of groups is **Group Dynamics** where students examine various group theories and apply these to classroom experiences. This course also begins to look at groups as an important treatment modality for patients, a content area that is further developed in the Mental Health course of the second semester. Also in preparation for Mental Health students have a course in **Psychopathology** that covers the symptoms and classification of mental illness. Finally, the research sequence is introduced through the course in **Research Methods** that lays the foundation for planning and implementing the Master's Project during the following three semesters.

Second Semester

While the emphasis of the first semester is on structure and function, the second semester focus is on dysfunction and treatment. Throughout all courses students are introduced to the concept and application of *occupations*, examining the tasks of living from an anthropological perspective as well as from a clinical perspective: what people do, when, where, why and how, and what happens when people are unable to do these things. Built upon the foundation given in the first semester in the Professional Foundations course, this semester begins a three-semester sequence of **Professional Foundations 2**, in which students learn about as well as engage in the professional roles occupational therapists play; have “non-clinical” community based experiences that add to ones professional role; and address areas of inquiry that impact upon occupational therapists. The major time commitment is given toward

the **Mental Health** course that includes concentrated didactic preparation in the first six weeks, followed by six weeks of two full days per week of Level I fieldwork. This content is balanced by our **Clinical Conditions** course, which addresses medical, neurological and orthopedic conditions. A course in **Clinical Reasoning** is part of this semester, as students explore the role of interpersonal relationships and counseling interventions, and where reflective and interactive reasoning is stressed. **Kinesiology** is included in this semester to continue ones understanding of structure and function, and includes a lab component that begins the skill development process of physical exams (range of motion, muscle testing, etc). In keeping with the third unit in the Curriculum design that addresses preparation for professional responsibilities in research, students are introduced to the research agenda of the program and join with faculty on designing and carrying out a project. Students choose one of two paths to follow during this and the subsequent semesters. One path, beginning with the **Evidence Based Practice I** course, provides the arena where students, in teams, develop the research proposal to be implemented in the second year. The second path gives students have the option of taking two research courses, **Research 1 and 2**, in lieu of Evidence Based Practice I, II, and Final Project. **Research 1** is offered in spring of year 1, followed by **Research 2** in fall of year 2. A research project is also embedded within these courses.

Summer – Level II Fieldwork A – Mental Health

Students spend twelve weeks, full-time, in a mental health setting. This could be an acute or long-term care facility, with inpatient or outpatient services, with age groups that range from pediatrics through the older adult. An effort is made to provide a different type of setting from the Level I Mental Health fieldwork. Students are given a choice of location and, when possible, setting.

Third Semester

Evaluation and treatment, as well as prevention, are emphasized in the third semester in three clinical courses: Courses that focus on **Physical Disabilities, Children and Older Adults** each addresses the problems of specific patient populations. The Level I experience in **Physical Disabilities** runs once weekly throughout the entire semester, while the half-day weekly Level I **Older Adult** experience starts during the last four weeks of the semester and runs throughout the fourth semester. (Please see the explanation above of the various Level I experiences.) The **Health Policy** course introduces students to the changes in health care ads reflected in the policies and programs that influence and are influenced by the changes. During this semester, students may continue to work with their research advisors and begin data gathering for their Master's Project. This is done with the guidance of their faculty advisor, and through involvement in the third component of the research sequence: **Evidence Based Practice II**. Students who selected the Research 1 and 2 courses continue and complete this course sequence. **Indirect Service** allows students consider various modes of service delivery, and to design a community based program for implementation. This includes preparing all the components of a grant, from strategic aims through budgets and marketing. Indirect Service is a yearlong course that is completed during the final semester of the program.

Fourth Semester

In the final semester the clinical content increases in complexity and students begin to move out of the medical model for their Level I fieldwork. The full-day, once weekly, **Pediatrics** fieldwork takes students into schools and day programs, while the **Gerontology** fieldwork exposes students to community agencies for the frail elderly and home care for more disabled seniors. The second half of **Physical Disabilities** exposes students to evaluation and treatment of patients with neurophysiologic problems. Finally, the culmination of the **Master's Project** occurs during this semester. Students not only submit their written work to a committee for review and feedback, but also present their work at the Occupational Therapy sponsored Interdisciplinary Research Day. Students who had followed the Research 1& 2 path also have the opportunity to present their evidence based research project during the Interdisciplinary Research Day event. This event brings together a broad university audience in which student research achievements are highlighted.

Electives

We have introduced a series of **Electives** in areas of interest to occupational therapy. Each student is required to select at least two electives from a roster provided by the program. Occupational Therapy electives provide opportunity to study material in greater depth, and allow students to pursue particular areas of interest. These electives can be taken at any time during the program of study, as long as prerequisites have been satisfied. Most students take these during their final year of study. The Electives offered range from advanced inquiry into a variety of clinically related topics, to teaching assistantships.

Summer – Level II Fieldwork B – Physical Disabilities

Students spend twelve weeks in a variety of facilities where patients receive occupational therapy for problems primarily with a physical origin. They are placed in a broad range of settings, ranging from acute care to chronic care, health promotion, and private practice.

Fall – Level II Fieldwork C – Special Interest (optional¹)

This optional fieldwork provides students with experience in additional areas. This includes but is not limited to pediatrics; international work; or professional concerns with the AOTA.

Educational Outcomes/Objectives

The goals of the Program are to educate occupational therapists who demonstrate the knowledge, skills, and attitudes that will enable them to:

1. Work competently and collaboratively in any practice setting, integrating a range of evidence-based knowledge of therapeutic interventions

¹ If choosing an optional fieldwork, graduation takes place after the completion of this fieldwork. In addition, check with the Financial Aid office as financial aid awards may be affected.

2. Identify micro and global systems operating in each individual's life, both hierarchically and longitudinally, and be able to address and respond to these systems
3. Acknowledge and embrace similarities and differences in gender, ethnicity, class, culture, and age
4. Instill and foster the direction toward leadership and scholarship in health care
5. Interpret and promote occupational therapy intervention approaches for:
 - a. Patients/clients
 - b. Health professionals
 - c. The general public
 - d. Fiscal intermediaries and legislators
6. Think simultaneously as an occupational therapist generalist and specialist
7. Acknowledge change as a persistent factor and respond proactively
8. Assume responsibility for contributing to the health policy arena.

The competencies for each of the objectives are met through individual courses throughout four semesters.

Fieldwork: Professional Program

The fieldwork experiences in the professional program are carefully designed to provide students with a range of experiences in a variety of practice areas and in a variety of practice settings. The five fieldwork level 1 experiences are embedded in the Professional Foundation course during the first semester, and in each of the major clinical courses of all subsequent semesters. The objectives, goals, and assignments related to each level I experience are included in the course materials for each course. Assignment to each level I experience is made by our Level 1 Fieldwork Coordinator in collaboration with the course director.

Each of the level II fieldwork experience provides an in depth experience in the multiple roles and responsibilities of an occupational therapists. Assignments to all level II experiences are made by the level II Fieldwork Coordinator, in collaboration with the student and with the faculty. All materials related to the level II experience are distributed by the level II fieldwork coordinator. The level II experience is described in the next section of this document.

Fieldwork Objectives

The objectives of the overall fieldwork program, which includes all level I and II experiences, are as follows:

1. Apply previously learned theoretical concepts to the actual therapeutic and professional situation.
2. Utilize appropriate methods of evaluation to determine the needs and treatment goals of assigned patients/clients.
3. Plan an effective treatment program for assigned patients/clients which includes appropriate goals, methods, and media to meet the needs and circumstances of assigned patients/clients.
4. Implement treatment programs with assigned patients/clients according to the guidelines set forth in given treatment plans.
5. Communicate effectively – orally or in writing – with patients/clients and staff for the purpose of contributing to the facilitating the collaborative treatment planning aspects of the therapeutic milieu.
6. Interact professionally as a beginning occupational therapist with other members of the treatment team.
7. Begin to define ways in which he/she would like to become a contributing member of the occupational therapy community.

8. Increase and integrate his/her knowledge of the various environments in which an occupational therapist can perform and the various roles in which an occupational therapist can function.
9. Perform organizational and administrative tasks that are necessary for the maintenance, up-keep, and continued functioning of an occupational therapy unit.
10. Participate in the supervisory process to become familiar with the process and to learn the value and techniques of giving and receiving feedback for purposes of learning and growth.
11. Supervise other students, personnel, or volunteers to develop an awareness of the role and responsibilities of the supervisor.
12. Cultivate professional attitudes and motivations, which include a sense of commitment to and involvement in the goals and functions of the professional team.

Overview of Level II Fieldwork²

Fieldwork Level II consists of supervised practical experience at various agencies or institutions associated by agreement with Columbia University. A minimum of 24 weeks full time Level II Fieldwork Experience is required in order to sit for the certification examination. This time may be completed on a full-time or part-time basis.

It is the policy of Columbia University's Programs in Occupational Therapy that one level II fieldwork experience be completed with a population challenged with mental health disorders; and one level II fieldwork experience be completed with a population challenged with physical disorders.

1. Fieldwork placements are typically for 12 weeks full time [five days for the number of hours/day that is considered full time in the facility – not less than a six-hour day]. Students follow the workday schedule of supervisors. This may include some evening or weekend hours. Students must make up all missed time, arrangements for doing so must be negotiated with the clinical supervisor.
2. Completion of all fieldwork experience must be no later than 24 months following completion of the academic preparation unless the Program Faculty Review Committee grants an extension for extenuating circumstances. While every effort is made to

² Some of this material is adapted from guidelines set forth by the Metropolitan Occupational Therapy Education Council, and Mercy College's Occupational Therapy Program

schedule fieldwork during specific time frames, fieldwork site availability may alter this sequence. Consequently, some students may have breaks prior to starting fieldwork or between fieldworks.

3. Students from Columbia may only affiliate at facilities where a signed and current fieldwork agreement exists. If students would like to affiliate at a site that does not presently hold an agreement with Columbia University they should contact the fieldwork coordinator as soon as possible to explore the feasibility of completing fieldwork at the site.
4. It is possible to complete a fieldwork placement in a region in the United States other than New York's Tri-State area. Students interested in this option should speak with the fieldwork coordinator when they enter the O.T. program.
5. An optional third Fieldwork placement in an area of specialization may be arranged upon the request of the student or the recommendation of the fieldwork coordinator. These experiences provide additional knowledge and skills in an alternative practice area (e.g. pediatrics or hand therapy), or provide students with an opportunity to work in an administrative arena (e.g., working at the AOTA National Office in political lobbying efforts). These fieldwork experiences are tailored to meet the goals of the individual student, and may be 8-12 weeks in length. Students who participate in this optional fieldwork postpone their official graduation date until the Specialty Fieldwork has been completed. Financial Aid awards may or may not be affected
6. Once a student is assigned to a site for fieldwork, the student is expected to fulfill his/her obligation. There are times, however, when a fieldwork site may alter its date or cancel its commitment. In the event that there is a cancellation, Columbia University will make every effort to reassign the student.
7. Some fieldwork sites have additional requirements, such as proof of immunization; screening for illicit substances; background checks (e.g., finger print screening). While these sites sometimes ask the Program to provide these assurances, it is our Programs' policy that this is a student's responsibility to provide the necessary documentation to that site. More and more sites are requesting these additional requirements. It is best that all students assume that at some point during their academic preparation, they will be asked to comply.
8. The occupational therapy office maintains files on all centers in which students may be affiliated. These files contain any information that the centers send to our program. These files may be reviewed to assist in making decisions about your preliminary placement selections. They CANNOT be taken off our program's premises. The files are to be read in the department area.

Assignment of Students to Level II Fieldwork Sites

1. During the first year of the program, the fieldwork coordinator meets with each student to discuss areas of interest and learning style. The student submits a form indicating these interests and styles. The fieldwork coordinator, in conjunction with the faculty who assist with fieldwork placements, reviews each student's choices and makes the final decision assignments based upon knowledge of the student's academic records, learning style, interests, special skills and abilities along with knowledge of facilities' student program, patient populations, work space, and types of learning experiences offered. All placements are based upon the availability of the facility to host a student.
2. Students are **not permitted** to approach facilities to negotiate their own placements unless they have spoken to the fieldwork coordinator. Clinical sites frequently frown upon receiving calls from multiple students and students may not be aware of the placements of other students. Any contacts, concerns, or questions related to fieldwork should be directed to the fieldwork coordinator.
3. Most fieldwork placements require a personal interview as part of a facility's student selection process. Some of these interviews are competitive in nature. Fieldwork coordinator will advise students of interview requirements. Students can practice interview skills with the fieldwork coordinator, if needed or required. Interview should be completed as soon as assignments are made or as soon as the site can schedule.

If, as a result of the interview, the site elects *not* to accept the student for this experience, the fieldwork coordinator will choose an alternate site. Every effort will be made to reassign the student to another experience. This reassignment might take place during the same time frame, or later, depending upon site availability.
4. As stated in the previous section, once a student is assigned to a site for fieldwork, the student is expected to fulfill his/her obligation. There are times, however, when a fieldwork site may alter its date or cancel its commitment. In the event that there is a cancellation, Columbia University will make every effort to reassign the student.
5. Level II fieldwork is generally completed on a **full time** basis at the end each academic year of course work. Part-time fieldwork can only be considered after all of the program's academic work is completed, and with permission from the fieldwork coordinator.
6. Students interested in completing a fieldwork experience abroad must review the procedure and policies outlines on page . All international fieldwork is considered "optional", and can only be completed after successfully completing the first two level II experiences.

Level II Fieldwork Attendance Policy

1. During the fieldwork experience students are expected to follow the daily work schedule of the occupational therapists at the facility to which they are assigned. This may include working some evenings or weekend days. ***There are no personal or “vacation” days during this experience. Up to three “sick days” are allowed, for which the student may be required to submit a doctor’s note (please note that sick days are not to be used for “personal days” unless the site agrees). Fieldwork sites have the right to request a physician’s note for the missed day(s) . If a student uses more than 3 sick days, that student is required to make up those days at the end of the experience.*** Therefore, students should not make non-refundable vacation plans for the week following their anticipated completion of fieldwork.
2. There are occasions when a fieldwork experience needs to be extended in order to reinforce a student’s knowledge and skill. This decision is made in collaboration with the supervisor, the fieldwork coordinator, and the student. Again, students should not make non-refundable vacation plans for the week following their anticipated completion of fieldwork.
3. There may be extenuating circumstances for which students need to be excused early on Fieldwork days. Students must make such arrangements directly with their on-site Fieldwork supervisor. If granted an excused absence, the student must make up this time, and is responsible for arranging with the supervisor to do so. The Fieldwork supervisor reserves the right to limit or disallow absence based on patient and clinic needs.

Fieldwork Deficiency

If, regardless of the reason, a student does not successfully complete a level II fieldwork experience, and there are no other previous academic concerns, the fieldwork coordinator will make every effort to reassign the student to a site within one academic year, if the schedule allows. The fieldwork coordinator has discretion to require remediation prior to reassigning the student.

Clinical Drug Testing Policy

All Columbia University Medical Center students, which include all Occupational Therapy students, are required to submit to drug testing. This is typically handled prior to the first fieldwork assignment. The CUMC Policy and Procedure on Pre-Clinical Drug testing is distributed to all Occupational Therapy students during the fall semester.

The Director of Student Health Services and the Director of AI:MS (Addiction Illness: Medical Solutions) have also provided this summary of components of the policy:

Students in the School of Nursing, College of Dental Medicine, and the College of Physicians and Surgeons will be required to undergo a 10-metabolite urine drug screen during the semester prior to the beginning of their clinical rotations (or in the case of the nursing programs during their first semester at CUMC).

Students will not be able to begin a clinical rotation until they have been cleared by this process.

Confidentiality:

Drug Screening results will be held in strict confidence in the student's medical record unless released at a student's request or under certain specific circumstances: a danger to self or others, including risk to patients, failure to follow up with a mandated program following a positive test. Should evaluation of a positive test or recommended treatment interfere with a student's ability to complete a clinical rotation, a medical leave will be required.

Positive test result:

Students who have a positive test reported to the Student Health Service will be required to have an evaluation by the Director of the AI:MS (Addiction Illness: Medical Solutions) program. S/he will determine further evaluation and follow-up, which may include evaluation by an addiction specialist, follow-up urine drug testing, evaluation in the Mental Health Service, or referral to a drug treatment program.

Scheduling of Testing

In order not to overwhelm clinical laboratory facilities, students will be scheduled to pick up their test requisition from the SHS during a specified two-week interval. Once a requisition is picked up, there is a 72 hour window for students to report to the LabCorp or Quest laboratory to have their test completed. Failure either to pick-up the requisition within the assigned 2 week window, or fill the requisition within the assigned 72 hour window, will be treated as a positive test, and evaluation by Daniel Trujillo, Ph.D., Director of the AI:MS program will be required.

Please see <http://www.cumc.columbia.edu/student/health/DrugTesting.htm> for the complete Pre-Clinical Drug Testing Policy and Procedure.

Curriculum Design: Doctoral (Ed.D.) Program

Columbia University's Programs in Occupational Therapy has teamed with the Movement Science/Kinesiology Program at Teachers College, Columbia University, to offer a unique program leading to the **Ed.D. in Movement Sciences with a specialization in Occupational Therapy**. This program will allow students who already have a Masters in Occupational Therapy and clinical experience to gain from combining study in both areas. Students take core and research preparation course work in the movement science program, and coursework in the occupational therapy program. The research would be carried out largely under the supervision of occupational therapy faculty, with the additional support of movement science faculty.

This degree is directed toward preparing the current and the next generation of leaders in occupational therapy with interests in movement and daily function. These leaders will assume professorial roles in universities and colleges within departments of occupational therapy. The degree may lead to:

- Tenure-track faculty position in occupational therapy departments emphasizing teaching and applied research.
- Research Coordinator (university, hospital, clinic)
- Director/Administrator (university, teaching hospital)

Students enrolled in the Ed.D. Program will have an opportunity to integrate and contribute to basic and applied science as it relates to occupational therapy and movement science.

Broad areas of research fall under the following categories:

- How movement and posture support participation in daily living.
- Movement impairment and its impact on functional daily living skills.
- Development and testing of real world / ecologically valid assessments of motor function.
- Development and testing of occupation-based practice guidelines related to movement impairment.

Examples of Current and potential areas of specific research foci include:

- The role of perception, motor, and cognition in the context of daily living.
- How mental imagery and practice affects recovery after central nervous system dysfunction.
- Vestibular, sensory, and motor impairment as manifested in patients with psychiatric disorders, and its impact on participation in daily living.

Students in the Ed.D. program in Movement Science with a specialization in Occupational Therapy have a unique opportunity to study with faculty of both programs. Although students are enrolled in Teachers College, each is assigned an academic advisor from the Programs in Occupational Therapy, who, in collaboration with the faculty of TC, plan out a program of study

that combines the science of motor learning within the context of occupation. Students in this program are expected to maintain continuous enrollment

Coursework is taken on both campuses. As per university policy, the Ed.D. requires 90 credits beyond the bachelor's degree. Since most students with entry-level masters in OT have at least 45 graduate credits in related areas, we expect that 45 credits will be transferred from another qualified institution and that the doctorate will be comprised of approximately 45 credits beyond the existing Masters. The credit allocation is to be shared among the existing programs in Movement Science and Occupational Therapy.

Summary of Credit Point Distribution By Area

Teachers College:

Movement Science: (15 points)

Research Preparation: (9 points)

Occupational Therapy (15 points)

Electives (6 points)

Thesis

Ongoing Evaluation of Doctoral Students. At least once a year, the progress of doctoral students is formally reviewed by at least two faculty members (one from occupational therapy and one from movement sciences) who then meet with the student to discuss their evaluation and give advice.

Certification Examination. This examination covers the research area of the student's dissertation work. The student will prepare a bibliography of material to be covered and will have it approved by the sponsor (OT faculty member) and one member of the movement science faculty, both of whom will prepare and evaluate the exam. Successful performance on the certification examination will be required prior to formal review of the dissertation proposal.

Dissertation Proposal. The student submits a dissertation proposal to the faculty in occupational therapy/movement science. The dissertation proposal should include pilot work. Upon acceptance of the dissertation proposal, continuous enrollment is required (comparable to three points of credit or non-credit dissertation advisement) until the successful completion of the degree.

Preparation and Defense of the Dissertation. The final oral defense of the dissertation involves a specially appointed committee of at least four faculty members including the sponsor (from the OT faculty), a movement science faculty member, a second person from the OT faculty and an out of department representative from Teachers College.

Please refer to the program's bulletin, and to Teachers College, for additional information.

Academic Standards for Occupational Therapy

The Programs in Occupational Therapy use a letter grade system for all courses. A grade of “C” is considered the minimum passing grade. The records of students receiving grades of C , or of students in jeopardy of academic probation, are subject to review by the program’s Progress and Promotions Committee. It is the policy of the Occupational Therapy Programs that all courses within the program are taken for letter grade. The exceptions are Fieldwork II, program electives, and Professional Foundations II.

The program grades are defined as follows:

Excellent:

- A Excellent achievement.
- A- Close to excellent work.

Good:

- B+ Very good; expected of most graduate students.
- B Good, acceptable achievement.

Fair:

- B- Acceptable achievement, but below what is generally expected of graduate students. This is the minimal acceptable grade for a clinical course.

Minimally Acceptable:

- C+ and C Minimally acceptable achievement.

Failure: F

Numerical values are often given on tests and assignments. These values translate to letter grades as follows:

A	4.0	=	94-100	C+	2.33	=	77-79
A-	3.67	=	90-93	C	2.0	=	74-76
B+	3.33	=	87-89	F	0	=	73 or lower
B	3.0	=	84-86				
B-	2.67	=	80-83				

Level II fieldwork is given for a grade of P/F (Pass/Fail). Upon matriculation, students may, with faculty approval, transfer a maximum of 3 semester credits of elective graduate course work from another regionally accredited college or university toward satisfying the

degree requirements; or up to 9 semester credits if requesting a transfer of courses taken within an occupational therapy program. Courses must carry graduate credit and must be evaluated with a letter grade; the minimal acceptable grade is **B**. Requests should be submitted in writing to the Director with a university catalog that contains the course description.

Full-time students can expect to complete the program in 24 calendar months and part-time students in 36 months. All students must complete at least one fourth (15 points) of the program in an academic year in order to maintain satisfactory progress. In instances where a student may withdraw from the program, be granted a leave of absence, or interrupt the program of study because of mitigating circumstances, a determination of satisfactory progress will be subject to faculty review. Transcripts of students' records are issued at the end of each term, and the academic performance of each student is reviewed by faculty. In order to continue in good standing, whether enrolled full- or part-time, students must maintain an average term grade of **B- (2.67)**. Students who fall below this average will be placed on academic probation. To continue in the program the student must achieve a B- by the end of the following term. Any student unable to achieve this average, or who is placed on academic probation for a second time, is subject to dismissal.

A student failing more than one course throughout the student's tenure in the Occupational Therapy Program may not continue in the program. A student who receives a grade of F in a required course or fieldwork experience must repeat that course or fieldwork experience in our program and may do so only one time. A passing grade must be earned in the repeated course or fieldwork experience in order to be permitted to continue in our program and advance to the next level of professional courses or fieldwork. The courses in the first semester serve as prerequisites for the second semester courses. The failing grade (F) remains on the student's official transcript and is included in the academic record, whether or not the student repeats the course and passes it after the second attempt. All courses in each subsequent semester serve as prerequisites for the next semester. A student who has failed one course (including Level II Fieldwork) will be placed on a leave of action until the course is satisfactorily completed. The course must be completed in our program the following year.

Grades of C in required courses are subject to faculty review. In treatment courses that are prerequisites to fieldwork, the record of students receiving less than B- are subject to the review prior to Level II Fieldwork. In addition, in courses in which there is a Level I Fieldwork experience, **students must pass the Level I Fieldwork** in order to pass the course.

A student can request a mark of INC from the instructor in writing if he/she has satisfactorily met all the requirements of a course but has been compelled for reasons beyond his/her control to postpone certain assigned papers or reports. The outstanding work **must be completed prior to the end of the next semester** or before being permitted to advance to Level II Fieldwork. In the event that a student does not complete the requirements during the extended time period, the grade will convert to a failing grade.

Additional Academic Requirements and Competencies

- In order to assist students in meeting the standards of our Program, we may require those who earn grades on exams that are minimally acceptable (e.g. “C”) or in the fail range to participate in tutoring sessions. This requirement is intended to remediate performance.
- There are several exams that must be passed (with a minimum grade of 80%) in order to progress through our program. Some of these exams are associated with courses, and must be satisfactorily completed during the semester that the course is given. Others may be health science campus wide exams, but must also be completed during a specific time frame. These time frames are provided during the course or semester.
 - Students in the entry level program in Occupational Therapy are required to pass an exam related to *Medical Terminology*. This competency is included as part of the requirement for the Professional Foundations class.
 - Students in all Programs in Occupational Therapy are required to pass an exam related to *Good Clinical Practices*. This exam is given to all health science students and faculty, and is required prior to involvement in research projects. Entry level students must pass this exam prior to completing Evidenced Based Practice I, and as part of the requirements for that course. Please refer to page 23 for more information.
 - Students in all Programs in Occupational Therapy are required to pass an exam related to the *Health Insurance Portability and Accountability Act (HIPAA)*. This exam is given to all health science students and faculty, and is required prior to clinical involvement and involvement in research projects. Entry level students must pass this exam prior to their level 1 mental health fieldwork experience, and prior to completing Evidenced Based Practice I (whichever comes first). Please refer to page 23 for more information.
 - Students in the Professional Program in Occupational Therapy are expected to complete a civic learning and engagement requirement prior to graduation. Please see page 32 of this handbook.

Change in Programs of Study

Once registered, students may drop or add courses or change sections by filing a formal change-of-program application with the Office of Student Administrative Services (Black Building, Room 1- 141) during the change-of-program period each term (see Academic Calendar). All such changes must first be approved by the Program director.

Students may drop courses after the change-of-program period by following the same procedure; however, for courses dropped after the last day for change-of-program in each term, no adjustment of tuition will be made. Last dates to drop courses are indicated in the Academic Calendar. Failure to attend classes or unofficial notification to the instructor does not constitute dropping a course and will result in either a failing grade in the course, a “WD” (withdrawn by university), or an “UW” (unofficial withdrawal). This is at the discretion of the course director.

Students who begin the professional program's full time course of study but wish to change to the three year option must do so early in the first semester, or between semesters. Approval from the faculty Committee on Progress and Promotions is required.

Students who enter the professional program as part-time students will register for courses according to a predetermined schedule. Schedules and prerequisite courses of students on or changed to part-time status will be determined on an individual basis according to program policy.

Student Writing Guidelines

The Programs in Occupational Therapy stress the development of professional writing. To this end, all courses have the same expectations in the quality of student's work. To assist students to develop this skill, we rely on the APA style of presentation which addresses both the content of scientific writing, and its presentation. We also rely on and provide students with access to *Turnitin.com*, a website that promotes the production of original writing. Both of these resources are reviewed early in the program, and are expected to be used throughout the program.

These fundamental writing guidelines pertain to all courses in the Occupational Therapy program. The requirements for papers should meet those described in the individual course syllabus as specified by the course director. As stated earlier, the Programs in Occupational Therapy rely on the guidelines from the Publication Manual of the American Psychological Association (6th ed.). The references below are from the APA manual, 6th edition.

I. General Guidelines

The following are the general guidelines that you should follow when writing papers.

1. Double space, 12 point font, 1 inch margins
2. Check grammar, spelling, and punctuation (See attached poem)
3. Number pages and stick to the number of pages required by assignment. Number the title page as #1.
4. Use heading level as specified by APA
5. Unless a faculty member asks you to, final papers are **NOT** to be faxed or e-mailed—they should be turned in to course director in print format.
6. Faculty members may ask that you first submit your paper to the Turnitin website for review. The process on how to do this will be reviewed with the class.
7. Grades follow criteria and percentage described in the course syllabus addressing basic writing mechanics, organization, and content.
8. Papers are due when posted in the course syllabus. Unexcused late assignments may or may not be accepted by the course director. If accepted, a grade reduction for every day of lateness could occur.

II. APA Format

Our program requires that you use the APA Publication Manual 6th edition for the body of the paper and for the reference section. Focus on the following sections:

- i. Punctuation
- ii. Headings
- iii. Quotations
- iv. Tables & Figures
- v. Referencing Citation in Text
- vi. Reference List

III. Common Problems and Errors

1. Over use of quotations and paraphrasing: paraphrasing and quotations should be used sparingly to make or emphasize a critical point. You are the author of the paper.

Therefore, it should have your original thoughts. A paper full of quotations and a great deal of paraphrasing is unacceptable.

2. Poor use of punctuation
3. Individual chapter authors should be referenced, not just the editor(s) of the textbook
4. Reference Citations in Text
 - i. One work by one author
 - use surname and the date when inserted in the text e.g., Cote (2002) states
 - or** ...ADLs are consistently used with the geriatric population. (Cote, 2002)

 - Within a paragraph, the author's name and the year only need to be cited once. Subsequent references **within** the paragraph only need the authors' name. e.g., Cote (2000) states that....Alternately, Cote also found that...
 - ii. Citing one work by multiple authors
 - 2 authors: cite the authors' name every time

 - 3-5 authors: cite all the names the first time and use surname of first author followed by et al. and the year for subsequent use.

 - 6 or more authors: cite the surname of the first author followed by et al. and the year.
5. Use of Ampersand
 - use ampersand sign (i.e., &) before the last author when cited after the text; e.g., ADLs are consistently used with the geriatric population. (Cote & Bryan, 2000). Use **and** before the last author when included within the text; e.g., Cote **and** Bryan (2000) state...
6. Use of Numbers
 - general rule is to use figures to express numbers 10 and above and words to express numbers below 10. Measurements, number of subjects, and time are always expressed as numerals.
7. Reference List
 - reference list is only for work cited in the text.
 - need to distinguish works written by primary author vs. chapters written in edited text.
 - Citations from other sources: see APA Manual Reference section
 - i. World Wide Web/Electronic Media
 - ii. Newspaper clippings
 - iii. Magazines

Please refer to <http://www.apastyle.org> for more information on APA style. We encourage you to access the tutorial on their website. We also expect you to have continued access to the APA Manual in text.

I have a spelling checker, It came with my PC; It plainly marks four my revue Mistakes I cannot sea.	I've run this poem threw it, I'm sure your please too no, Its letter perfect in it's weigh, My checker tolled me sew!
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University Requirements for Participating in Research

Entry-level occupational therapy students are required to complete a master's research project at the conclusion of the research course sequence. Students can satisfy this requirement by electing to follow one of two research options, as outlined in our curriculum design. Postprofessional students are required to complete a master's thesis. Doctoral students are required to complete a dissertation.

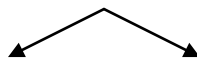
All research protocols at Columbia University must be approved by the Columbia University Institutional Review Board (IRB) in order for the study to proceed. The university's IRB Board serves to protect human participants in biomedical and behavioral research. As of January 1, 2001, the Dean of Health Sciences at Columbia University mandated that any essential investigator (including individuals who obtain consent, collect data, administer tests) submitting a research protocol to the IRB, or participating in the study, must fulfill specific requirements. While these requirements are subject to change, at this time the requirement is a passing grade on the Good Clinical Practice examination. This examination reflects the investigator's knowledge of inherent concepts for appropriate human subject protection and good clinical research. To fulfill this university requirement, occupational therapy students are required to submit proof of passing the Good Clinical Practice test at the conclusion of OTM6572. Meeting this requirement will be discussed in OTM6571x. You may learn more about this requirement by accessing the rascal page of Columbia's website (see instructions below). <https://www.rascal.columbia.edu>.

Students involved in clinical research are also expected to comply with the Health Insurance Portability and Accountability Act (HIPAA). In order to do so, each student is required to review the course content associated with HIPAA, which is available on line, and to successfully complete the HIPAA exam, also available on line.

To take either the **GCP** course and test, or the **HIPAA** course and test, simply go to the rascal page of Columbia's website. The direct link is: <https://www.rascal.columbia.edu> the under the Compliance section, click on "training center". Then log in with your ID and password Go to "Course Listings", then following either tract below:

GCP

Click [TC0006 - Health Sciences: Protection of Human Research Participants \(GCP\) - for Investigators in Epidemiology and the Social and Behavioral Sciences](#) then a panel will appear with the links for the course study content, and the test.



HIPAA

Click [TC0019 - HIPAA: Health Insurance Portability Accountability Act Training Course](#) then a panel will appear with the links for the course study content, and the test.

Academic and Clinical Integrity

Throughout the two years at Columbia University and in university affiliated clinical settings, every student is expected to carry out assignments as an individual, unless otherwise assigned, and to avoid the incorporation of the ideas or work of others without proper attribution. All sources of ideas and direct quotations must be clearly documented. **Failure to do so constitutes plagiarism that is punishable as an academic offense.**

In clinical and academic settings, students are expected to carry out assigned responsibilities with discretion and integrity in relations with patients/clients and professionals and to conduct themselves in a professionally responsible manner at all times. In keeping with this, all occupational therapy students are expected to comply with Health Insurance Portability and Accountability Act (HIPAA). In order to do so, each student is required to review the course content associated with HIPAA, which is available on line, and to successfully complete the HIPAA exam, also available on line. Refer to page 23 of this manual for directions in finding the website. Continuing development of appropriate professional behaviors is required for advancement throughout the Occupational Therapy Program.

The Faculty of the Programs in Occupational Therapy reserves the right to dismiss, or to deny admission, registration, readmission, or graduation to any student who in the judgment of the Faculty of the Programs in Occupational Therapy is determined to be unsuited for the study or practice of Occupational Therapy. These decisions may be based on factors including but not limited to academic and/or professional integrity.

Proprietary Rights in Intellectual and Technological Products

Students, as part of a class assignment, may create, invent, and/or develop a product that has commercial value. Prior to the marketing of such products, all individuals involved must provide a report to the program outlining the plan for commercialization. The University has the right to maintain control over the marketing plan. Any proceeds from such products may be shared between the individuals involved, the Programs in Occupational Therapy, and the University, as described by the policies set forth by the Columbia Innovative Enterprises.

PROGRAM'S POLICIES, PROCEDURES, AND REGULATIONS

[THESE ARE IN ADDITION TO POLICIES STATED ELSEWHERE.]

Guidelines for Student Conduct

The faculties of the Programs in Occupational Therapy have formulated the following guidelines as a framework for ethical and responsible behavior. A student in the Programs has the responsibility to:

1. Behave honorably at all times;
2. Be sensitive to the needs and concerns of others;
3. Make conscious efforts to understand and respect the values and practices of others who are different from him/herself;
4. Carry out assignments as an individual, unless otherwise assigned, and to avoid the incorporation of the ideas or works of others without proper attribution. All sources of idea and direct quotations must be clearly documented. Failure to do so constitutes plagiarism that is punishable as an academic offense.
5. Be respectful of classmates' and of faculty work; do not forward information, course material, slides or handouts provided to you in any form of media, whether in hard copy, online, via email attachments, or via *courseworks*, to anyone who would not ordinarily have access to this information. Keep in mind that material prepared for you by faculty is typically under copyright control.

Students in the Programs in Occupational Therapy are expected to meet all standards set forth in our Program's Honor Code, a copy of which is in this handbook.

Columbia University Student Email Communication Policy

Columbia University, recognizing the increasing need for electronic communication with students, has established email as an official means of communication with students. An official Columbia University email address is required for all students. The University has the right to send official communications to the University email address, which is based upon the University Network ID (UNI) assigned to the student.

The University expects that every student will receive email at his or her Columbia University email address and will read email on a frequent and consistent basis. A student's failure to receive and read University communications in a timely manner does not absolve that student from knowing and complying with the content of such communications.

Students may elect to redirect (auto-forward) email sent to their University email address. Students who redirect email from their official University email address to another address do so at their own risk. If email is lost as a result of forwarding, it does not absolve the student from the responsibilities associated with communications sent to their official University email address.

All use of email will be consistent with other Columbia University policies including the Acceptable Use Policy (<http://www.columbia.edu/cu/policy>), and the Responsible Use of Electronic Resources, included in this handbook.

Communication within our Program

All students are expected to remain in communication with each course director, with the fieldwork educators, and with the Programs in Occupational Therapy. To this end, daily access to the Columbia University Internet system for ongoing communications within courses and about courses, department broadcasts, course assignments/readings, etc. is required. All students must activate and use their Columbia University identification (UNI) and password to access Courseworks/Sakai and email.

Courseworks is an Internet based program through which information related specifically to courses is disseminated. Everything from course syllabi, reading materials, class handouts, to course-based group discussions and exams, may be distributed / conducted. Each course director will review how Courseworks is incorporated into each course.

If, for any reason, a student is unable to attend class or fieldwork, that student must notify the course director, the fieldwork educator, and the fieldwork supervisor in advance of the absence. Please refer to the sections on attendance, pages 13-14, 28-29.

Professional Behavior in the Classroom

In order to respond to concerns that students and faculty have raised regarding distractions within the classroom, a committee comprised of students met with the Program Director to identify ways to address the rare but disrupting behaviors.

Attend class on time. Attendance will be taken during the first 5-10 minutes of class. A sign-in sheet will be available at the entrance of the room. Student leadership will retrieve the sheet after 5-10 minutes of the start of class, and give it to the instructor. Any late student can sign in after class with the instructor's knowledge. The instructor can note the late attendance.

An occasional late attendance is not considered a lack of professional judgment or behavior, as there are times events out of one's control that might account for this (traffic; subway mishaps; elevator problems). It is assumed, however, that students will adjust their travel plans to avoid such events. Repeated lateness may justify faculty calling in student. If behavior does not change, grade can be reduced ½ grade. See section on Attendance for additional information (pgs 28-29).

During class. Handle all laboratory materials with care (special instructions will be provided for care of the Anatomy laboratory). Return materials to their original place. Return all borrowed materials. Report broken or non-working equipment to the instructor. Restore the space to order at the end of the class by replacing furniture as directed, removing any trash, and cleaning up after themselves.

Technology. Other than using laptop computers to take notes, the use of electronic devices for the purposes of texting, web surfing, email, IM, etc will neither be permitted nor tolerated. It is expected that students will comply with this policy, as such use is at best distracting to students and faculty. If the instructor notes that a computer is used for anything other than notes, privileges will immediately be taken away from that student.

N.B.: If there is a pending emergency situation, the student must notify the instructor in advance that their phone (on vibrate only) might signal and they might have to leave the room. Even under these circumstances, the student can not answer the phone in the classroom, and should sit near the exit so that one can leave with no disruption.

Communication during class, such as talking to another student, whispering, passing notes, etc, will not be tolerated. Professor will publicly call attention to those students.

Elevator chatter. While it is expected that students converse with each other to and from class, it is important that you are aware of your surroundings. As this is a medical complex, personnel, family members, visitors are often within ones immediate environment. Elevators are a good example of small shared space. In the medical setting, it is important to never discuss medical conditions (personal or in the abstract), medical cases, etc, in any public space within the medical center.

Dress code. Professionalism extends to appearance. While we do not expect students to don work attire, excessively casual attire or provocative clothing (short-short, low necklines) within the medical center environment is considered inappropriate. The exception for this is clothing worn in lab. In addition, attire appropriate for fieldwork is also expected.

Examination Conduct

To allow every student equal opportunity to succeed in an examination, the following procedure will be followed:

1. Students must appear **on time** for an examination. Proctors may allow or deny a student the right to begin the examination later than the designated time based on the student's justifiable excuse for being late.
2. **If a student is unable to be present** for an examination, he/she must notify the instructor or the departmental office prior to the beginning time of the examination. Unless such notice is received by the instructor or recorded in the office, make-up examinations need not be given.

In order to minimize disruptions during exams, and to ensure that every student has the same opportunity to take their exams in a quiet environment, the Programs in Occupational Therapy have adopted the following policy.

- **All personal belongings:** backpacks, bags, coats, hats, books, notes, cell phone, etc.; are to be left by the entrance of the room in which the exam is given. Hats with brims cannot be worn during exams.
- **Food** is not permitted during the exam.
- **Cell phones** should be off. For any student who uses a cell phone to tell time, you will need to either use the clock in the room, or a wrist watch.
- **Students are not permitted to talk** with one another for any reason during the exam.
- **Questions about the exam items** will not be permitted. If for some reason a student has a question that one feels *must* be asked, one can instead write the question on the exam packet, next to the item number. The "questioned" item must be answered, or no credit will be given.
- If you have a **formatting question** about the exam, you may raise your hand and the proctor will address it. An example of a formatting question is a mis-numbered item, or mis-numbered page. If there is a formatting error, the proctor will alert all students.
- While we encourage each student to use the **rest room** prior to the exam, if it becomes absolutely necessary to use the rest room, please follow the following procedure:
 - i. Raise your hand to request the break;
 - ii. Only one student can leave at a time,
 - iii. Leave your exam with the proctor,
 - iv. Do not take any personal belongings of any type with you.
- **When you are finished with your exam**, leave it with the proctor, then get your personal belongings and leave as quickly and quietly as possible. Communication with anyone in the room, even if you are finished with your exam, will not be tolerated.
- When just outside the exam room, please **be respectful** of those taking the test, and remain quiet until you leave the area.
- Adherence to the **Honor Code** is assumed and expected. All students have the responsibility during examinations to neither to give information nor to seek it from another student, or from any unauthorized source. If there is any clear evidence of any student violating this rule, the proctor will have that student turn in his/her examination immediately and leave the room. (A confiscated paper is equal to a failed examination). The Ethics Committee will review any student whose examination has been confiscated.

Attendance

Students are required to attend all classes, and all fieldwork assignments, as scheduled. If a student is not in class, he/she is expected to contact the course director in advance of one's absence. In the event that a student is absent due to illness, he/she may be expected to submit a physician's note. Please note that attendance is taken in each class.

- **Excused absence:** Any absence due to a major life event is excused; absence due to a planned major event (for example, one's own wedding!) must however be cleared with each instructor at the beginning of each semester. Such excused absences, unless otherwise noted, are generally limited to one day. Extensive absences following a major life event may be subject to a leave of absence, with resuming one's education the following term / year.
Absences due to religious holidays are subject to the terms identified in the following sections: Major Religious Holidays
- **Unexcused absence:** Any absence due to a vacation or other personal preference is considered "unexcused". Unexcused absences will result in the lowering of course grades. The student cannot request to have assignments or examinations rescheduled. Missed assignments and examinations are subject to a grade of "0".

The Programs in Occupational Therapy follow the general university calendar. However, there are on occasion exceptions to the schedule identified by the university. Examination dates, study dates, etc. may follow a different timetable. It is imperative that each student review the Program's schedule each semester, and review each course's syllabi, before making any plans that are contingent on the calendar. All dates are subject to change.

Major Religious Days

It is the policy of the University to respect its members' religious beliefs. In compliance with New York State law, each student who is absent from school because of his or her religious beliefs, will be given an equivalent opportunity to register for classes or make up any examination, study, or work requirements which he or she may have missed because of such absence on any particular day or days. No student will be penalized for absence due to religious beliefs, and alternative means will be sought for satisfying academic requirements involved.

Officers of administration and of instruction responsible for the scheduling of academic activities or essential services are expected to avoid conflict with major religious days as much as possible. If a suitable arrangement cannot be worked out between the student and the instructor involved, students and instructors should consult the appropriate dean or director. If an additional appeal is needed, it may be taken to the Provost.

- While the Programs in Occupational Therapy will do its best to accommodate religious beliefs and observances by its students, requested adjustments must be reasonable, made well in advance of the requested day(s), and allow for the fulfillment of academic requirements. **Absences from class and fieldwork will not be accommodated on those holidays when work is permitted. Absences on days when work is permitted are considered unexcused; anything scheduled, including exams, presentations, fieldwork, etc., cannot be made up. Such absences may be subjected to a lowering of course grade, or failure of fieldwork experience.**

Policy and Procedures for Civic Learning and Engagement: Community Service

In keeping with our vision of developing future minded leaders with a global view of occupation, the Programs in Occupational Therapy have developed expectations related to community service. As part of the requirements for the Professional Foundations 2 series, students will have the opportunity to participate in any of a variety of service activities. Please review the policy and procedures related to this requirement.

Policy

Columbia University Programs in Occupational Therapy value and support student participation in community service. As such students are required to engage in one civic learning and community service activity annually. With approval from the faculty, students are permitted one excused absence each academic year. The Programs in Occupational Therapy define community service as performance of voluntary work, consultation or duties for the benefit of local and global communities /institutions and the profession of occupational therapy. Community service activities are designed to promote community health, well-being, capacity building, quality of life and principles of occupational justice. Community service activities include though not limited to:

- **Engagement in leadership and advocacy in professional organizations, for example NYSOTA Albany Lobbying Day**
- **Volunteering during a one time community event such as AIDS walk, count of homeless individuals**
- **Collecting and donating resources for communities that have sustained catastrophic events**
- **Participating in community educational events as speakers or support staff**

Procedures

1. Student is required to complete the community service request for approval form and submit the request to his/her advisor four weeks before the anticipated community service day.
2. If the student receives approval for community service from the advisor, he/she is required to inform course professors prior to their community service activity and discuss fulfillment of course requirements. The course professor may deny the community service absence or require a substitute assignment for the missed class.
3. In order for the student's absence to be excused, the student must submit a signed community service verification form to his/her advisor upon return to class.
4. If a student is performing community service on a weekend day, the student will be permitted one excused absence during the semester in which the community activity took place. The student is required to negotiate the excused date with course instructors.

Columbia University Programs in Occupational Therapy

Request for Approval of Community Service

This form must be submitted to your faculty advisor at least four weeks prior to community service activity.

Student name: _____ Date of submission: _____

Date of community service: _____

Name of organization you would like approved: _____

Describe the organization's mission: _____

Describe your duties: _____

How do your duties relate to occupational therapy? _____

Is this organization a nonprofit? Yes _____ No _____

Will you receive any pay or other benefit for this work? Yes _____ No _____

Is this work for a class assignment or extra credit? Yes _____ No _____

Faculty Advisor Approval Yes _____ No (explanation) _____

Faculty signature _____ Date _____

Columbia University Programs in Occupational Therapy

Community Service Verification Form

Student name: _____

Agency/Organization: _____

Agency/Organization Address: _____

Agency/Organization Phone number: _____


Agency/Organization Manager: _____

Dates and hours served:

Date	Activity	Hours	Manager Signature

Policy Related to Attendance and Conduct on NI 8

The 8th floor of the Neurological Institute building is home to the Programs in Occupational Therapy and the Program in Physical Therapy. Access to this floor is provided 24/7; after hours, card key access is available. The official hours for the Programs are 8:00 AM to 6:00 PM Monday through Thursday and 8:00 AM to 5:00 on Friday. The policies that follow are designed to provide a clean and safe environment for all students.

1. The use of mobile devices for telephone calls is prohibited except in designated areas. On NI8, the lobby by the elevator and the student lounge are our designated areas. This policy will be strictly enforced!
- 
2. We understand how tempting it is to congregate near the reception area or outside faculty offices. However, the noise that naturally occurs makes it difficult for our receptionist to handle the everyday tasks, including answering the telephone. Please refrain from using the reception area and the hallways as a place for social interaction.
 3. Please refrain from placing items on top of lockers, as this causes a safety hazard and theft hazard. Any items found on the 8th floor will be held by the Receptionist until Friday of each week, at which time all unclaimed articles will be discarded.
 4. The student lounge is available for snacking and for meetings. Any food or drink item brought anywhere on the 8th floor must be discarded in the waste receptacles.
 5. Two computers are available for use in the student lounge. These computers are password protected. Under no circumstance is the password to be given to anyone who is not an occupational therapy or physical therapy student, regardless of the reason. Under no circumstance is the computer to be left on after you use it. Please limit your use of these computers, and be sensitive to others' needs. Computers are available in the Hammer Health Science building, directly across the street.
 6. Please leave the classrooms set up for class use. Although chairs may be rearranged for meetings and seminars, it is imperative that the rooms be returned to their customary setup.
 7. Only authorized students, faculty, and staff are to use the photocopiers or have access to the faculty / staff mailboxes. A list of authorized students will be posted in Room 802. If you need to drop something off for a faculty member, such as a book or a paper, there is a designated drawer in the reception area for this purpose. Students may also place material for faculty and staff mailbox outside each faculty member's door, if this is agreed upon by the faculty member.

8. Students may use the conference room only if a faculty member reserves the room in the Schedule Book, in the name of the student and faculty member.
9. Announcements of immediate importance to the student will be displayed on the easel at the front of the receptionist's desk. Nothing is to be taped to the glass entrance door. Bulletin boards and mail boxes will be used for ongoing communication to students.
10. All OT students have access to NI8 24/7. If you should need to come to NI8 after hours and you are alone, please limit your visit to a 10-minute period of time. If you are coming with other students and plan to study on NI8, under no circumstance should you leave the front door open to allow another person to gain access. Only OT and PT students with valid identification badges are allowed on this floor.
11. Plinths are available for practice use after hours. However, they must be returned to the classroom from which they were taken. No stationary plinths are to be brought to the corridor. Folding plinths may be brought to the Student Lounge, but must be **returned to the South classroom after use each day.**

Policy on Electronic Transmission of Written Assignments

Policy Statement:

Unless otherwise required, students are expected to submit all written assignments in person. If that is not possible, papers may be mailed directly to the faculty member responsible for the assignment, if the faculty member has given permission. If time constraints exist, students should submit (at their expense) assignments through overnight, express, or priority mail systems.

There are some extenuating circumstances, however, in which students find it necessary to submit short, written assignments to a faculty member through electronic means such as e-mail or facsimile transmittals. If a fax is to be used, no more than 3 pages may be submitted, and the student must have permission from the instructor prior to transmitting the assignment. Additional pages will not be accepted. If an e-mail attachment is to be used, the student must have permission from the instructor prior to transmitting the assignment. In either case, it is the student's responsibility to confirm that the assignment was received, and it is the student's responsibility to submit to the instructor a paper copy of the assignment as soon as one returns to school

Intent: To insure that assignments submitted by students to faculty are readable, reflect ample prior planning on the part of the student, and are submitted and received in a timely fashion.

Applicability: All students, full and part-time, enrolled in any of our occupational therapy programs.

Consequence: Faculty members are under no obligation to read assignments longer than three pages that are submitted via fax or e-mail. Subsequently, students are at risk of receiving a reduced or failing grade for such assignments.

Policy on Authorship

In accordance with the *American Psychological Association* publication manual (2010) and the *American Journal of Occupational Therapy* guidelines for authors (n.d.), authorship credit will be determined by the faculty advisor based on significant contribution to three primary areas: (1) idea generation and research design; (2) data collection, analysis, and interpretation; and (3) poster or paper presentation development, or manuscript preparation and revision. Authors should substantially contribute to all three areas of research generation and dissemination. Students who participate in faculty generated research as part of requirements for graduation and do not significantly contribute to the conceptualization of a research study idea and design, will not be considered authors—unless otherwise agreed upon by the supervising faculty mentor—but will be acknowledged in presentation and publications derived from collected data. Students are not permitted to use any of the information related to the project in a presentation or publication (other than using it as a citation) without the expressed permission of their faculty advisor.

American Psychological Association. (2010). *Publication Manual of the American Psychological Association* (6th ed.). Washington, DC: Author.

Guidelines for contributors. (n.d.). The American Journal of Occupational Therapy. Retrieved May 18, 2011 from http://ajot.submit2aota.org/journals/ajot/forms/ajot_guidelines.pdf

Policy on the use of the Internet and Social Media Sites

Rationale

Columbia University's Programs in Occupational Therapy appreciates the use of the Internet and of social media sites as a means of communication. Social media sites include but are not limited to Facebook, MySpace, LinkedIn, Twitter, Flickr, YouTube, blogs and podcasts. Additional Internet uses include but are not limited to Email and personal webpages.

It is important to remember that the Internet and social media sites have extensive networks and audiences; there is virtually no privacy on any of these sites or means of communication. In addition, the role of the professional does not end when one leaves school or work, and for this reason one must understand that behavior on social media sites can reflect negatively on one's place of learning, work, and on one's profession. In addition, particular types of postings and communications may be unethical if not illegal. Violations can be considered under the realm of academic misconduct and subject to disciplinary action, as well as subject to criminal and / or civil liability.

Furthermore, as you embark on a professional career, it is important to understand that the role of the professional is to some extent based on an implied contract between the profession and society. This includes awareness of societies needs, exhibiting values that are humanistic in nature, maintaining accountability to self and others, and adhering to ethical principles and values as articulated in AOTA's Occupational Therapy Code of Ethics.

Guidelines and Policies¹

- Every student has been given a uni, which is the basis of their Columbia University email account. It is our policy that all communication with our program and our faculty is done using the CU email. However, when establishing facebook accounts, for example, it is expected that you use a different, personal account.
- Under no circumstance, regardless of the email address associated with any of your internet or social media sites, is personal health information or academic standing of other individuals to be posted or shared. Even if concealing one's identity, HIPAA (*Health Insurance Portability and Accountability Act*) and FERPA (*Family Educational Rights and Privacy Act*) laws may be violated.
- Comments that are derogatory, inflammatory and/or defaming of any individual, assignment, event, policy, etc. related to Columbia University or to any of our fieldwork sites or academic partners are strictly prohibited.
- In addition, the following may be considered unprofessional behavior, subject to academic misconduct, and serve as the basis for disciplinary action. Please keep in mind that if the department contacts you about any pictures, comments, texts, etc. that are considered unprofessional, it is expected that they will be taken down immediately.
 - General display of rude, offensive, or vulgar language.

- Display of language, photographs, or videos that may be considered offensive and/or disrespectful of any individual or group because of age, race, gender, ethnicity or sexual orientation.
 - Presentation of photographs or videos of yourself or others that may be interpreted as condoning irresponsible use of alcohol, substance abuse or sexual promiscuity.
 - Presentation of photographs or videos of yourself or others that show engagement in illegal activities including use of recreational drugs.
- When posting information, unless otherwise officially authorized, you may not represent yourself as a spokesperson for the university or program, or as an official representative of the university or program.
 - In many workplace settings it is strictly prohibited to engage in social media while within the institution's boundaries. It is our policy that personal engagement on social media sites while on fieldwork, in class, or at conferences is strictly prohibited².
 - You may not disguise your identity as a means to get around any of these guidelines and policies.

¹ Based in part on the Social Media Policy from the University of Kansas Medical Center
<http://www.kumc.edu/Pulse/policy/socialmedia.html>

¹ It is our policy that the use of laptops, electronic notepads, tablets, smartphones, etc. while in class or on fieldwork is a privilege, and is restricted to note taking for that class or treatment planning related activities while on fieldwork (N.B.: The use of electronic devices while on fieldwork requires approval from your site) . Any other use of such devices may call for the immediate loss of that privilege, and may be considered academic misconduct.

Policy and Procedure Guidelines for International Fieldwork: Level II Experience³

Students interested in participating in an international level II fieldwork experience should review the following guidelines and procedures. These experiences are only available to students who have already successfully completed at least one of the two required full time experiences. This experience will be considered the optional (specialty) fieldwork. All fieldwork experiences are bound by memorandum of agreements, and all students are covered under our clinical liability insurance policy. In addition, students are required to register with ISOS, an international travel assistance program. Please review the information they provide prior to any [international travel](#).

There are two possibilities for international study:

1. Participating in a site in which we already have an agreement in place. At this time, we have such an arrangement in our Trinidad (pediatric) site;
2. Participating in a site of one's choice.

Both of these options are considered "self-funded". This means that you will be responsible for all travel and living expenses associated with the experience.

If interested in either option, you must see Pamela Miller no later than the end of the fall semester of your final year of coursework.

If you wish to select your own fieldwork site, please adhere to the following guidelines:

- Let Pam Miller, Fieldwork Coordinator, know **before you start investigating** that you will be looking for an international fieldwork experience. Keep in mind that once you find a site, it must be approved by Pamela Miller. As you investigate different fieldwork opportunities, be sure the following conditions are met:
 - The site must be located in a country that is a member of WFOT (World Federation of Occupational Therapy).
 - The country should not be on the United States government travel warning list. Please access <http://travel.state.gov/travel> for specific information about this.
 - The direct supervisor must be an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has a minimum of 1 year of experience in practice.
 - The site must be willing to sign our memorandum of agreement.
 - The country in which this will take place must honor our liability insurance policy.
- After you have zeroed in on a site, you need to provide Pam Miller with the name and all contact information of the individual with whom she will finalize the

³ Beginning on page - 12 - are our policies and procedures related to Level I and Level II domestic fieldwork experiences.

agreement and any related arrangements. Make sure the site understands that Pamela Miller will be contacting them.

The Columbia Health Science Campus' Clinical Drug Testing Policy , described earlier in this handbook, applies to international fieldwork experiences as well as domestic fieldwork experiences. Please see <http://www.cumc.columbia.edu/student/health/DrugTesting.htm> for the complete Pre-Clinical Drug Testing Policy and Procedure.

Photography Release

The Programs in Occupational Therapy at Columbia University and its representatives on occasion take photographs for the school's use in print and electronic publications. This serves as public notice of the Programs in Occupational Therapy's intent to do so and as a release to the Programs in Occupational Therapy of permission to use such images as it deems fit. If you should object to the use of your photograph, you have the right to withhold its release by filling out a form at the Programs in Occupational Therapy, Neurological Institute, 8th fl, rm. 805.

Handbook / Bulletin Acknowledgement

All students are asked to sign an acknowledgement form that verifies their responsibility to review this Student Handbook, review the Programs' Bulletin, and to acknowledge that their Honor Code and Essential Function Form was signed and submitted. This form is distributed during the Programs' orientation. The form states:

This is to acknowledge that it is my responsibility to review and become familiar with the Occupational Therapy Student Handbook. This handbook is posted on the Program's website under the student link, as well as on Courseworks as a document within the Professional Foundations 1 and 2 courses. I also acknowledge that the Occupational Therapy Bulletin is posted on the Program's website as well, under the Academic Programs, Student, and Prospective Student links.

This also acknowledges that I signed and submitted the Programs' Honor Code, and the Programs' Essential Functions Form.

The following document was distributed by former Provost Alan Brinkley and by General Counsel Elizabeth J. Keefer. Please review this carefully as the university expects all faculty, students, and staff to be in compliance. Any violation of this policy is subject to significant consequence.

Use of Copyrighted Material on Columbia's Computer Systems and Network

As a member of the University you must be aware of the University's policies, and the law, on use of electronic resources, including computers, networks, email, and online information resources, and the use of copyrighted material on Columbia's computer systems and network.

The University has received increasing numbers of allegations of illegal possession and distribution of copyrighted materials by its members. Peer-to-peer file sharing programs, like Kazaa, Morpheus and Gnutella, have made it much easier for individuals to get and share unauthorized copies of copyrighted works, such as music and motion pictures. Such activity is against the law and exposes both you and the University to legal liability.

You can be held legally liable if you download or share music, movies or other files without permission from the copyright owner. **Under the law, repeated copyright violations by any network user may result in permanent termination of network access.**

Copyright Law and Policy. To copy, distribute, share, or store any information or material on the Internet will infringe the copyright for that information or material, unless the user has the express permission of the copyright owner or the user qualifies for a legal exception under the law. All network users must comply with federal copyright law. Violations of copyright law are also violations of University policy.

Copyright protection covers any original work of authorship that is fixed in some tangible medium of expression. A work is protected from the moment it is created, and it does not have to contain a copyright notice to be protected. This broad protection means that just about any work you come across--software, books, music, film, video, articles, cartoons, pictures, email--whether on the Internet, a CD, DVD, or tape -- is likely to be protected by copyright. While there are exceptions under the law that allow the copying or distribution of copyrighted works, it is fair to say that the use of peer-to-peer software programs to make and share copies of copyrighted music and movies, without permission of the copyright owner, would virtually never qualify for an exception.

Responsibility. By using University electronic resources and services you assume personal responsibility for their appropriate use and agree to comply with all relevant University policies, as well as State and Federal laws and regulations. Please see <http://www.columbia.edu/cu/policy/copyright-info.html> for more on copyright and the Digital Millennium Copyright Act. See <http://www.columbia.edu/acis/policy> for complete information on the University's Computer and Network Use Policy. **Abuses of network privilege are a matter of student conduct and are dealt with by your Dean.**

Copyright Abuse. The University must take immediate action when notified of copyright infractions. You will be notified of the alleged illegal activity and your network access may be terminated until you have corrected the problem. **You are personally responsible** for any violation and subject to legal action on the part of the copyright holder. A copyright owner can request a subpoena requiring the University to identify a person engaging in unauthorized copying, downloading or sharing.

Use of Services. The University provides an array of electronic resources and services for the primary purpose of supporting the business of the University and its missions of education, research, and service. Our Internet connections are also shared with the Health Sciences Campus and with New York Presbyterian Hospital to support its mission of patient care. Uses that threaten any of these activities or the integrity of the systems are prohibited. The University recognizes the dependence of students on the services and resources the network delivers in support of education. As a student, you have a right to access and appropriately utilize the network in pursuit of your education. **However, your personal use of the network for recreation is, at best, a privilege.** When such use violates copyright law it is strictly prohibited. When such use impinges on the primary activities of the University, limits on use, even use that does not violate any laws, will be enforced.

Monitoring. The various technology offices on campus do not monitor the network for content, only for volume of use. However, third-party enforcement agencies acting on behalf of copyright holders do routinely survey networked computers looking for violations of copyright laws. You may be in violation just by storing illegally obtained copies of such material. **Even unintentional infringement violates the law.**

Network Abuse. File-sharing programs typically consume large amounts of network bandwidth. The University will automatically limit Internet access for computers generating excessive network traffic. If such abuse threatens the missions and activities of the university, access to the network may be suspended. For the current limit, see <http://www.columbia.edu/cu/policy/bandwidth-frame.html>.

Alan Brinkley, Provost and Dean of Faculties
Elizabeth J. Keefer, General Counsel

Honor Code for Academic and Professional Conduct

The Programs in Occupational Therapy are committed to the highest academic and professional standards. To this end, there is an expectation that all students, faculty and staff will act in ways consistent with these standards. Conduct must reflect honesty and integrity in all activities associated with our programs and with all parts of the university. The following reflects our programs' Honor Code, and applies to but is not limited to classroom and clinical settings.

To signify your understanding and agreement with these standards, please read the following and sign where indicated. Note that academic work includes but is not limited to all assignments handed in for review; all presentations; all labs; and all fieldwork assignments, as determined by course directors and/or clinical instructor; and all extracurricular assignments associated with Columbia University. Clinical settings are those settings in which students are placed for any assignment used in fulfillment of our programs requirements, or as part of an extracurricular activity associated with Columbia University.

- Students in the Programs in Occupational Therapy are expected to fully engage in all aspects of the academic curriculum. This includes fulfilling all requirements of each class, as delineated in each course syllabus, and in the student handbook.
- All assignments and examinations will reflect full participation in accordance with the guidelines established by the course directors.
- Each student must fully contribute to all assignments that are collaborative or group based. Under no circumstance will a member of a collaborative effort be “carried” by their group, or receive credit when that student did not contribute.
- All submitted assignments will reflect original work. Any information that is not original must be properly referenced according to the APA guidelines.
- All students are expected to be respectful of classmates' and of faculty work; do not forward information, course material, slides or handouts provided to you in any form of media, whether in hard copy, online, via email attachments, or via *courseworks*, to anyone who would not ordinarily have access to this information. Keep in mind that material prepared for you by faculty is typically under copyright control.
- No assistance, unless authorized by the course director, will be used on any assignment or examination. Under no circumstance will cheating, including plagiarism, be tolerated.

Cheating is defined as: *“the giving or receiving of unauthorized and or unfair aid in academic work. This may occur by, but is not limited to: lying, deceiving, stealing, talking, signaling, copying from other students, and unauthorized usage of books, data (both in hardcopy and electronic formats), study aids, or other sources in a manner inconsistent with the expectations established by”*¹ the Programs in Occupational Therapy.

“Plagiarism includes but is not limited to:

- *Submitting essays, or portions of essays, or other prose written by other people as one's own;*
- *Failing to acknowledge, through proper footnotes and bibliographic entries, the source of ideas essentially not one's own;*

¹ Based in part on the Social Media Policy from the University of Kansas Medical Center <http://www.kumc.edu/Pulse/policy/socialmedia.html>

² It is our policy that the use of laptops, electronic notepads, tablets, smartphones, etc. while in class or on fieldwork is a privilege, and is restricted to note taking for that class or treatment planning related activities while on fieldwork (N.B.: The use of electronic devices while on fieldwork requires approval from your site) . Any other use of such devices may call for the immediate loss of that privilege, and may be considered academic misconduct.

- *Failing to indicate paraphrases or ideas or verbatim expressions not one's own through proper use of quotations and footnotes;*
- *Submitting an essay written for one course to a second course without having sought prior permission from both instructors;*
- *Collaborating with other students or outside sources on an assignment or examination without specific permission from the faculty member to do so;*
- *Using another person's or institution's research or data without attribution.”³*

It is each student's responsibility to direct any questions or concerns about what constitutes academic and clinical integrity to a faculty member. Within the Programs in Occupational Therapy, the Faculty and the Due Process Committee shall be responsible for reviewing charges of academic misconduct brought against a student. The consequences of a violation will be determined by the faculty. The Programs in Occupational Therapy reserves the right to dismiss, or to deny admission, registration, readmission, or graduation to any student who in the judgment of the Faculty of the Programs in Occupational Therapy is determined to be unsuited for the study or practice of Occupational Therapy. The Programs in Occupational Therapy reserves the right to require its students to sign the Honor Code annually.

My signature below signifies that I read, understand and am fully committed to the Honor Code.

Name (please print)

Name (signature)

date

Essential Functions for Admission and Matriculation to the Programs in Occupational Therapy, Columbia University

Students enrolled in Columbia University's Programs in Occupational Therapy are expected to meet standards and functions in addition to academic competence. These standards and functions, which parallel the professional behavior standards outlined in our student handbook (available on our website) reflect personal characteristics necessary for successfully completing our course of study. These characteristics are not related to one's ability to function in a *specific* role as an occupational therapist, but rather to be able to function in *any* role as an occupational therapist and in any practice setting. In order to succeed in our program, students must be able to demonstrate multiple skills and abilities that span the academic, motor, emotional, and social nature of our profession.

Please review the essential functions⁴ as described in this document, and verify with your signature that you have the capability to meet these standards. This document must be returned to our office along with your acceptance of admission to our program.

If you have any questions regarding this document, please contact Dr. Janet Falk-Kessler.

Essential Functions for Occupational Therapy Students

- The commitment to work in an intense setting which challenges the individual to meet the needs of people of diverse cultures, age groups, and challenges. These individuals may be severely injured, limited by cognitive, emotional and functional deficits and whose behavior may create at times an aversive reaction. The ability to interact with these individuals without being judgmental or prejudiced is critical in establishing one's professionalism and therapeutic relationship.
- The ability and commitment to work with individuals without regard to the nature of their illness or disability, culture, gender or age group as demonstrated by active participation in all learning experiences in and out of the classroom.
- The ability to communicate verbally and in writing, using appropriate grammar and vocabulary, in order to build relationships with faculty, advisors, fellow

⁴ These standards were derived from documents prepared by the American Occupational Therapy Association (Educating Students with Disabilities: What Academic and Fieldwork Educators Need to Know, 1997) and from the New York Institute of Technology (Technical Standards for Admission and Matriculation to the Occupational Therapy Program / Student Handbook, 1998).

graduate students, coworkers and clients and their significant others. Proficiency in communication includes transactions with individuals and groups in learner, collegial, consultative, leadership and task roles. Students must be able to elicit information, gather information, describe findings and understand non-verbal behavior.

- The ability to meet the challenges of any environment that requires a readiness for immediate and appropriate response without interference of personal or medical problems. This requires training for emergencies (e.g., CPR, infection control).
- The ability to travel independently to and from classes and fieldwork assignments on time, and the organizational skills and stamina for performing required tasks and assignments within allotted time frames.
- Commitment to the adherence of policies of the university, the occupational therapy program, and the fieldwork sites. This includes matters ranging from professional dress and behavior, to attending to the occupational therapy program's academic schedule, which may differ from the University's academic calendar and be subject to change at any time.
- Emotional health for full utilization of intellect, the exercise of good judgment, prompt completion of responsibilities and the development of mature sensitive and effective relationships with others. Working with persons in need often requires taxing workloads and adaptation to changing and challenging environments requiring flexibility and a spirit of cooperation.
- Critical thinking skills in order to be able to problem solve creatively, to master abstract ideas and to synthesize information in order to handle the challenges of the academic, laboratory, and fieldwork settings.
- Capability to handle clients and to direct clients in varied practice settings. Visual acuity and independent mobility, fine and gross movements, equilibrium and the use of touch are essential to assure safety of clients, significant others, and staff.
- Commitment to the code of ethics of the profession and behavior that reflects a sense of right and wrong in the helping environment.

I have reviewed the essential functions for the Occupational Therapy Programs at Columbia University. My signature below indicates that, to the best of my knowledge, I am able to meet these standards.

Signature

Date

Print Name

Professionalism and Professional Behavior

The development and maintenance of professionalism, as seen through actions and communications, is an important component of occupational therapy practice. The *Professional Development Assessment* is a guide for the development of professionalism. It is expected that all students will consistently demonstrate the qualities outlined. Advisors will review with each student their progression towards professionalism, using this report form as a guide. However, in the event that an instructor notes a deviation from the expected behavior in one or more of the qualities defined, the instructor and / or advisor will note the behavior and will meet with the student to identify and discuss the issue at hand. The faculty member and student will sign the form. Copies will be given to the student and to the student's academic advisor. Where indicated, these assessments will be used by the advisor and fieldwork coordinator to prevent or forestall problems during fieldwork.

Policy for the Development of Professional Behavior

The faculty of The Programs in Occupational Therapy is dedicated to enabling students to become respected professionals. To this end, we expect all students to consider their academic environment as they would a clinical setting. Faculty will be using this ***Professional Development Report*** as a guide for providing feedback to every student. In addition, we have constructed a policy that will assist in counseling students who consistently demonstrate behaviors that are unacceptable. If a report is completed on a student, the classroom instructor will discuss the form with the student, and have the student sign the report to acknowledge its completion. It is then to be submitted to the student's advisor. The advisor will retain all reports.

The **Professional Development Report** should be completed for any student who demonstrates one or more of the following behaviors on a consistent basis:

- Lack of attentiveness and respect in the classroom
- Consistently late for class
- Leaving class early
- Leaving class to obtain food/drink
- Leaving class to go to the restroom
- Making appointments during class time
- Cutting class
- Tardiness in submitting assignment(s)
- Careless work
- Inappropriate conversation in class
- Reading/studying during class lecture
- Not contributing to a group assignment
- Disrespectful to faculty, staff, or student
- Sleeping during class
- Disregard for copyright policies
- Transmitting other's work (classmates, faculty) without permission.
- Inappropriate use of social media
- Disregard for university policy

**COLUMBIA UNIVERSITY
PROGRAMS IN OCCUPATIONAL THERAPY
PROFESSIONAL DEVELOPMENT REPORT**

STUDENT: _____ SEMESTER/YEAR: _____

This form is used by both faculty and students in order to assess your progress towards the development of professional skills as an occupational therapist. The following ratings reflect faculty assessment of your attributes. Completion of the form is based on observations in classroom and/or clinical situations that reflect professional behavior.

HONESTY/INTEGRITY	COMMENTS
Behavioral Descriptors: Adheres to Code of Ethics Adheres to the Honor Code Takes responsibility for and corrects errors Maintains confidentiality Represents the facts/situation in an accurate manner Respects the work prepared by others Respects and returns borrowed materials	

RESPONSE TO FEEDBACK/SUPERVISION	COMMENTS
Behavioral Descriptors: Respectful of others Chooses appropriate times to approach instructor Proactively identifies problem and possible plan Discusses problem and ideas with instructor Accepts feedback in a positive manner Modifies performance in response to feedback	

ABILITY TO WORK AS TEAM MEMBER	COMMENTS
Behavioral Descriptors: Aware of others verbal/nonverbal reactions Responsive and respectful to the needs of others Allows others to express their opinions Remains open minded to different perspectives Tactful in giving others suggestions/feedback Participates collaboratively	

COMMUNICATION	COMMENTS
<p>Behavioral Descriptors:</p> <p>Actively participates in discussions Initiates thoughtful/relevant questions Communicates ideas and options clearly and concisely Attends to class agenda</p>	

INITIATIVE/MOTIVATION	COMMENTS
<p>Behavioral Descriptors:</p> <p>Independently seeks out learning experiences Takes initiative to direct own learning Assumes responsibility for learning Uses adequate and appropriate resources to achieve goal</p>	

DEPENDABILITY/RESPONSIBILITY	COMMENTS
<p>Behavioral Descriptors:</p> <p>Takes responsibilities for one's own actions Attends all scheduled sessions Is on time for class/scheduled meetings Hands in assignments/papers when due Complies with program/course expectations Follows through with commitments and responsibilities Maintains a safe and clean environment in class/lab Adheres to scheduled office hours</p>	

JUDGMENT	COMMENTS
<p>Behavioral Descriptors:</p> <p>Uses an inquiring or questioning approach in class Analyzes options prior to making a judgment Develops rationale to support decision Demonstrates awareness of possible bias Makes sound decisions based on factual information Gives alternative solutions to complex issues/situations Adheres to organizational and interpersonal boundaries Handles personal and professional frustration appropriately</p>	

ORGANIZATIONAL ABILITY	COMMENTS
<p>Behavioral Descriptors:</p> <p>Comes to class prepared Manages time/materials to meet program requirements Uses organizational skill to contribute to the development of others</p>	

PROFESSIONAL PRESENTATION	COMMENTS
<p>Behavioral Descriptors:</p> <p>Wears neat, clean clothing appropriate to setting Presents self in a manner that is accepted by peers, clients, supervisors Uses body posture that communicates interest or engaged attention Displays a positive attitude towards becoming a professional</p>	

PROFESSIONALISM	COMMENTS
<p>Conduct on and off campus must reflect the values of occupational therapy. Personal or professional use of any form of media, including all forms of social media (facebook, twitter, myspace, blogs, etc) must adhere to professional values and behaviors; be respectful of students, faculty, staff, university, and colleagues; and not violate any confidentiality. Ethical and legal considerations are in place at all times.</p>	

STUDENT COMMENTS:

 Signature of Student Acknowledging
 Receipt of Copy

 Signature of Faculty Member Completing
 Form

 Signature of Faculty Advisor

 Date

(Based on forms from Scranton University, Medical College of Georgia, Mercy College, and Duquesne University) (Revised 10/95)

Due Process Procedures Programs in Occupational Therapy

Academic Grievance Issues

Any student in the Program in Occupational Therapy who disagrees with a decision that affects his/her standing in the program has the opportunity to appeal. The appeal must be made in writing within seven days from the date the student is notified of the decision.

Procedure

The student who disagrees with a decision must first try to resolve the issue at the point of origin with the person or persons concerned or request a review by the Academic Standing Committee (within the program). If the issue cannot be resolved in this manner, the following 5 steps need to be followed in consecutive order:

1. *The Director of the Program in Occupational Therapy will convene the Program Grievance Committee and issue a recommendation.*
2. *The Chair of the Department of Rehabilitation and Regenerative Medicine will review the issue and issue a recommendation.*
3. *The Vice Dean for Education for the College of Physicians and Surgeons will convene a grievance committee and issue a recommendation.*
4. *A Committee of the Faculty Council, College of Physicians and Surgeons, will review and issue a recommendation.*
5. *The Dean will issue a decision.*

Nature of the Appeal

If a student chooses to appeal a decision, the appeal must be presented as follows:

1. The appeal shall set forth a concise statement of the incident to include times, dates, people involved, the grounds for the appeal, and the specific request that the student is making.
2. The appeal shall be filed with the appropriate person within seven working days following the incident in question.

Every effort should be made to resolve the appeal at the level at which it occurs. If at any step the appeal is not resolved to the satisfaction of the student, the student may pursue the matter at the next step according to the procedure outlined.

Academic Grievance Committee

The Grievance Committee is appointed by the Director of the Programs in Occupational Therapy, and includes 4 voting members and one nonvoting ex officio member as follows:

- a. Three faculty members from a health science program other than the full-

time occupational therapy faculty. One of these three faculty members will serve as the Chair of the Grievance Committee.

- b. One student member from any health science program other than occupational therapy.
- c. One occupational therapy faculty member who participates in an ex officio capacity and without a vote.

The academic grievance committee meeting is a fact-finding, not an adversarial courtroom-type proceeding; the student may not necessarily be present to hear other witnesses and there is no formal cross-examination of witnesses or objecting to evidence. In addition, although students are always free to consult with an attorney, they may not have an attorney present during a disciplinary hearing or at any appeal.

The academic grievance committee reports its determination to the Director of Occupational Therapy, who then notifies the student.

The student may, if desired, request an additional level of review. Such a request must be made in writing within seven days following notification of the grievance committee's determination, and directed to the Chair of Rehabilitation and Regenerative Medicine. Normally, the Chair of Rehabilitation and Regenerative Medicine's review relies solely on the written record and does not include a new factual investigation. The Chair will notify the student of the results of his/her review when completed.

The student may make a final appeal to the College of Physicians and Surgeons Senior Associate Dean for Student Affairs. Such an appeal must be made within seven days following notification of the Chair of Rehabilitation and Regenerative Medicine's decision. The Senior Associate Dean normally relies solely on the written record and does not conduct a new factual investigation. The Senior Associate Dean's decision is final – there is no further appeal within the University.

Dean's Discipline

A student charged with a disciplinary infraction⁵ subject to "Dean's Discipline" is entitled to notice of the charges, an opportunity to be heard and an opportunity to appeal a disciplinary decision to the Senior Associate Dean for Student Affairs of the College of Physicians and Surgeons. Persons entitled to file a complaint include any officer or staff member of Columbia University, as well as any matriculated student at Columbia University. Notice of charges must be filed by the Director of the Program in Occupational Therapy within sixty days of the alleged infraction.

⁵ Disciplinary infraction may include but is not limited to violations of standards of ethical and professional conduct. These include but are not limited to what is outlined in the Essential Functions Form, the Professional Behavior Form, and the Program's Honor Code. The University-wide Rules of University Conduct govern conduct incident to demonstrations, rallies and picketing and may replace "Dean's Discipline" on cases of serious violations.

Ordinarily, a disciplinary proceeding begins with a written communication from the Director of the Programs in Occupational Therapy requiring the student to attend a disciplinary hearing to respond to a specified charge. (In rare cases, the proceeding may begin with an oral communication requiring the presence of the student at a hearing.) The hearing is held before an ad hoc committee comprised of three faculty members not integral to the case; one from occupational therapy, two from other programs or schools at the medical center. The hearing is a fact-finding, not an adversarial courtroom-type proceeding; the student may not necessarily be present to hear other witnesses and there is no formal cross-examination of witnesses or objecting to evidence. In addition, although students are always free to consult with an attorney, they may not have an attorney present during a disciplinary hearing or at any appeal.

At the hearing, the student is informed of the evidence that led to the charges against him or her and asked to respond. The student may offer his or her own evidence. This includes the student's own appearance at the hearing and may include the appearance by others (witnesses) on his or her behalf and any written submission or relevant documents the student may wish to submit.

After the committee has considered all of the evidence, its members will reach a determination and notify the student in writing of that decision. If the student is found to have committed a disciplinary infraction, the penalty can include censure, probation, suspension and dismissal.

The student has the right to appeal a decision that results from a disciplinary hearing to the Chair of Rehabilitation and Regenerative Medicine. The appeal must be made in writing within seven days from the date the student is notified of the decision, and it must clearly state the grounds for the appeal. Such appeal should be sent to the Chair of Rehabilitation and Regenerative Medicine who will notify the student and the Program Director of the final decision. Normally, the Chair of Rehabilitation and Regenerative Medicine relies solely on the written record and does not conduct a new factual investigation.

Once informed of the decision of the Chair of Rehabilitation and Regenerative medicine, the student may choose to appeal to the Senior Associate Dean for Student Affairs at the College of Physicians and Surgeons. Normally, on such an appeal, the Senior Associate Dean for Student Affairs relies solely upon the written record and does not conduct a new factual investigation. The Senior Associate Dean, however, may request any additional evidence that may help determine the merit of the decision. The Senior Associate Dean focuses upon whether, in his/her view, the decision made and the discipline imposed are reasonable under all of the circumstances of the case. There is no further appeal within the University.

Rev. 11/22/10

Official University Regulations and Policies

The University's official regulations are included in the University handbook, Essential Policies for the Columbia Community <http://facets.columbia.edu>.

This handbook is available on line and at the Office of the University Senate, 406 Low Memorial Library. Because university policies and procedures are subject to change, please check the Web site, <http://facets.columbia.edu>, for the most current information.

Regulations in FACETS include but are not limited to:

- Student E-Mail Communication Policy
- CUIT Computer and Network Use Policy
- Social Security Number Reporting
- Policy on Access to Student Records (FERPA)
- University Regulations
- Policies on Alcohol and Drugs
- Equal Opportunity and Nondiscrimination Policies
- Sexual Assault Policy and Disciplinary Procedure
- University Event Management Policies
- Policy on Partisan Political Activity
- Campus Safety and Security
- Crime Definitions
- Required Medical Leave for Students with Eating Disorders (Morningside)
- Voluntary Leave of Absence Policy
- Involuntary Leave of Absence Policy
- Military Leave of Absence Policy

We encourage you to access these sites as they host the most updated policies.

Occupational Therapy Code of Ethics and Ethics Standards

Adopted in 2010

<http://www.aota.org/Practitioners/Ethics/Docs/Standards/38527.aspx>
included in this handbook with permission from the AOTA.

PREAMBLE

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

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

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

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

While much has changed over the course of the profession’s history, more has remained the same. The profession of occupational therapy remains grounded in seven core concepts, as identified in the *Core Values and Attitudes of Occupational Therapy Practice* (AOTA, 1993): *altruism, equality, freedom, justice, dignity, truth, and prudence*. *Altruism* is the individual’s ability to place the needs of others before their own. *Equality* refers to the desire to promote fairness in interactions with others. The concept of *freedom* and personal choice is paramount in a profession in which the

desires of the client must guide our interventions. Occupational therapy practitioners, educators, and researchers relate in a fair and impartial manner to individuals with whom they interact and respect and adhere to the applicable laws and standards regarding their area of practice, be it direct care, education, or research (*justice*). Inherent in the practice of occupational therapy is the promotion and preservation of the individuality and *dignity* of the client, by assisting him or her to engage in occupations that are meaningful to him or her regardless of level of disability. In all situations, occupational therapists, occupational therapy assistants, and students must provide accurate information, both in oral and written form (*truth*). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions to direct them in their area(s) of practice (*prudence*). These seven core values provide a foundation by which occupational therapy personnel guide their interactions with others, be they students, clients, colleagues, research participants, or communities. These values also define the ethical principles to which the profession is committed and which the public can expect.

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

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

1. Identify and describe the principles supported by the occupational therapy profession.
2. Educate the general public and members regarding established principles to which occupational therapy personnel are accountable.
3. Socialize occupational therapy personnel to expected standards of conduct.
4. Assist occupational therapy personnel in recognition and resolution of ethical dilemmas.

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

DEFINITIONS

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

BENEFICENCE

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

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

Occupational therapy personnel shall

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

- N. Take responsibility for promoting and practicing occupational therapy on the basis of current knowledge and research and for further developing the profession's body of knowledge.

NONMALEFICENCE

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

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

Occupational therapy personnel shall

- A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.
- B. Make every effort to ensure continuity of services or options for transition to appropriate services to avoid abandoning the service recipient if the current provider is unavailable due to medical or other absence or loss of employment.
- C. Avoid relationships that exploit the recipient of services, students, research participants, or employees physically, emotionally, psychologically, financially, socially, or in any other manner that conflicts or interferes with professional judgment and objectivity.
- D. Avoid engaging in any sexual relationship or activity, whether consensual or nonconsensual, with any recipient of service, including family or significant other, student, research participant, or employee, while a relationship exists as an occupational therapy practitioner, educator, researcher, supervisor, or employer.
- E. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues, students, research participants, or others.
- F. Avoid any undue influences, such as alcohol or drugs, that may compromise the provision of occupational therapy services, education, or research.
- G. Avoid situations in which a practitioner, educator, researcher, or employer is unable to maintain clear professional boundaries or objectivity to ensure the safety and well-being of recipients of service, students, research participants, and employees.
- H. Maintain awareness of and adherence to the Code and Ethics Standards when participating in volunteer roles.
- I. Avoid compromising client rights or well-being based on arbitrary administrative directives by exercising professional judgment and critical analysis.
- J. Avoid exploiting any relationship established as an occupational therapist or occupational therapy assistant to further one's own physical, emotional, financial, political, or business interests at the expense of the best interests of recipients of services, students, research

- participants, employees, or colleagues.
- K. Avoid participating in bartering for services because of the potential for exploitation and conflict of interest unless there are clearly no contraindications or bartering is a culturally appropriate custom.
 - L. Determine the proportion of risk to benefit for participants in research prior to implementing a study.

AUTONOMY AND CONFIDENTIALITY

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

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

Occupational therapy personnel shall

- A. Establish a collaborative relationship with recipients of service including families, significant others, and caregivers in setting goals and priorities throughout the intervention process. This includes full disclosure of the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention(s); and/or any reasonable alternatives to the proposed intervention.
- B. Obtain consent before administering any occupational therapy service, including evaluation, and ensure that recipients of service (or their legal representatives) are kept informed of the progress in meeting goals specified in the plan of intervention/care. If the service recipient cannot give consent, the practitioner must be sure that consent has been obtained from the person who is legally responsible for that recipient.
- C. Respect the recipient of service's right to refuse occupational therapy services temporarily or permanently without negative consequences.
- D. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program/educational institution.
- E. Obtain informed consent from participants involved in research activities, and ensure that they understand the benefits, risks, and potential outcomes as a result of their participation as research subjects.
- F. Respect research participant's right to withdraw from a research study without consequences.
- G. Ensure that confidentiality and the right to privacy are respected and maintained regarding all information obtained about recipients of service, students, research participants, colleagues, or employees. The only exceptions are when a practitioner or staff member

believes that an individual is in serious foreseeable or imminent harm. Laws and regulations may require disclosure to appropriate authorities without consent.

- H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and non-verbal communications, including compliance with HIPAA regulations.
- I. Take appropriate steps to facilitate meaningful communication and comprehension in cases in which the recipient of service, student, or research participant has limited ability to communicate (e.g., aphasia or differences in language, literacy, culture).
- J. Make every effort to facilitate open and collaborative dialogue with clients and/or responsible parties to facilitate comprehension of services and their potential risks/benefits.

SOCIAL JUSTICE

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

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

Occupational therapy personnel shall

- A. Uphold the profession's altruistic responsibilities to help ensure the common good.
- B. Take responsibility for educating the public and society about the value of occupational therapy services in promoting health and wellness and reducing the impact of disease and disability.
- C. Make every effort to promote activities that benefit the health status of the community.
- D. Advocate for just and fair treatment for all patients, clients, employees, and colleagues, and encourage employers and colleagues to abide by the highest standards of social justice and the ethical standards set forth by the occupational therapy profession.
- E. Make efforts to advocate for recipients of occupational therapy services to obtain needed services through available means.
- F. Provide services that reflect an understanding of how occupational therapy service delivery can be affected by factors such as economic status, age, ethnicity, race, geography, disability, marital status, sexual orientation, gender, gender identity, religion, culture, and political affiliation.
- G. Consider offering *pro bono* ("for the good") or reduced-fee occupational therapy services for selected individuals when consistent with guidelines of the employer, third-party payer, and/or government agency.

PROCEDURAL JUSTICE

Principle 5. Occupational therapy personnel shall comply with institutional rules, local, state,

federal, and international laws and AOTA documents applicable to the profession of occupational therapy.

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

Occupational therapy personnel shall

- A. Be familiar with and apply the Code and Ethics Standards to the work setting, and share them with employers, other employees, colleagues, students, and researchers.
- B. Be familiar with and seek to understand and abide by institutional rules, and when those rules conflict with ethical practice, take steps to resolve the conflict.
- C. Be familiar with revisions in those laws and AOTA policies that apply to the profession of occupational therapy and inform employers, employees, colleagues, students, and researchers of those changes.
- D. Be familiar with established policies and procedures for handling concerns about the Code and Ethics Standards, including familiarity with national, state, local, district, and territorial procedures for handling ethics complaints as well as policies and procedures created by AOTA and certification, licensing, and regulatory agencies.
- E. Hold appropriate national, state, or other requisite credentials for the occupational therapy services they provide.
- F. Take responsibility for maintaining high standards and continuing competence in practice, education, and research by participating in professional development and educational activities to improve and update knowledge and skills.
- G. Ensure that all duties assumed by or assigned to other occupational therapy personnel match credentials, qualifications, experience, and scope of practice.
- H. Provide appropriate supervision to individuals for whom they have supervisory responsibility in accordance with AOTA official documents and local, state, and federal or national laws, rules, regulations, policies, procedures, standards, and guidelines.
- I. Obtain all necessary approvals prior to initiating research activities.
- J. Report all gifts and remuneration from individuals, agencies, or companies in accordance with employer policies as well as state and federal guidelines.
- K. Use funds for intended purposes, and avoid misappropriation of funds.
- L. Take reasonable steps to ensure that employers are aware of occupational therapy’s ethical obligations as set forth in this Code and Ethics Standards and of the implications of those obligations for occupational therapy practice, education, and research.
- M. Actively work with employers to prevent discrimination and unfair labor practices, and advocate for employees with disabilities to ensure the provision of reasonable accommodations.
- N. Actively participate with employers in the formulation of policies and procedures to ensure legal, regulatory, and ethical compliance.
- O. Collect fees legally. Fees shall be fair, reasonable, and commensurate with services delivered.

Fee schedules must be available and equitable regardless of actual payer reimbursements/contracts.

- P. Maintain the ethical principles and standards of the profession when participating in a business arrangement as owner, stockholder, partner, or employee, and refrain from working for or doing business with organizations that engage in illegal or unethical business practices (e.g., fraudulent billing, providing occupational therapy services beyond the scope of occupational therapy practice).

VERACITY

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

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

Occupational therapy personnel shall

- A. Represent the credentials, qualifications, education, experience, training, roles, duties, competence, views, contributions, and findings accurately in all forms of communication about recipients of service, students, employees, research participants, and colleagues.
- B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.
- C. Record and report in an accurate and timely manner, and in accordance with applicable regulations, all information related to professional activities.
- D. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.
- E. Accept responsibility for any action that reduces the public's trust in occupational therapy.
- F. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, students, research participants, or the public.
- G. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.
- H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.
- I. Give credit and recognition when using the work of others in written, oral, or electronic media.

J. Not plagiarize the work of others.

FIDELITY

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

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

Occupational therapy personnel shall

- A. Respect the traditions, practices, competencies, and responsibilities of their own and other professions, as well as those of the institutions and agencies that constitute the working environment.
- B. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated by national, state, or local laws or permission to disclose is given by the individual.
- C. Take adequate measures to discourage, prevent, expose, and correct any breaches of the Code and Ethics Standards and report any breaches of the former to the appropriate authorities.
- D. Attempt to resolve perceived institutional violations of the Code and Ethics Standards by utilizing internal resources first.
- E. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.
- F. Avoid using one's position (employee or volunteer) or knowledge gained from that position in such a manner that gives rise to real or perceived conflict of interest among the person, the employer, other Association members, and/or other organizations.
- G. Use conflict resolution and/or alternative dispute resolution resources to resolve organizational and interpersonal conflicts.
- H. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.

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Adopted by the Representative Assembly 2010CApr17.

Note. This document, adopted in 2010, replaces the following rescinded Ethics documents: the *Occupational Therapy Code of Ethics (2005)* (*American Journal of Occupational Therapy*, 59, 639–642); the *Guidelines to the Occupational Therapy Code of Ethics* (*American Journal of Occupational Therapy*, 60, 652–658); and the *Core Values and Attitudes of Occupational Therapy Practice* (*American Journal of Occupational Therapy*, 47, 1085–1086).

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Academic Calendar, 2011-2012

FALL 2011		
Wednesday & Thursday	August 31-September 1	Orientation
Monday	September 5	Labor Day - University Holiday
Tuesday	September 6	First Day of Classes
Friday	September 16	End of Change of Program Period; Last Day to Add a Class Last Day to Receive Tuition Refund for Class Dropped
Tuesday	October 11	Last Day to Drop Class
Wednesday	October 19	October Degrees Conferred
Thursday	October 20	Midterm Date
Tuesday	November 8	Election Day - University Holiday (we have classes on Nov. 7)
Wednesday - Friday	November 23 - 25	Thanksgiving Holiday Break
Monday	December 12	Last Day of Classes
Tuesday - Wednesday	December 13-14	Reading/Study Day
Thursday-Thursday	December 15-22	Final Exam Period
SPRING 2012		
Monday	January 16	Martin Luther King, Jr.'s birthday observed - University Holiday
Tuesday	January 17	First Day of Classes
Friday	January 27	End of Change of Program Period; Last Day to Add a Class Last Day to Receive Tuition Refund for Class Dropped
Wednesday	February 8	February Degrees Conferred
Monday	February 20	Presidents' Day: no MS1 classes; MS 2 fieldwork is scheduled according to clinic's calendar
Monday	March 5	Midterm Date
Monday-Friday	March 12-16	Spring Break (MS1 fieldwork <i>may</i> begin during this time period; refer to course calendar)
Monday	April 30	Last Day of Classes
Tuesday-Wednesday	May 1-2	Reading/Study Day
Thursday-Thursday	May 3-10	Final Exam Period
Thursday	May 10	Interdisciplinary Research Day
TBA	TBA	Occupational Therapy Commencement Ceremony
Wednesday	May 16	University Commencement Ceremony
	June – August; September – December	Level II Fieldwork; Level II Optional Fieldwork

Calendar is subject to change. N.B.: Early registration for Spring 2012 is 11/28 – 12/2; Jan registration is being held on 1/10 – 1/12