

OCCUPATIONAL SCIENCE STUDENT HANDBOOK



**EASTERN KENTUCKY UNIVERSITY
COLLEGE OF HEALTH SCIENCES
2017-2018**

BSOS STUDENT HANDBOOK TABLE OF CONTENTS

Introduction and Program History, ECU Mission, Department Vision, Tag line, And Mission	1
Philosophy of the Department Content, Scope, and Sequence in the Occupational Science and Occupational Therapy Curricula	2-5
Curriculum Design	5-9
Occupational Science Curriculum Themes and Outcomes	10
References	11-13
Code of Ethics	14
ECU Academic Integrity Policy	15-16
Evaluation of Student Learning	16
Grade Appeal	17
Center for Student Accessibility	17
Student Responsibilities	17
Changes of Schedule	17
Program and Academic Advising	17
OS Major Curriculum Plan	18
Application for Graduation	18
Withdrawal Information	18
Progress in the Program/Retention	19
Attendance Policy	20
Professional Identity Learning Supports and Evaluation Policy	21
Professional Identity Learning Supports Evaluation	22-24
Equipment and Loan Policy	25
Student Forms	25
Student Mailboxes	25
Faculty Mailboxes	25
Scholarship Information	25
Student Emergency Loan Fund	26
Department Committees	26
Student Organizations	26
University Student Support Services	27
Appendix A: 2015 AOTA Code of Ethics	28-35
Appendix B: Application for Delay in Progression/Leave of Absence	36
Appendix C: Student Information Form	38

**DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY
EASTERN KENTUCKY UNIVERSITY**

LEARNING TO EMPOWER LIVES THROUGH OCCUPATION

INTRODUCTION AND HISTORY OF THE PROGRAM

WELCOME to the Occupational Science Program (BSOS)! As an occupational science major you will be joining hundreds of students and graduates who have been admitted to and completed our undergraduate program for acceptance and transition to our professional occupational therapy program (MSOT). The faculty and staff of the Department CONGRATULATE and WELCOME you.

The occupational therapy curriculum at Eastern Kentucky University (EKU) was established in 1976 and is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). For further accreditation information, contact ACOTE at 4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449, (301) 652-2682, or www.aota.org. In 2002, the Department developed a Bachelor of Science Degree in Occupational Science and revised the Master of Science in Occupational Therapy to afford options for an entry level professional degree. The innovative curricula were developed using the Curricular Model found in this document. Eastern Kentucky University was one of the first occupational therapy programs to initiate an occupational science degree focused at the baccalaureate level.

MISSION OF EKU

As a school of opportunity, Eastern Kentucky University fosters personal growth and prepares students to contribute to the success and vitality of their communities, the Commonwealth, and the world. Eastern Kentucky University is committed to access, equal opportunity, dignity, respect, and inclusion for all people, as integral to a learning environment in which intellectual creativity and diversity thrives.

**EASTERN KENTUCKY UNIVERSITY OCCUPATIONAL SCIENCE AND OCCUPATIONAL
THERAPY CURRICULA FRAMEWORK**

Vision of the Department of Occupational Science and Occupational Therapy

The Department of Occupational Science and Occupational Therapy will achieve excellence in the study of occupation as a science and a therapy. Through its faculty and graduates the Department will be recognized for supporting engagement of individuals and communities to foster full participation in life, advancing Kentucky and impacting the world.

Tag Line of the Department of Occupational Science and Occupational Therapy

Preparing leaders to empower lives through occupation.

Mission of the Department of Occupational Science and Occupational Therapy

The mission of the Department of Occupational Science and Occupational Therapy is to prepare future professionals who are leaders in occupational science and occupational therapy reaching the community, the Commonwealth and the world through education, research, and service.

Philosophy of the Department of Occupational Science and Occupational Therapy

Faculty members place occupation at the core of the curricular design. Occupations are activities...of everyday life, named, organized, and given value and meaning by individuals and a culture. Occupation is everything people do to occupy themselves, including looking after themselves...enjoying life...and contributing to the social and economic fabric of their communities...(Law, Polatajko, Baptiste, & Townsend, 1997, p. 32; American Occupational Therapy Association, 2014).

Occupations form identity for individuals and communities by meeting needs for being, belonging and becoming (Fidler & Fidler, 1978; Kielhofner, 2002; Wilcock, 1998). Occupations are organized into patterns or the “elemental routines that occupy people” and enable them to adapt to environmental demands (Yerxa, 1998, p. 413). Each occupation has many dimensions including performance, psychological, social, symbolic, spiritual, contextual and temporal elements. Therefore, the loss of engagement in occupations has a negative impact on the health and well being of individuals and the community. Occupational therapy supports individuals’ engagement in meaningful everyday occupations within the context of their lives.

The Department of Occupational Science and Occupational Therapy in assuring its congruence with current best practice has selected as its foundation the discipline of Occupational Science. Occupational Science is the study of occupation and humans as occupational beings who engage in evolving and personally meaningful repertoires of daily occupations over the lifespan (Clark et al., 1991). The philosophy of occupational therapy and its relationship to occupational science, as adopted by the Department faculty at Eastern Kentucky University, is comprised of four interwoven tenets:

Occupation is essential to individual, community and societal health and well being.

Humans have a biological, psychological, social, cultural and environmental need to engage in occupation. The growing body of research evidence highlights that engagement in occupations contributes to health, well-being and life satisfaction (Christiansen & Townsend, 2010; Hasselkus, 2002). Occupation captures the breadth and meaning of “everyday life activity” (American Occupational Therapy Association, 2014, p. S1) and “enables humans to develop as individuals and as members of society” (Townsend, 1997, p. 19).

Humans construct and seek meaning within multiple contexts.

Context refers to interrelated environments within and surrounding the individual that influence the construction of daily life (American Occupational Therapy Association, 2014). Context includes the cultural, personal, physical, social, temporal and virtual environments. Humans use their repertoire of skills in order to respond to the demands of the context and organize their occupations around internalized roles that give purpose and meaning to their lives. Fulfillment of these occupational roles connects individuals to their culture and contributes to mastery, health and well-being. Participation in occupation within multiple contexts is the primary way humans construct and seek meaning.

The cycle of adaptation and occupational performance is foundational for expression of well-being in multiple contexts.

Humans interact with their environment by using occupations to make adaptive responses to occupational demands and changes (Yerxa, 1998). Adaptation is influenced by the individual’s beliefs and values and contexts in which her/his occupations occur. The ability to organize and engage in occupations facilitates the development of new skills that enable the achievement of valued goals within a personalized environment (Yerxa, 1998).

Occupational therapy is a dynamic force for preventing, remediating, and compensating for occupational performance dysfunction.

In every life, adaptation occurs. Sometimes the ability to adapt cannot be achieved by individuals or by the community and in those instances intervention is needed. Occupational therapists provide service to diverse individuals and communities (American Occupational Therapy Association, 2015). Each person is unique, has inherent worth and shares the same fundamental rights and opportunities (American Occupational Therapy Association, 2015). Occupational therapy is both an art and science that strives to improve occupational performance, promote adaptation, foster role competence, enhance quality of life and influence health and wellness through interventions designed to reduce occupational dysfunction (American Occupational Therapy Association, 2014). Occupational therapists maximize occupational performance for individuals and the community by advocating for best practice within the context of social, cultural and political service delivery systems.

Content, Scope, and Sequence in the Occupational Science and Occupational Therapy Curricula

Content

Content is organized by the five curricular themes that flow from the beginning of the Bachelor of Science (B.S.) in occupational science through the Master of Science (M.S.) in occupational therapy. These themes are: occupation, reasoning, diversity, communication, and professional identity. By understanding occupation in typical, developing and diverse people, students are better prepared to apply occupation as the profession's primary means and ends of intervention.

Key constructs and concepts describing aspects of occupation include: the construction of self, contexts of occupations, design of occupation, occupational engagement across the lifespan, conditions affecting occupational performance, and the anatomical and neurophysiological basis of occupation. Students learn to design and provide occupation-based interventions to improve occupational performance, health, and well-being of diverse persons and groups of all ages and populations including our historic commitment to individuals with disabilities.

The curricula are responsive to emerging social trends and reflect developing theory and evidence in occupational science and occupational therapy. The M.S. curriculum is organized around the occupational therapy process as it is similar and different in health care, education, and community systems. Courses in research and management contribute knowledge that spans systems and develops professional identity.

Scope

The depth and breadth of the curriculum are designed to develop a generalist occupational therapist with a strong foundation in human occupation and occupation-based practice. The understanding of occupation is broad and grounded in the discipline of occupational science. Students are educated in uses of occupation to provide occupation-based intervention for individuals and groups of all ages through in-depth exploration of the occupational therapy literature.

The scope covers the spectrum of entry-level practice competencies in health care, education, and community systems. Throughout the curriculum students are introduced to the role responsibilities of a clinician, educator, advocate, educator, researcher, manager, and consultant. Each semester, integrative seminars focus students' personal and professional understanding of the curricular themes through a portfolio process. Opportunities to develop specialized knowledge are offered through elective coursework, fieldwork experiences and inquiry team participation. The educational outcome is a competent entry-level occupational therapist prepared to assume the responsibility and direct the life-long learning necessary for dynamic engagement and best practice in the professional role.

Sequence

The sequence of the B.S. and M.S. curricula builds from comprehension of the complexity of occupation, to the foundations of occupation-based practice, with application of that knowledge in occupational therapy settings. Students' understanding of occupation develops in the following sequence within the B.S. curriculum: self as an occupational being in context, meaning of occupation to diverse individuals, patterns of occupation at the population level, occupation across the lifespan, conditions and barriers constraining occupational potential, and design and adaptation of occupations to support health, wellness, and quality life. This immersion in occupation continues as students develop an understanding of occupation-based practice in the M.S. curriculum within the following sequence: foundations of occupation-based practice, systems within which occupation-based interventions differ, and application of that

understanding within fieldwork experiences. Experiences in the community progress from observation and active learning to graded application in Level I and Level II fieldwork with community partners. Skills of scholarship are first developed in didactic work, as students become consumers of research. They become active participants in research and contributors to the research process through participation in a faculty-mentored inquiry team.

Curriculum Design

The EKU Occupational Science and Occupational Therapy curriculum design is consistent with the mission of the Department and the Institution. Both mission statements emphasize instruction, research, and service. The model is illustrated in Figure 1.



Figure 1.

The curriculum model is comprised of 4 pedagogical elements which include: (1) concepts and knowledge base, (2) active learning experiences, (3) integrative seminars and (4) authentic assessment and portfolio creation. This model guides the development and implementation of course content and student learning outcomes, curriculum theme sequence and program outcomes.

Concepts and Knowledge Base.

The curriculum assists students in developing the skills for reflective practice and continued competence by recognizing that concepts and knowledge are socially constructed and always evolving. Students are offered varied opportunities and contexts for dynamic learning, personal growth and intellectual development including design work, collaborative scholarship (i.e., inquiry teams), self-directed study and other active/reflective methods.

Active Learning Experiences.

Active learning experiences are in-context learning opportunities designed for discovery, application and integration of concepts and knowledge. These experiences occur in individual courses and integrative seminars. Students may serve as they learn through service learning opportunities in selected occupational science and occupational therapy courses. They engage in socially relevant scholarship and research in collaboration with fellow students, faculty coaches and other university and community partners.

Integrative Seminars.

Integrative seminars provide students, faculty and community partners with reflective discussions designed to tie the five curriculum themes of occupation, reasoning, diversity, communication and professional identity together and create holistic understanding (Mezirow, 1991; Schon, 1987). Participants bring to these conversations their life experience as well as their study and practice in occupational science and occupational therapy.

Authentic Assessment and Portfolio Creation.

Portfolio creation and other forms of authentic assessment contribute to self-discovery and foster the integration and synthesis of each student's learning toward curriculum outcomes (Jarvinen & Kohonen, 1995). Authentic assessment is evident in coursework and an individual student portfolio development process. Students engage in productive tasks and disciplined inquiry to demonstrate outcomes with opportunities for self-reflection, self-assessment and public presentation (Cumming & Maxwell, 1999).

Curriculum Theme Statements

Occupation, communication, diversity, reasoning and professional identity reflect the profession's core and the essential values, knowledge and skills of occupational therapists. These five themes provide the framework for student outcomes and illuminate all aspects of the curriculum model. Occupation is the core theme. The focus of occupation in the bachelor's curriculum is the occupation of self and others; in the master's curriculum the focus is occupation in therapy and research contexts. Student outcomes for the curricula express what students are expected to be able to do at graduation. The five themes are defined as follows.

Occupation

An informed perspective on occupation is grounded in the emergence of occupational science as the unique knowledge base of the profession. Occupational science includes the study of the individualized and self-directed nature of occupational experience (Pierce, 2003), cultural repertoires of activities, typical patterns of occupation across the lifespan (Cronin & Mandich, 2005; Munier, Myers, & Pierce, 2008), the context of occupation (Blakeney & Marshall, 2009; Robinson & Godbey, 2005; Rowles, 1991; Whiteford, 2004; Wicks & Whiteford, 2005) and occupational patterns in differing life conditions, such as age and disability (Christiansen & Townsend, 2010). Occupational science also supports the advancement of occupational justice to meet the health and well-being needs of populations (Wilcock, 2006). Occupation is both the means and ends of occupational therapy intervention (Cynkin & Robinson, 1990; Gray, 1998; Trombly, 1995).

Progression of student learning.

Undergraduate students begin to understand the human as an occupational being by learning concepts and skills such as therapeutic use of self (Price & Miner, 2007, 2009), how to analyze the factors in specific occupations (AOTA, 2014), how to support health and wellness through occupation (Clark et al., 1997), and how context impacts occupation. Graduate students

then learn how occupation is therapeutically applied in practice. The occupational therapy process, as reflected in best practice applications of occupation (Case-Smith & Clifford-O'Brien, 2010; Trombly Latham, 2008), requires graduate students to understand how occupation-based assessments and intervention are done (Clark, Jackson, & Carlson, 2004; Townsend & Wilcock, 2004; Whiteford, 2005; Wood, 1998), how the client-centered approach is used (Law, 1998), how to use occupational context to reach intervention goals, and how to function effectively in specialized areas of occupational therapy practice (Radomski & Trombly Latham, 2008). Applications of this understanding can be a dynamic force for graduate students to prevent, remediate, and compensate (Pendleton & Schultz-Krohn, 2006) for occupational dysfunction and for using strategies of grading, adapting, modifying and making life context changes to support engagement in occupation.

Reasoning.

Excellence in occupational science and occupational therapy requires reasoning to effectively meet the challenges presented in practice. Forneris (2004) defines four basic critical thinking attributes: reflective, context, dialog and time. These attributes are the essence of clinical reasoning, and reflect the mission of EKU and the Quality Enhancement Program's (QEP) focus on critical thinking. The QEP began with the 2007 Southern Association of Colleges and Schools (SACS) re-accreditation process. The four basic tenants of thinking critically are: Explore, Evaluate, Expand, and Express (Eastern Kentucky University, n.d.).

Progression of student learning.

Using the model presented by Torcivia and Gupta (2008), undergraduate students develop and build upon knowledge of multiple types of reasoning including: scientific (procedural), narrative, pragmatic and ethical. Creative reasoning is also emphasized. Undergraduate students have multiple opportunities to learn and practice critical thinking skills. They develop these skills as they interact with individuals, groups and populations using multiple types of reasoning. They also explore occupational science research questions through reasoning. Students use reflection as a primary method for learning reasoning skills. These reflection skills are demonstrated in a variety of active learning experiences presented throughout the program and in their formative and summative portfolios.

Equipped with the fundamental clinical reasoning skills, graduate students apply the clinical reasoning skills developed as undergraduates to develop their interactive reasoning skills through case studies in the classroom, Level I and Level II fieldwork and in some courses, service learning opportunities. Graduate students then incorporate intellectual standards to assess thinking and reasoning as recommended by the QEP. Students learn to reason in clinical situations with breadth and depth. They present significant findings with clarity and accuracy. Students reason from a theoretical perspective and structure their thinking to gather information and provide interpretation and inference to influence occupational performance of clients.

Concurrent with the acquisition of fundamental reasoning skills, students use these skills to understand and then participate in the research process. All graduate students participate in either an inquiry team doing a group project or thesis requiring the use of their skills in reasoning and contribute to research or a thesis. Elements of thought to develop relevant research purposes and questions are emphasized. Application of a variety of research methods is included to investigate occupational science and occupational therapy research questions. Analysis and significance of findings and fairness to human subjects are considered carefully. Implications and consequences for clinical practice are interpreted. New knowledge is generated to improve service to clients and to provide evidence-based support for occupational therapy.

Diversity.

Diversity can include differences in “race, ethnicity, religion, socioeconomic status, gender, sexual orientation, and physical disabilities” (Eastern Kentucky University, 2011, p. 7). Culture is considered to be a contextual factor in human function by the World Health Organization (2001). Diversity in the curriculum includes particular attention to Appalachia and the Commonwealth, as well as global and community health issues and the public policies affecting them (Keefe, 2005; Kronenberg et al., 2005; Williams, 2001). Understanding and appreciating diversity enhances respect, improves relationships with others, and facilitates good communication skills.

Progression of student learning.

Undergraduate students begin to learn about diversity in a person’s occupational self-concept and context as the beginning of their evolution toward cultural competency. This journey is supported through cultural self-exploration, cultural knowledge, cultural skill, and advocacy for diverse persons and groups (Black & Wells, 2007). Graduate students collaborate with diverse people and communities to identify, evaluate and act on issues related to culture and diversity. Graduate students also learn to create occupation-based intervention and provide holistic, high quality care with diverse persons and groups.

Communication.

Communication skills are essential to an occupational therapist’s potential to serve the needs of society, collaborate with other service providers, advocate on behalf of clients, and interact with clients of diverse cultural and language backgrounds. Communication is used to express occupational science and occupational therapy contributions to promoting the health and participation of “individuals, organizations, communities and populations” (AOTA, 2008, p. 695). Knowledge of the unique language and concepts of occupational science and occupational therapy is essential and requires skills in both oral and written communication. A skilled communicator demonstrates effective verbal and nonverbal abilities such as “...speaking, body language, reading, writing, listening... for varied audiences and purposes” (Masin, 2006, p. 132). Skilled communication develops so that students can convey ideas clearly and effectively as they become effective advocates for clients and the occupational therapy profession. Emphasis on communication skills reinforces the institutional mission of the QEP initiative.

Progression of student learning.

Undergraduate students learn to collaborate with individuals, groups, other students, and professors to develop an optimum course of action in the pursuit of intellectual growth. They learn to logically present information orally and through preparation of literature reviews, papers, and formal reports, and to share knowledge through professional presentations and publications. At the graduate level, the ability to interpret and use both verbal and nonverbal communication as a part of professional growth and development is emphasized. Meaningful communication of listening and empathy are viewed as essential abilities for the fully present listener who is able to establish rapport and facilitate client-centered interactions (Froelich, 2010).

Communication skills progress on a continuum from the personal perspective at the undergraduate level, to the more complex interaction expected of professionals in health care and community environments. Inherent in these complex interactions is the graduate students’ efficient application of data gathering skills based on interviews and observations used to obtain information about clients and groups. Since the documentation process is seen as an important aspect of professional communication (MacRae & Croninger, 2010), graduate students learn documentation skills related to various practice settings and become acquainted with written communication expectations developed by associations and regulatory bodies.

Professional Identity.

Basic and essential professional behavior includes, but is not limited to: demonstrating personal responsibility and accountability, dependability, promptness, membership in student and professional organizations, integrity, cooperation, commitment to learning, self-regulation, effective use of time and resources, dedication to high standards of excellence, and projecting a professional image (Kasar, 2000; McCormack, Jaffe, & Goodman-Lavey, 2003; Randolph, 2003). In addition, professionals act ethically and morally, with honesty, empathy, compassion, and continuous regard for all. Occupational therapists must be prepared to skillfully negotiate multiple systems and to assume within these systems a variety of professional roles, including: continually competent practitioner with a strong occupational therapy identity, life-long learner, collaborator with clients, occupational therapy assistants (Sands, 2003), and other professionals, leader, entrepreneur, educator, manager, strategic planner, program designer and evaluator, consultant, researcher, grant-writer, advocate, ally in the shaping of policy and service, and interdisciplinary team member.

Progression of student learning.

Students engage in an ongoing process of learning professional behavior, roles, and values in order to establish a professional identity (Schell, Crepeau, & Cohn, 2003). Undergraduate students learn, demonstrate, and reflect on basic professional behavior appropriate to the occupational science educational setting. Graduate students progress to advanced learning, projecting, and evaluating the behavior, roles, and values essential to a practicing occupational therapist (Fidler, 1996). A graduate student with a strong occupational therapy professional identity demonstrates actions based on the profession's code of ethics that reflect the profession's values, principles, and beliefs, and is able to articulate the unique history, attributes, and constructs of occupational therapy that separate this discipline from others.

Program Outcomes

The curriculum model is designed to provide opportunities for students to achieve program outcomes. The portfolio and other measures of authentic assessment are the primary means for evaluating student learning and program outcomes. See Table 1.

Table 1

EKU Occupational Science Curriculum Themes and Outcomes

Occupation	<ol style="list-style-type: none"> 1. Apply knowledge of occupational science to analyze self and others as occupational beings to promote health and wellness 2. Analyze the dynamics of context and occupation across the lifespan
Reasoning	<ol style="list-style-type: none"> 3. Demonstrate the use of varied types of reasoning required of health professionals 4. Analyze the purpose and demonstrate the methods of scholarly inquiry
Diversity	<ol style="list-style-type: none"> 5. Examine dimensions of diversity 6. Assess how diversity influences occupational opportunity and participation of individuals, populations, and organizations
Communication	<ol style="list-style-type: none"> 7. Evaluate communication skills and abilities using the ideas and language of occupational science 8. Demonstrate observation and interview skills
Professional Identity	<ol style="list-style-type: none"> 9. Synthesize knowledge of societal health concerns and professional responsibilities 10. Appraise actions as a student, advocate, educator, leader and researcher

Approved by the Occupational Therapy Department Curriculum Committee
 1/17/2012; Revised and Approved by Occupational Therapy Faculty 4/30/2013;
 12/17/15

References

- American Occupational Therapy Association. (2015). Occupational therapy code of ethics (2015). *American Journal of Occupational Therapy*, 69(Suppl. 3). 6913410030. <http://dx.doi.org/10.5014/ajot.2015.696S03>.
- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, 68, S1-S48. doi:10.6014/ajot.2014.682006.
- American Occupational Therapy Association. (2008). Occupational therapy services in the promotion of health and the prevention of disease and disability. *American Journal of Occupational Therapy*, 62, 694-703.
- Black, R., M., & Wells, S. A. (2007). *Culture & occupation: A model of empowerment in occupational therapy*. Bethesda, MD: AOTA Press.
- Blakeney, A. B., & Marshall, A. (2009). Water quality, health, and human occupations. *American Journal of Occupational Therapy*, 63, 46-57.
- Case-Smith, J., & Clifford-O'Brien, J. (2010). *Occupational therapy for children* (6th ed.). St. Louis: Elsevier Mosby.
- Christiansen, C. H., & Townsend, E. A. (Eds.). (2010). *Introduction to occupation: The art and science of living* (2nd ed.). Upper Saddle River, NJ: Prentice Hall.
- Clark, F., Azen, S. P., Zemke, R., Jackson, J., Carlson, M., Mandel, D.,...Lipson, L. (1997). Occupational therapy for independent-living older adults: A randomized controlled trial. *Journal of the American Medical Association*, 278, 1321-1326.
- Clark, F., Jackson, J., & Carlson, M. (2004). Occupational science, occupational therapy, and evidence-based practice: What the well elderly study taught us. In M. Molineux (Ed.), *Occupation for occupational therapists*. Oxford, England: Blackwell Publishing.
- Clark, F., Parham, D., Carlson M., Frank G., Jackson J., Pierce D., Wolfe R., & Zemke R. (1991). Occupational science: Academic innovation in the service of occupational therapy's future. *American Journal of Occupational Therapy*, 45, 300-305.
- Cronin, A., & Mandich, M. B. (2005). *Human development and performance through the lifespan*. Clifton Park, NY: Thomson Delmar Learning.
- Cumming, J., & Maxwell, G. (1999). Contextualizing authentic assessment. *Assessment in Education: Principles, Policy and Practice*, 6(2), 177-195.
- Cynkin, S., & Robinson, A. M. (1990). *Occupational therapy and activities health: Toward health through activities*. Boston: Little Brown and Company.
- Eastern Kentucky University. (n.d.). *Critical thinking self-paced guide*. Retrieved from <https://sites.google.com/site/qepcafe/>
- Eastern Kentucky University. (2011). *2011-2012 undergraduate catalog*. Retrieved from <http://catalogs.eku.edu/sites/catalogs.eku.edu/files/files/2011-2012.pdf>
- Fidler, G. S. (1996). Developing a repertoire of professional behaviors. *American Journal of Occupational Therapy*, 50(7), 583-587.
- Fidler, G. S., & Fidler, J. W. (1978). Doing and becoming: Purposeful action and self-actualization. *American Journal of Occupational Therapy*, 32, 305-310.
- Forneris, S. G. (2004). Exploring the attributes of critical thinking. A conceptual basis. *International Journal of Nursing Education Scholarship*, 1(1), 1-18.
- Froelich, J. (2010). Therapeutic use of self. In K. Sladyk, K. Jacobs & N. MacRae (Eds.), *Occupational therapy essentials for clinical competence*, (pp. 245-253). Thorofare, NJ: SLACK, Inc.
- Gray, J. M. (1998). Putting occupation into practice: Occupation as ends, occupation as means. *American Journal of Occupational Therapy*, 52, 354-264.
- Hasselkus, B. R. (2002). *The meaning of everyday occupation*. Thorofare, NJ: Slack, Inc.
- Jarvinen, A., & Kohonen, V. (1995). Promoting professional development in higher education through portfolio assessment. *Assessment and Evaluation in Higher Education*, 20, 25-36.
- Kasar, J., & Clark, E.N. (2000). *Developing professional behaviors*. Thorofare, NJ: Slack, Inc.
- Keefe, S. E. (Ed.). (2005). *Appalachian cultural competency: A guide for medical,*

- mental health, and social service professionals*. Knoxville, TN: University of Tennessee Press.
- Kielhofner, G. (2008). Doing and becoming: Occupational change and development. In G. Kielhofner (Ed.), *Model of human occupation: Theory and application* (4th ed.), (pp. 126-140). Baltimore: Lippincott Williams and Wilkins.
- Kronenberg, F, Algado, S.S., & Pollard, N. (Eds.) (2005). *Occupational therapy without borders: Learning from the spirit of survivors*. London: Elsevier.
- Law, M. (Ed.). (1998). *Client-centered occupational therapy*. Thorofare, NJ: Slack Incorporated.
- Law, M., Polatajko, H., Baptiste, W., & Townsend, E. (1997). Core concepts of occupational therapy. In E. Townsend (Ed.), *Enabling occupation: An occupational therapy perspective* (pp. 29-56). Ottawa, ON: Canadian Association of Occupational Therapists.
- MacRae, N., & Croninger, W. R. (2010). Data collection and documentation. In K. Sladyk, K. Jacobs & N. MacRae (Eds.). *Occupational therapy essentials for clinical competence*, (pp. 353-360). Thorofare, NJ: SLACK, Inc.
- Masin, H. L. (2006). Communicating to establish rapport and reduce negativity using neurolinguistic psychology. In C. M. Davis (Ed.), *Patient practitioner interaction* (4th ed.), (pp. 131-146). Thorofare, NJ: SLACK, Inc.
- McCormack G. L., Jaffe, E. G., & Goodman-Lavey, M. (2003). *The occupational therapy manager* (4th ed.). Bethesda, MD: AOTA Press.
- Mezirow, J. (1991). *Transformative dimensions of adult learning*. San Francisco, CA: Jossey-Bass.
- Munier, V., Myers, C. Teeters, & Pierce, D. (2008). Power of object play for infants and toddlers. In L. D. Parham & L. S. Fazio (Eds.). *Play in occupational therapy for children* (2nd ed.). St. Louis: Mosby Elsevier.
- Pendleton, H. M., & Schultz-Krohn, W. (Eds.). (2006). *Pedretti's occupational therapy*. (6th ed.). St. Louis: Mosby Elsevier.
- Pierce, D. (2003). *Occupation by design: Building therapeutic power*. Philadelphia: F. A. Davis.
- Price, P., & Miner, S. (2007). Occupation emerges in the process of therapy. *American Journal of Occupational Therapy*, 61, 441-450.
- Price, P., & Miner, S. (2009). Extraordinarily ordinary moments of co-occupation in a neonatal intensive care unit. *Occupational Therapy Journal of Research*, 29, 72-78.
- Radomski, M. V., & Trombly-Latham, C. A. (Eds.). (2008). *Occupational therapy for physical dysfunction* (6th ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Randolph, D. S. (2003). Evaluating the professional behaviors of entry-level occupational therapy students. *Journal of Allied Health*, 32(2), 116-121.
- Robinson, J., & Godbey, G. (2005, September/October). Time in our hands. *The Futurist*, 39(5), 18-22.
- Rowles, G. D. (1991). Beyond performance: Being in place as a component of occupational therapy. *American Journal of Occupational Therapy*, 45, 265-271.
- Sands, M. (2003). The occupational therapist and occupational therapy assistant partnership. In E. B. Crepeau, E. S. Cohn, & B. A. Schell (Eds.). *Willard & Spackman's occupational therapy* (10th ed.). (pp. 147-152). Baltimore, MD: Lippincott Williams & Wilkins.
- Schell, B. A., Crepeau, E.B., & Cohn, E. S. (2003). Professional development. In E.B. Crepeau, E. S. Cohn, & B. A. Schell (Eds.). *Willard & Spackman's occupational therapy* (10th ed.) pp. 141-146). Baltimore, MD: Lippincott Williams & Wilkins.
- Schon, D. (1987). *Educating the reflective practitioner*. San Francisco, CA: Jossey-Bass.
- Torcivia, E. M., & Gupta, J. (2008). Designing learning experiences that lead to critical thinking and enhanced clinical reasoning. *OT Practice*, 13, CE1-CE8.
- Townsend, E. (1997). Occupation: Potential for personal and social transformation. *Journal of Occupational Science: Australia* 4(1), 18-26.
- Townsend, E., & Wilcock, A. (2004). Occupational justice and client-centered practice: A dialogue-in-progress. *Canadian Journal of Occupational Therapy*, 71, 75-87.

- Trombly, C. A. (1995). Occupation: Purposefulness and meaningfulness as therapeutic mechanisms, 1995 Eleanor Clarke Slagle lecture. *American Journal of Occupational Therapy*, 49, 960-972.
- Trombly Latham, C. A. (2008). Conceptual foundations for practice. In M. V. Radomski & C. A. Trombly Latham (Eds.). *Occupational therapy for physical dysfunction* (6th ed.). Baltimore, MD: Lippincott Williams & Wilkins.
- Wenzel, L., Briggs, K., & Puryear, B. (1998). Portfolio: Authentic assessment in the age of the curriculum revolution. *Journal of Nursing Education*, 37(5), 208-212.
- Whiteford, G. (2004). When people cannot participate: Occupational deprivation. In C. H. Christiansen & E. A. Townsend (Eds.), *Introduction to occupation: The art and science of living*. (pp. 221-242). Upper Saddle River, NJ: Prentice Hall.
- Whiteford, G. (2005). Knowledge, power, evidence: A critical analysis of key issues in evidence-based practice. In G. Whiteford & V. Wright-St. Clair (Eds.), *Occupation and practice in context*. New York: Elsevier.
- World Health Organization. (2001). *International Classification of Functioning, Disability, and Health*. Geneva: World Health Organization.
- Wicks, A., & Whiteford, G. (2005). Gender, occupation and participation. In G. Whiteford & V. Wright-St. Clair (Eds.), *Occupation and practice in context*. (pp. 197-212). New York: Elsevier.
- Wilcock, A. A. (1998). Reflections on doing, being and becoming. *Canadian Journal of Occupational Therapy*, 65, 248-256.
- Wilcock, A. A. (2006). *An occupational perspective of health*. Thorofare, NJ: Slack Inc.
- Williams, J. A. (2001). *Appalachia: A history*. Chapel Hill, NC: University of North Carolina Press.
- Wood, W. (1998). It is jump time for occupational therapy. *American Journal of Occupational Therapy*, 52, 403-411.
- Yerxa, E. J. (1998). Health and the human spirit for occupation. *American Journal of Occupational Therapy*, 52, 412-418.
- Curricular Framework Reaffirmed: 9/2011

- Vision of the Department of Occupational Therapy Approved: 1/2004; Revised and Approved 10/2015
- Tag Line of the Department of Occupational Therapy Approved: 1/2004; Revised and Approved 10/2015
- Mission of the Department of Occupational Therapy Approved: 1/2004; Revised and Approved: 3/2010; Revised and Approved 10/2015
- Philosophy Approved: 1/2004; Revised & Approved: 2/2006
- Content, Scope and Sequence Approved: 2/2006
- Curriculum Theme Statements Approved: 2/2010
- Curriculum Model Approved: 2/2011

CODE OF ETHICS

All students are expected to become knowledgeable about and adhere to the Code of Ethics of the College of Health Sciences and the profession as set forth by the American Occupational Therapy Association, Inc. A copy of the AOTA Code of Ethics can be found in Appendix A.

Code of Ethics of the Occupational Therapy Curriculum Eastern Kentucky University

Faculty and students of the Professional Occupational Therapy Curriculum believe in the dignity and worth of each individual and respect that individual's right to receive the highest quality health care. We make the following commitments:

I. Commitment of the Faculty

1. To assist the individual in meeting health care needs through the education of students in the Occupational Therapy Curriculum.
2. To strive for mastery of subject matter presented.
3. To strive for excellence in instruction.
4. To provide a variety of teaching/learning opportunities or activities.
5. To collaborate with the student in the teaching/learning process.
6. To serve as role models for the students.
7. To be non-discriminating in relationships with students.
8. To hold in confidence privileged information unless disclosure is professionally or legally required.
9. To share bases for evaluation with students.
10. To be self-disciplined and morally responsible.
11. To uphold the Occupational Therapy Code of Ethics.

II. Commitment of the Students

1. To show respect and concern for other individuals.
2. To present a personal appearance which will inspire confidence in the professional arena.
3. To hold in confidence privileged information unless disclosure is professionally or legally required.
4. To collaborate with the faculty in the teaching/learning process.
5. To undertake without supervision only those assessments and interventions in which competency has been determined by the instructor.
6. To perform only assessments and interventions which are within the realm of occupational therapy.
7. To make every effort to uphold the Occupational Therapy Code of Ethics.



EKU ACADEMIC INTEGRITY POLICY

Preamble

Eastern Kentucky University is a community of shared academic values, foremost of which is a strong commitment to intellectual honesty, honorable conduct, and respect for others. In order to meet these values, students at Eastern Kentucky University are expected to adhere to the highest standards of academic integrity. These standards are embodied in the Eastern Kentucky University Academic Integrity Policy, which all students shall pledge to uphold by signing the Eastern Kentucky University Honor Code. By honoring and enforcing this Academic Integrity Policy, the University community affirms that it will not tolerate academic dishonesty.

Academic Dishonesty Statement

Academic integrity is a fundamental value for the Eastern Kentucky University community of students, faculty, and staff. It should be clearly understood that academic dishonesty is not tolerated and incidents of it will have serious consequences. Anyone who knowingly assists in any form of academic dishonesty shall be considered as responsible as the student who accepts such assistance and shall be subject to the same sanctions. Academic dishonesty can occur in different forms, some of which include cheating, plagiarism, and fabrication.

Cheating

Cheating is an act or an attempted act of deception by which a student seeks to misrepresent that he/she has mastered information on an academic exercise. Cheating includes, but is not limited to:

- Giving or receiving assistance not authorized by the instructor or University representative;
- Participating in unauthorized collaboration on an academic exercise;
- Using unapproved or misusing electronic devices or aids during an academic exercise;
- Turning in substantial similar papers/assignments as other student(s).

Plagiarism

Plagiarism occurs when a student represents work taken from another source as his/her own. It is imperative that a student gives credit to information, words, ideas, and images that are integrated into his/her own work. Acknowledgement of a source of information in any form should consist of complete, accurate, and specific references and, if verbatim statements are included, quotation marks as well. Examples of plagiarism include, but are not limited to:

- Using words, ideas, or images from another source (including the Internet); whether in quotation marks or not, without giving credit to that source in the form of a bibliographic citation;
- Facts, statistics, or other supporting materials that are not clearly common knowledge without acknowledgment of the source;
- Presenting one's previously published work as new work now being submitted

Fabrication

Fabrication is a form of deception and occurs when a student misrepresents written or verbal information in an academic exercise. Fabrication includes, but is not limited to:

- Citation of information not taken from the source indicated. This may include the incorrect documentation of secondary source materials;
- Listing sources in a bibliography not directly used in the academic exercise;
- Submission in a paper, thesis, lab report, practicum log, or other academic exercise of falsified, invented, or fictitious data or evidence, or deliberate and knowing concealment or distortion of the true nature, origin, or function of such data or evidence;
- Submitting as your own any academic exercise (verbal, written, electronic, or artistic work) prepared totally or in part by another person.

**Academic Integrity Policy can be found at www.studentconduct.eku.edu
Please review EKU Student Handbook for remainder of this policy.**

EVALUATION OF STUDENT LEARNING

It is the policy of the University and the Department that students must be made aware of the criteria, methods and weights of measures to be used to evaluate student learning. All course syllabi are given to the student within one week of the beginning of the course.

The Departmental Curriculum Committee reviews all course objectives and learning activities to determine if and how the course objectives are being met. The Committee also monitors textbooks for all courses. As part of the annual faculty review process the Department Chair evaluates individual instructors to determine if course objectives are being met and if strategies for instruction and evaluation are appropriate or fair.

The Departmental policy on Evaluation of Student Performance states:

Each instructor has an obligation to evaluate the academic achievement of students in a manner consistent with the following statements of the purposes and principles of grading.

Purposes of grading:

To define and communicate the level of educational achievement

To motivate students to greater effort

To appraise the effectiveness of teaching methods

Principles of grading:

Grading should be directly related to the objectives of the course. Grades assigned should reflect the relative level of attainment of objectives. The grading system should take into account the emphasis given the various objectives during the course.

Students will be informed in writing, normally not later than the second class meeting, of the course objectives and the procedures to be used in determining grades.

Grades should be based upon a combination of several factors for higher validity and more effective evaluation.

Every effort should be made to make measurements valid, reliable and objective.

Grading should be based on understanding rather than belief.

Evaluation should be consistent with accepted norms for the Institution.

Evaluation should be an integral part of the teaching/learning process; hence the necessity for students having knowledge of progress during the course.

Student personality should not be a factor in grading, except where clearly relevant to stated course objectives.

The instructor has the responsibility to construct and administer tests.

In all sections of a multi-section course, evaluations should be consistent with accepted norms for the course.

GRADE APPEALS

If a student believes that the final grade assigned in a course is unjustified that student should consult the instructor, seeking a satisfactory explanation. If, after doing so, the student still feels that the grade is unjustified, the student may appeal the grade, in writing, to the Department Chair. A written appeal must be filed with the Chair within 30 days after the beginning of the next semester (exclusive of summer session). Refer to the University Handbook for Students for complete policy concerning grade appeals.

CENTER FOR STUDENT ACCESSIBILITY

If you are registered with the Center for Student Accessibility (CSA), please request your accommodation letter from the CSA. CSA will transmit your letter to the course instructor(s). It is recommended that you discuss the accommodations needed with your instructor(s). If you believe you need an accommodation and are not registered with the CSA, please contact the CSA in 361 Whitlock Building, by email at accessibility@eku.edu, or by telephone at (859) 622-2933. Upon individual request, this handbook can be made available in an alternative format.

STUDENT RESPONSIBILITIES

It is the student's responsibility to become familiar with all the policies and procedures relevant to the BSOS Program. All students should become familiar with the general academic information section of the Undergraduate Catalog.

CHANGES OF SCHEDULE

The University reserves the right to cancel a course when the registration is not sufficient to warrant its continuance, to divide classes if the enrollment is too large for efficient instruction, and to change instructors when necessary.

PROGRAM AND ACADEMIC ADVISING

A minimum of twelve hours is considered a full academic load during a regular fall or spring semester. Students may enroll in up to 18 hours maximum. Upon admission to the BSOS Program, junior occupational science students are assigned to one of two faculty class advisors. Class advisors provide an orientation to the Occupational Science program, and keep students informed about any necessary information through Blackboard advising sites, email, and class meetings as appropriate. You will meet individually with your advisor at least once each semester during advising to review your completion of general education requirements, support courses and major requirements in preparation for graduation. Because of the design of the Occupational Science program, students follow the plan of study identified below (Please refer to Curricula Framework for rationale).

OS MAJOR CURRICULUM PLAN

FALL				SPRING		
JUNIOR YEAR	OTS 301	4		OTS 302	3	
	OTS 311	3		OTS 313	3	
	OTS 432	4		OTS 335	3	
	PSY 308	3		OTS 421	3	
			BIO 371	3		
TOTAL		14			15	
SENIOR YEAR	OTS 312	3		OTS 362	3	
	OTS 401	3		OTS 402S	3	ACCT
	OTS 422	4		OTS 430	3	
	BIO 271	3		OTS 478W	3	Writing Intensive
	Elective	3		Elective	3	
TOTAL		16			15	

All policies noted in the Undergraduate Catalog and University Handbook for Students are upheld and enforced. Refer to the Undergraduate Catalog for general academic information.

APPLICATION FOR GRADUATION

Each student who expects to complete requirements for a degree must apply to graduate once he or she earns 90 credit hours and has completed at least one term at ECU. Note that a student will be unable to apply for graduation until his or her admission to the Occupational Science Program is reflected in Degree Works. A registration hold will be placed on the student's account until the student has completed the graduation application process.

WITHDRAWAL INFORMATION

During the first 4 weeks of the semester, students may withdraw from the University through ECU Direct by withdrawing completely from all classes and reducing their enrollment down to 0.0 cr. hr. (no withdrawal fee will be incurred). Beginning with the 5th week, and until the end of the 10th week of fall/spring semester classes, students must complete the University Withdrawal Form to withdraw from the University (no withdrawal fee will be incurred). Students may not officially withdraw from the University after the 10th week of a fall/spring semester. See the Colonel's Compass online (www.ecu.edu/compass) for withdrawal deadlines. Students with extenuating circumstances occurring after the 10th week should refer to the Registrar's website (<http://registrar.ecu.edu/withdrawal-information>). Questions may be also directed to the Registrar at 859-622-2320.

Students who wish to withdraw from a class may do so on ECU Direct during the first 4 weeks of the semester. No fee is charged during this period of time. Beginning with the 5th week of a full semester class, a withdraw fee of \$50 per credit hour, per course, will be applied to a student's account. There is a maximum fee of \$150 per course. A grade of "W" is assigned for each withdrawn course.

DEPARTMENT GUIDELINES

PROGRESS IN THE PROGRAM / RETENTION

All occupational science students need to be aware of Departmental policies and procedures that affect their progress and retention in the BSOS program.

- Students enrolled in the Occupational Science program (BSOS) will complete a student learning portfolio. The student learning portfolio is developed and submitted electronically using an online learning portfolio platform. The electronic portfolio (*e-portfolio*) is due to the course instructor 2 weeks before the last day of instruction by all students in the BSOS program. Students will be notified of the specific due date each semester by the end of the first week of classes. If the course instructor determines the summative portfolio score to be less than satisfactory (< 70), two faculty assessors who teach in the BSOS Program will independently evaluate the portfolio. At least two of the three assessors must agree that the portfolio is unsatisfactory. If the portfolio is unsatisfactory, the student receives a failing grade in OTS 402 and cannot, if accepted, transition to the Occupational Therapy Graduate Program until the whole course is successfully repeated. Instructions and forms for the BSOS portfolio can be found at the following link, <http://ot.eku.edu/junior-occupational-science-student-learning-portfolio>
- Students are made aware of their progress at least once at week 4 prior to the mid-point of the course. Faculty members instructing undergraduate students are required by the EKU Registrar to submit midterm grades, thereby alerting students of progress in meeting student learning outcomes. Undergraduate advisors and/or the Occupational Science Program Coordinator meet with students after midterm grades to discuss any midterm deficiencies and assist students in the development of action plans to resolve the deficiency.
- To progress from semester to semester all major and support courses must be completed with a grade of “C” or better.
- To progress to senior year, all junior academic year required major and support courses must be completed with a grade of “C” or better.
- To graduate, all senior academic year required major and support courses must be completed with a grade of “C” or better as well as completion of general education and University requirements for graduation.
- Enrollment in the Master of Science program in Occupational Therapy is limited. Completion of the undergraduate program in Occupational Science does not guarantee admission into the graduate program in occupational therapy. Refer to the Graduate Catalog for admission requirements and procedures regarding application to the Master of Science program in Occupational Therapy.
- Students have other responsibilities that are in addition to the occupational role of student and these other responsibilities or obligations may interfere with progression in the BSOS program. In recognition of this, the Department offers to students the opportunity to apply for a delay in program progression or a leave of absence. A delay in progression is indicated for students who do not successfully complete an OTS course and are unable to progress to the next semester due to pre-requisite restrictions. A leave of absence is indicated for students who are not able begin or complete coursework for medical, military, personal, etc. reasons. Students requesting a delay in progression or a leave of absence must submit an Application for Delay in Progression/Leave of Absence (See Appendix B) to the Admission, Progression and Retention Committee within one week of the beginning of the semester of non-enrollment in OTS courses. A delay in progression or leave of absence may be granted for no longer than 1 year. To extend a delay in progression or a leave of absence, a student must reapply. Students are required to notify the Chair of the Admission, Progression and Retention Committee in

writing their intent to return to the program, March 1 for fall semester and October 31 for spring semester. Failure to comply with the above will result in a loss of reserved space. Loss of reserved space will require re-admission through Admission, Progression and Retention Committee.

ATTENDANCE POLICY

Eastern Kentucky University Policy

Research shows that students who regularly attend class are more likely to succeed. Regular class attendance or online participation is expected of all students. The attendance policy of the Department of Occupational Science and Occupational Therapy is consistent with Eastern Kentucky University Regulation 4.1.6R.

(http://policies.eku.edu/sites/policies.eku.edu/files/policies/4.1.6_student_absence_adopted_12.1.14.pdf). Please refer to this regulation for examples of excusable reasons for absences and more complete information on compliance with this regulation. Consistent with the regulation, students should be prepared to provide appropriate verification of any absences. Students who are unable to resolve an absence issue with the instructor, may appeal to the Department Chair. The Department Chair decision is final.

EKU students are responsible for course work covered during all class periods, including the first class meeting. Per ECU Registrar, students enrolled but not attending class may be disenrolled from a class within 24 hours of the first class meeting of the semester for non-attendance. Students should be prepared to provide appropriate verification of any absence. In the case of excused absences, students will be provided an opportunity to make up missed class work as is feasible. To the extent possible, students should notify the instructor in advance of an absence. No absence of any nature will be construed as relieving the student from responsibility for the timely completion of all work assigned by the instructor. Initiating the request to make up class work is the student's responsibility.

Department Policy

The Department of Occupational Science and Occupational Therapy adheres to the attendance policy published by Eastern Kentucky University. It is the policy of the Department that individual course instructors may determine if class attendance will be included as a graded item for the course. Students are advised to review course syllabi to determine specific course requirements.

PROFESSIONAL IDENTITY LEARNING SUPPORTS AND EVALUATION POLICY

The Department of Occupational Science and Occupational Therapy recognizes that the development of professional identity in students necessitates a sequential progression in the knowledge, attitudes and skills held by occupational therapy practitioners. Professional identity is recognized as one of the five undergraduate and graduate curriculum themes, and encompasses: personal responsibility and accountability, integrity, respect and continuous regard for others, commitment to teaching and learning, self-regulation, involvement in student organizations and community service, and dedication to excellence. Therefore, the Department is committed to supporting, through evaluation, the developmental progression of undergraduate students' professional identity.

Incoming BSOS students will be oriented to the responsibility for their development of professional identity, and the process of professional identity evaluation. Each student will sign a Professional Identity Learning Supports Agreement at the time of orientation, which will be placed in the student's file. Each student will retain a copy for his or her own reference. All entry-level Bachelor of Science students will be evaluated on their professional identity development across the undergraduate curriculum using the **Professional Identity Learning Supports Evaluation**, as part of the progression and retention process. If a student does not meet the requirements of the professional identity evaluation process, he or she may be dismissed from the Program. Appeals will be processed according to the Department Admission, Progression and Retention Policy. Refer to the following pages for a copy of the BSOS Student Professional Identity Learning Supports Evaluation.

**EKU Department of Occupational Science and Occupational Therapy
BSOS Student Professional Identity Learning Supports Evaluation**

Student _____ Semester _____

Preamble: The support and evaluation of students in the development of professional identity is essential, and reflects the knowledge, skills, and attitudes held by occupational therapy practitioners. The evidence documented here arises not from any one individual, setting, or time, but from multiple observations within a range of contexts. When there is one or more ratings of *unsatisfactory*, students will develop a Remediation Plan to address and improve the indicated professional actions.

Expected Actions	Selected Examples of Inappropriate Actions	Selected Examples of Evidence for Documentation of Actions	Rating	Comments
Demonstrates respect for faculty and peer colleagues by consistently being present and on time for class sessions and other events	Unexcused tardiness and absences from class sessions and other events	Instructors' attendance logs	S/U	
Promptly notifies faculty and concerned parties if unavoidable circumstances prevent attendance of class sessions or other events	Does not notify faculty or others prior to unavoidable absences; or makes contact following the class session or event	Emails, phone messages, class or meeting notes	S/U	
Demonstrates developing skills in the ability to work collaboratively with faculty, peer colleagues, and community members	Lacks participation in class discussions or group activities	Observations of or documentation of face-to-face interaction or electronic communication by faculty, peers, or community members	S/U	
Demonstrates developing skills in the ability to give constructive feedback to peer colleagues and others	Uses demeaning language or inappropriate behavior; shows lack of follow-through or lack of emotional control	Observations of or documentation of face-to-face interaction or electronic communication by peer colleagues or others	S/U	

Demonstrates the ability to consider and appropriately act on feedback from faculty or peer colleagues	Does not follow faculty directives in the classroom; does not contribute to student group work and/or complete delegated tasks.	Classroom observations, and/or observations in the community by peers and faculty; faculty reports of classroom behavior; peer evaluations of group work	S/U	
In any given situation, seeks answers to questions from the most reliable source in a timely manner	Makes assumptions about faculty, classroom, assignments, and/or assessments; consistently submits weak and/or late work.	Graded coursework; faculty reports; classroom observations; observations of behavior in the community by peers, faculty, and/or community members	S/U	
Demonstrates the ability to be flexible in unexpected situations	Does not adjust to new deadlines that follow University protocol due to inclement weather and/or documented faculty or peer obligations.	Classroom and community observations; faculty reports; multiple, documented excuses for absences and late assignment submissions	S/U	
Deals maturely with personal emotions in the classroom and community	Complains about student group members without satisfactory evidence; displays anger in the classroom or community toward faculty, peers, or community representatives.	Observations of classroom and community behavior; faculty, student, and community reports	S/U	
Assumes responsibility for own actions	Blames others or is deceitful in dealings with peers or faculty; does not follow up with instructor after missing class(es) or assignment(s)	Observations or documentation of face-to-face interaction or electronic communication by faculty, peers, or others	S/U	

Demonstrates emerging skills in self-confidence	Speaks inaudibly during class discussions; does not make eye contact with peers or instructor during class presentations	Observations or documentation of face-to-face interaction by faculty, peer colleagues or others	S/U	
Displays professional attire as appropriate for any given situation in the classroom or community	Wears inappropriate attire to classroom and/or community settings: for example, sweatpants, baseball hats, or revealing or torn clothing	Observations or documentation of inappropriate attire in academic or community settings by faculty, peer colleagues, or community members	S/U	
Complies with policies about the use of electronic devices as specified by faculty or others in the classroom and community	Sends text messages or uses social media during class; answers cell phone calls when engaged with individuals in the community	Observations or documentation of inappropriate use of electronic devices in classroom and community settings by faculty, peer colleagues, or community members	S/U	
Other professional actions as indicated here:			S/U	

**In addition, students are expected to comply at all times with the Eastern Kentucky University Academic Integrity Policy. Any violation will be addressed as stipulated by this policy, found at www.academicintegrity.eku.edu

EQUIPMENT AND LOAN POLICY

Students in the program have access to and may use education equipment and supplies in designated areas (classroom, labs, community sites, professional presentation locations).

1. Equipment/materials housed in classrooms may be checked out to students with the permission of the instructor or organization faculty sponsor. The student is responsible for following the procedure for checking out equipment and must return it in good condition. If the item is broken or is some way not functioning appropriately the instructor or faculty sponsor should be informed of the problem. Equipment/materials are usually checked out for 1 day/overnight. If needed for longer periods an exception will be required. Failure to return borrowed items will result in reporting of a financial obligation to the ECU Business Office. Students will then receive a bill for the item.
2. Equipment/materials/assessments located in the Resource Room (Dizney 202) may be checked out on a first come, first served basis. OS & OT students will receive an email each semester stating Resource Room procedures and schedule of open access. Failure to return borrowed items will result in reporting of a financial obligation to the ECU Business Office. Students will then receive a bill for the item.
3. Equipment/materials may be available to you through the Health Sciences Learning Resource Center (Rowlett 310). Instructor or faculty sponsor will let you know what items have been placed there for your easy access.

Note: Classroom and instructional need for equipment/materials takes priority over other needs.

STUDENT FORMS

All students are required to complete the Student Information Form (see Appendix C). The Student Information Form is to be completed annually or when changes are made in the demographics or activities of the student. The information contained in the Student Information Form is used to contact family (in case of emergency or other purposes), complete Department reports for outcomes and accreditation purposes and to nominate students for awards of recognition. Any signed forms will be filed in the student's academic folder and the information contained in the forms will be released only with the permission of the student.

STUDENT MAILBOXES

As space and equipment permits, the Department provides "student mailboxes" for all students. These mailboxes are used by faculty, advisors and course instructors to confidentially communicate with the students. The "mailboxes" are located in the general department office area (Dizney 102) and should be checked by students daily.

FACULTY MAILBOXES

Students may communicate with their professors via faculty mailboxes located in Dizney 102.

SCHOLARSHIP INFORMATION

Information on the Occupational Science and Occupational Therapy Department and other scholarship information is posted online at <http://www.ot.eku.edu/scholarships-os-and-ot->

[students](#) and on a bulletin board in the cross hallway near the OT office. It is recommended that students check these two locations periodically.

STUDENT EMERGENCY LOAN FUND

An emergency loan of up to \$150.00 for a maximum of 90 days is available to full time CHS students. For further information or an application, contact Raglena Salmans in Rowlett 311.

DEPARTMENT COMMITTEES

The Department believes in student participation in the organization and administration of the Department. As an expression of its belief, students are encouraged to participate in a number of Departmental committees and activities. Students may participate in the following:

Representative to Faculty Business Meetings - Students are elected by their peers to serve as a representative for two years.

Curriculum Committee - Students are elected by their peers to serve as a representative for two years.

STUDENT ORGANIZATIONS

Students may join the following organizations:

Student Occupational Science Association (SOSA) - Open membership. See a SOSA officer for a membership application.

Society for the Study of Occupation: USA (SSO: USA) – Open membership, student membership rate is available. See www.sso-usa.org for a membership application.

Student Occupational Therapy Association (SOTA) – Open membership for students enrolled in the occupational therapy programs.

Kentucky Occupational Therapy Association (KOTA) - open membership; student membership rate is available. See www.kotaweb.org for a membership application. Benefits include reduced rates at workshops and the *KOTA Newsletter*.

American Occupational Therapy Association, Inc. (AOTA) - open membership, student membership rate is available. See Department secretary or www.aota.org for a membership application.

UNIVERSITY STUDENT SUPPORT SERVICES

There are a variety of student support services available at ECU. A list and brief description of these services is provided below.

Academic Advising Office- The Advising service offers a website with information including exploring majors, academic resources, Degree Works advising tutorials, Colonel's Compass, GPA calculator, student handbook, and links to Registrar procedures.

Center for Student Accessibility- The Center for Student Accessibility assists students and faculty to assure access for students with disabilities as they pursue their educational goals. Students can be referred to community services if the Center for Student Accessibility Office staff cannot meet their needs.

Noel Studio for Creativity- The Noel Studio for Academic Creativity is an integrated support service for writing, communication, and research, and is available for all students. The Noel Studio provides consultation, support and training for students in writing and presentation skills.

Tutoring Services –Tutoring services are available at the Noel Center for Creativity, Mathematics Tutoring Center, and the Science Learning Resource Center, and are open to all students. Additionally, Gurus offer homework help in specialized areas, including Occupational Science. Tutoring is also available in the College of Health Sciences.

Student Outreach and Transition Office- Assistance for academic success for veterans, first time college attendees, transfer students, and students returning to college

Resources to support the personal needs of students include the following:

Counseling Center –The Counseling Center staff provides personal counseling both individually and in groups. Referrals to community services are provided when a student's needs are beyond the scope of the Center's services.

Office of Multicultural Student Affairs –Office of Multicultural Student Affairs enhance the retention of underrepresented students through their programs and can function as a liaison to resolve race related issues.

Campus Recreation-The mission of Campus Recreation is to provide quality facilities, programs, educational opportunities, and customer service to promote the dimensions of wellness to a diverse university community. They offer intramural sports, gym membership, massage, education, and programming related to wellness.

Student Health Services –They provide acute ambulatory medical care services, education, and programming related to health and wellness. All students enrolled in classes at ECU are eligible to use Student Health Services for their health care. All students pay a student activity fee which entitles them to use most services at Student Health Services at no additional cost.

Career Services- Career Services provides education and resources related to job hunting, resume writing, and interviewing.

Financial Aid- Financial assistance/counseling to help students offset the cost of their college education.

Veteran's Affairs- Dedicated to helping veterans achieve their educational goals.

APPENDIX A

Occupational Therapy Code of Ethics (2015)

Preamble

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

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

The Code serves two purposes:

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

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

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

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

Core Values

The profession is grounded in seven long-standing Core Values: (1) Altruism, (2) Equality, (3) Freedom, (4) Justice, (5) Dignity, (6) Truth, and (7) Prudence. *Altruism* involves demonstrating concern for the welfare of others. *Equality* refers to treating all people impartially and free of bias. *Freedom* and personal choice are paramount in a profession in which the values and desires of the client guide our interventions. *Justice* expresses a state in which diverse communities are inclusive; diverse communities are organized and structured such that all members can function, flourish, and live a satisfactory life. Occupational therapy personnel, by virtue of the specific nature of the practice of occupational therapy, have a vested interest in addressing unjust inequities that limit opportunities for participation in society (Braveman & Bass-Haugen, 2009).

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

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

Principles and Standards of Conduct

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

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, 2013). Beneficence requires taking action by helping others, in other words, by promoting good, by preventing harm, and by removing harm. Examples of beneficence include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, helping persons with disabilities, and rescuing persons in danger (Beauchamp & Childress, 2013).

RELATED STANDARDS OF CONDUCT

Occupational therapy personnel shall

- A. Provide appropriate evaluation and a plan of intervention for recipients of occupational therapy services specific to their needs.
- B. Reevaluate and reassess recipients of service in a timely manner to determine whether goals are being achieved and whether intervention plans should be revised.
- C. Use, to the extent possible, evaluation, planning, intervention techniques, assessments, and therapeutic equipment that are evidence based, current, and within the recognized scope of occupational therapy practice.

- D. Ensure that all duties delegated to other occupational therapy personnel are congruent with credentials, qualifications, experience, competency, and scope of practice with respect to service delivery, supervision, fieldwork education, and research.
- E. Provide occupational therapy services, including education and training, that are within each practitioner's level of competence and scope of practice.
- F. Take steps (e.g., continuing education, research, supervision, training) to ensure proficiency, use careful judgment, and weigh potential for harm when generally recognized standards do not exist in emerging technology or areas of practice.
- G. Maintain competency by ongoing participation in education relevant to one's practice area.
- H. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the services are no longer beneficial.
- I. Refer to other providers when indicated by the needs of the client.
- J. Conduct and disseminate research in accordance with currently accepted ethical guidelines and standards for the protection of research participants, including determination of potential risks and benefits.

NONMALEFICENCE

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

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

RELATED STANDARDS OF CONDUCT

Occupational therapy personnel shall

- A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.
- B. Avoid abandoning the service recipient by facilitating appropriate transitions when unable to provide services for any reason.
- C. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues, students, research participants, or others.
- D. Avoid any undue influences that may impair practice and compromise the ability to safely and competently provide occupational therapy services, education, or research.
- E. Address impaired practice and, when necessary, report it to the appropriate authorities.
- F. Avoid dual relationships, conflicts of interest, and situations in which a practitioner, educator, student, researcher, or employer is unable to maintain clear professional boundaries or objectivity.
- G. Avoid engaging in sexual activity with a recipient of service, including the client's family or significant other, student, research participant, or employee, while a professional relationship exists.

- H. Avoid compromising the rights or well-being of others based on arbitrary directives (e.g., unrealistic productivity expectations, falsification of documentation, inaccurate coding) by exercising professional judgment and critical analysis.
- I. Avoid exploiting any relationship established as an occupational therapy clinician, educator, or researcher to further one's own physical, emotional, financial, political, or business interests at the expense of recipients of services, students, research participants, employees, or colleagues.
- J. Avoid bartering for services when there is the potential for exploitation and conflict of interest.

AUTONOMY

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

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

RELATED STANDARDS OF CONDUCT

Occupational therapy personnel shall

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

- J. Facilitate comprehension and address barriers to communication (e.g., aphasia; differences in language, literacy, culture) with the recipient of service (or responsible party), student, or research participant.

JUSTICE

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

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

RELATED STANDARDS OF CONDUCT

Occupational therapy personnel shall

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

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

VERACITY

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

Veracity is based on the virtues of truthfulness, candor, and honesty. The Principle of *Veracity* refers to comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information (Beauchamp & Childress, 2013). Veracity is based on respect owed to others, including but not limited to recipients of service, colleagues, students, researchers, and research participants.

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

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

RELATED STANDARDS OF CONDUCT

Occupational therapy personnel shall

- A. Represent credentials, qualifications, education, experience, training, roles, duties, competence, contributions, and findings accurately in all forms of communication.
- B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.
- C. Record and report in an accurate and timely manner and in accordance with applicable regulations all information related to professional or academic documentation and activities.
- D. Identify and fully disclose to all appropriate persons errors or adverse events that compromise the safety of service recipients.
- E. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, research participants, or the public.
- F. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.
- G. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.
- H. Give credit and recognition when using the ideas and work of others in written, oral, or electronic media (i.e., do not plagiarize).

- I. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program or educational institution.
- J. Maintain privacy and truthfulness when using telecommunication in the delivery of occupational therapy services.

FIDELITY

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

The Principle of Fidelity comes from the Latin root *fidelis*, meaning loyal. *Fidelity* refers to the duty one has to keep a commitment once it is made (Veatch, Haddad, & English, 2010). In the health professions, this commitment refers to promises made between a provider and a client or patient based on an expectation of loyalty, staying with the client or patient in a time of need, and compliance with a code of ethics. These promises can be implied or explicit. The duty to disclose information that is potentially meaningful in making decisions is one obligation of the moral contract between provider and client or patient (Veatch et al., 2010).

Whereas respecting Fidelity requires occupational therapy personnel to meet the client's reasonable expectations, the Principle also addresses maintaining respectful collegial and organizational relationships (Purtilo & Doherty, 2011). Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. Practitioners, educators, and researchers alike must consistently balance their duties to service recipients, students, research participants, and other professionals as well as to organizations that may influence decision making and professional practice.

RELATED STANDARDS OF CONDUCT

Occupational therapy personnel shall

- A. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated or permitted by relevant laws.
- B. Address incompetent, disruptive, unethical, illegal, or impaired practice that jeopardizes the safety or well-being of others and team effectiveness.
- C. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.
- D. Avoid using one's position (employee or volunteer) or knowledge gained from that position in such a manner as to give rise to real or perceived conflict of interest among the person, the employer, other AOTA members, or other organizations.
- E. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.
- F. Refrain from verbal, physical, emotional, or sexual harassment of peers or colleagues.
- G. Refrain from communication that is derogatory, intimidating, or disrespectful and that unduly discourages others from participating in professional dialogue.
- H. Promote collaborative actions and communication as a member of interprofessional teams to facilitate quality care and safety for clients.
- I. Respect the practices, competencies, roles, and responsibilities of their own and other professions to promote a collaborative environment reflective of interprofessional teams.
- J. Use conflict resolution and internal and alternative dispute resolution resources as needed to resolve organizational and interpersonal conflicts, as well as perceived institutional ethics violations.

- K. Abide by policies, procedures, and protocols when serving or acting on behalf of a professional organization or employer to fully and accurately represent the organization's official and authorized positions.
- L. Refrain from actions that reduce the public's trust in occupational therapy.
- M. Self-identify when personal, cultural, or religious values preclude, or are anticipated to negatively affect, the professional relationship or provision of services, while adhering to organizational policies when requesting an exemption from service to an individual or group on the basis of conflict of conscience.

References

- American Occupational Therapy Association. (2014a). Enforcement procedures for the *Occupational therapy code of ethics and ethics standards*. *American Journal of Occupational Therapy*, 68(Suppl. 3), S3–S15. <http://dx.doi.org/10.5014/ajot.2014.686S02>
- American Occupational Therapy Association. (2014b). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, 68(Suppl. 1), S1–S48. <http://dx.doi.org/10.5014/ajot.2014.682006>
- Beauchamp, T. L., & Childress, J. F. (2013). *Principles of biomedical ethics* (7th ed.). New York: Oxford University Press.
- Braveman, B., & Bass-Haugen, J. D. (2009). Social justice and health disparities: An evolving discourse in occupational therapy research and intervention. *American Journal of Occupational Therapy*, 63, 7–12. <http://dx.doi.org/10.5014/ajot.63.1.7>
- Purtilo, R., & Doherty, R. (2011). *Ethical dimensions in the health professions* (5th ed.). Philadelphia: Saunders/Elsevier.
- Veatch, R. M., Haddad, A. M., & English, D. C. (2010). *Case studies in biomedical ethics*. New York: Oxford University Press.

Ethics Commission

Yvette Hachtel, JD, OTR/L, *Chair (2013–2014)*
 Lea Cheyney Brandt, OTD, MA, OTR/L, *Chair (2014–2015)*
 Ann Moodey Ashe, MHS, OTR/L (2011–2014)
 Joanne Estes, PhD, OTR/L (2012–2015)
 Loretta Jean Foster, MS, COTA/L (2011–2014)
 Wayne L. Winistorfer, MPA, OTR (2014–2017)
 Linda Scheirton, PhD, RDH (2012–2015)
 Kate Payne, JD, RN (2013–2014)
 Margaret R. Moon, MD, MPH, FAAP (2014–2016)
 Kimberly S. Erler, MS, OTR/L (2014–2017)
 Kathleen McCracken, MHA, COTA/L (2014–2017)
 Deborah Yarett Slater, MS, OT/L, FAOTA, AOTA Ethics Program Manager

Adopted by the Representative Assembly 2015 April C3.

Note. This document replaces the 2010 document *Occupational Therapy Code of Ethics and Ethics Standards (2010)*, previously published and copyrighted in 2010 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 64, S17–S26. <http://dx.doi.org/10.5014/ajot.2010.64S17>

Copyright © 2015 by the American Occupational Therapy Association.

Citation. American Occupational Therapy Association. (2015). Occupational therapy code of ethics (2015). *American Journal of Occupational Therapy*, 69(Suppl. 3), 6913410030. <http://dx.doi.org/10.5014/ajot.2015.696S03>

APPENDIX B

Department of Occupational Therapy
Admission, Progression and Retention Committee
Application for Delay in Program Progression/Leave of Absence

Student's Name: _____ Date: _____

Advisor: _____

Current Course Instructors: _____

Dates for Request: From _____ To _____

Specific Reason for Requesting a Delay in Progression/Leave of Absence:

- Application for Delay in Progression must be submitted within two weeks of the last semester of enrollment in OTS courses.
- Application for Leave of Absence must be submitted as soon as possible
- A Delay in Progression/Leave of Absence will be granted for no longer than one year. To extend a Delay in Progression/Leave of Absence, the student must reapply to the committee.
- If the Delay in Progression/Leave of Absence is granted, to ensure space in the program sequence you must notify, in writing, your intent to return to the program. The notification is to be directed to the Chair of the Admissions, Progression and Retention Committee by October 31 (for the following Spring Semester) or March 1 (for the following Summer/Fall Semester).
- Failure to comply with the procedures will result in a loss of the reserved space. Loss of reserved space will require re-admission to the OS or OT Program through Admission, Progression and Retention Committee.
-

By signing my name, I am indicating that I understand and accept the responsibilities associated with the Delay in Progression/Leave of Absence application.

Applicant's Signature: _____ Date: _____

Admission, Progression and Retention Committee Action _____

Committee Chair's Signature: _____ Date: _____

Department Chair's Signature: _____ Date: _____

Final signed copy sent to: Advisor
Student
BSOS/MSOT Program Coordinator

APPENDIX C

STUDENT INFORMATION SHEET
DEPARTMENT OF OCCUPATIONAL THERAPY / BS IN OCCUPATIONAL SCIENCE
EASTERN KENTUCKY UNIVERSITY

Date: _____

Name: _____ EKU ID#: _____

Email address: _____

Local Address: _____ Phone: _____
_____ cell #: _____

Permanent Address: _____ Phone: _____

City: _____ County: _____ State: _____ Zip: _____

Family member to contact in case of emergency: _____
Relationship: _____

Cell Phone: _____ Home Phone: _____

Local person to contact in case of emergency: (cell#) _____ (Home#) _____
Relationship: _____

If local/campus address has changed please x-out previous address and record changes below:

Street city state
Local Phone: _____

street city state
Local Phone: _____

street city state
Local Phone: _____

