INTRODUCTION

Welcome to the Master of Occupational Therapy (MOT) program at the University of Southern Maine’s Lewiston-Auburn College. This handbook was designed as a reference for all MOT students. It supplements the University student handbook and specifically addresses the rights and responsibilities of students and faculty. It also informs you of the academic and fieldwork policies of the Occupational Therapy program.

The handbook provides a framework within which faculty and students can function. The faculty and administration are committed to facilitating your development as an individual and as a professional. Respect for yourself and others, and integrity and responsibility for your actions and learning are components of professional behavior. Characteristics of intellectual curiosity and openness to new situations will also be modeled by faculty and developed by students during the program. Valuing these reciprocal rights and responsibilities will insure fruitful interactions.

This handbook is for you. Please read it carefully. It is your responsibility to be familiar with its content and you must return the signature page indicating you have done so by the end of your first semester.
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Master of Occupational Therapy Program

FACULTY

Full Time

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For further information about the MOT program faculty, see the MOT Program web page: usm.maine.edu/ot/people.
Lewiston Auburn College mission statement
We are leaders in interdisciplinary education, integrating the liberal arts with workplace and community. Our mission is to engage and graduate students through a transformational educational experience - preparing them to be creative critical thinkers, strong effective communicators, and informed responsible stewards of the world.

MOT Mission Statement
The Master of Occupational Therapy program develops entry-level occupational therapists who strive to be agents of change by understanding the socio-cultural, political, and economic factors that influence the nature of occupation in society and health as well as the profession of occupational therapy. Graduates of this program will be prepared to succeed in the health and community care contexts as ethical, socially responsible life-long learners. Graduates will understand their capacities as leaders while employing the skills of clinical reasoning, problem-solving, and use of evidence to positively impact their clients, their communities and their own lives.

MOT Philosophy Statement
The MOT program at the University of Southern Maine is committed to the excellent and thorough academic preparation of entry-level occupational therapy practitioners. The program supports the development of reflective, skilled practitioners who can provide leadership and a model for change. Learners construct knowledge based on the integration of academic content, active and engaged learning opportunities both in and outside the classroom, life experiences within a sociocultural context and the reflective analysis of all of the above. Learning/teaching is a collaborative process with peers and faculty, emphasizing respect for and value of critical thinking and clinical reasoning used to apply theory to practice. Learning is valued as a lifelong process.

Central to our curriculum is recognition that humans are occupational beings who engage in culturally meaningful activities (occupations) that are influenced by the context of their lives. Engagement in occupations is necessary for health and well-being. It is the aim of this program to help students examine the meaning of occupation in healthy lives, as well as to understand how stress, trauma, disease, dysfunction and environmental constraints impact occupational performance and participation. Students are encouraged to respect the uniqueness, dignity and value of each individual, and to exemplify this by making the client and his/her needs central to the therapeutic process. In addition to working with individual clients, we recognize and support the stance of the American Occupational Therapy Association’s Commission on Practice that clients include “groups, organizations, persons, caregivers and communities.”

The MOT program recognizes and supports occupation-based practice. This includes the importance of examining the interaction among the client, his/her multiple contexts, and the occupations in which s/he engages. Through mutual respect, a strong theoretical and practice base, and collaborative and active teaching/learning, the MOT program at the University of Southern Maine’s Lewiston- Auburn College graduates occupational therapy practitioners who are well prepared to enter the occupational therapy profession.
The Master of Occupational Therapy Program at USM offers three tracks for students:

**Full Time:** Two years of academic coursework and 6 months of level II fieldwork. This option is available for students who hold a baccalaureate degree in a discipline other than occupational therapy and have completed all required prerequisites by the beginning of the first fall semester. This option is an intensive full time course load and students are strongly discouraged from attempting full time employment while in this track of the program.

**Part time:** The 3 year part-time option (plus six months of additional fieldwork) is available for students who hold a baccalaureate degree in a discipline other than occupational therapy. All prerequisites must be completed by the start of the students’ second fall semester in the program.

**Jumpstart option:** The MOT Jumpstart option is available for students who do not have a baccalaureate degree. Students who are matriculated in one of LAC’s interdisciplinary undergraduate programs may be eligible to apply to the MOT program prior to completing their baccalaureate degree. By completing undergraduate major requirements, university core requirements, and the MOT program prerequisites, a student can apply to the MOT program during their junior year. This allows students the opportunity to earn both a Bachelor and Master degree in approximately five and half years.

**PROGRAM DESCRIPTIONS**

**FIELDWORK EXPERIENCE**
Students are required to complete three Level I fieldwork experiences in psychosocial, physical dysfunction, developmental disabilities or non-traditional settings. This fieldwork is completed concurrent with the semester in which the relevant coursework is studied.

Two full time (40 hours per week) Level II fieldwork experiences are also required; each experience is 3 months in duration. They are completed in a variety of health, community, and clinical settings.

**GRADUATION REQUIREMENTS**
Students in the program will complete 79 graduate credits consisting of four and half semesters of academic coursework and six additional months of full-time fieldwork.

**NATIONAL BOARD EXAM**
Graduates of MOT are eligible to sit for the National Certification Examination for the Occupational Therapist offered by the National Board for Certification in Occupational
ACCREDITATION

The program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA). The University of Southern Maine’s Master of Occupational Therapy program is accredited by: ACOTE c/o Accreditation Department, American Occupational Therapy Association (AOTA) 4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449 - aota.org.

CAREER OPPORTUNITIES

Opportunities for employment are available in traditional OT settings such as hospitals, school systems, nursing homes, mental health facilities and rehabilitation centers, as well as in emerging practice areas that utilize the unique knowledge and skills of the registered occupational therapist. Rewarding full-time and part-time opportunities also exist in research, education, technology innovation, and product development. FMI visit the Careers Outlook section of the US Dept of Labor at http://www.bls.gov/ooh/healthcare/occupational-therapists.htm

USM ACADEMIC CALENDARS

with semester start and end dates: http://www.usm.maine.edu/reg/academiccalendar

USM COURSE LISTINGS

and enrollment info: http://www.usm.maine.edu/reg/courses
CURRICULUM MODEL NARRATIVE
The curriculum design of the Master of Occupational Therapy Program at the University of Southern Maine has been conceived of and represented by a pine tree in full growth, with roots, trunk and branches indicating various aspects of the curriculum. A cut section of the rings in the trunk is also shown. The faculty chose this figure because of the concept of growth that is represented throughout the diagram, and because Maine is the Pine Tree State. The MOT faculty believes that learning is a developmental process, with more complex concepts being built upon fundamental knowledge. A pine tree does not drop its leaves in the fall, but continues to add new growth as the years go by, much as our students do.

Dirt/Soil/ Earth: The earth, or foundation upon which this curriculum is built is that of occupation. The MOT faculty believes that all people are occupational beings who engage in culturally meaningful activities (occupations) that are influenced by the context of their lives. All aspects of the curriculum are infused with this premise.

Roots: Embedded in occupation, just as roots are embedded in soil, the MOT curriculum focuses on five threads that we believe are necessary in any educational setting as the academic foundation to adequately prepare future occupational therapy practitioners. These threads, viewed through the lens of occupation, are closely aligned with the theory of occupation, are connected with it and represented by the roots of the tree which carry nutrients to the higher levels. These foundational concepts are carried throughout the curriculum and include the following.

Professional Reasoning is a skill necessary for “framing, implementing, and assessing therapy services” (Schell & Schell, 2008. P.5). It is developed and strengthened in our theory and practice classes as well as the research sequence and ethics classes.

Leadership “is the process of social influence in which one person can enlist the aid and support of others in the accomplishment of a common task” (Chemers, 1997, p.1), and is a vital characteristic of effective occupational therapy practitioners. Leadership is emphasized throughout the curriculum, building upon self-awareness activities in the first semester, and developed through engaged learning activities in subsequent courses.

Citizenship includes the quality of responsibility and behavior that one holds within one’s community, including “doing your share and respecting authority” (Reed n.d.). This concept is emphasized in the ethics class and continued throughout the theory and practice classes.
Developing and Using Evidence is necessary for the validation of occupational therapy practice. This thread is introduced in the introduction class and strengthened in the 3-semester research sequence and the practice classes.

Contextual Competence “is the student's ability to understand the constraints and impacts of social, cultural, environmental, political, and other context” (Yin, 2011, para #2) on occupational performance. This thread is apparent from the intro to occupation class through the ethics class which emphasizes the importance of culture, the theory and practice classes, and culminating in the contextual considerations in practice class.

As the roots of a tree gather and provide the conduit for nutrients through the trunk and branches to facilitate growth of the needles qne pine cones of a pine tree, so do these major concepts function as threads throughout the curriculum. The nutrients (or development of knowledge and skills) flow through the tree trunk in five semesters, represented by the rings of the tree.

Trunk: In the curriculum design diagram, the cut-out portion of the trunk illustrates how the semester courses focus student learning. The 79-credit curriculum has been arranged in thematic semesters, focusing on how occupation is impacted in the traditional areas of mental health, adult physical conditions, and pediatric conditions. After much deliberation the faculty chose to retain these foci as organizing structures for learning. This allows for significant integration of coursework which supports student success in this rigorous 2.5 year program.

The central core of the tree (fundamentals) is represented by and includes the basic courses of the first semester that prepare the students for the rest of the curriculum. These courses focus on the foundational knowledge of the profession (including the history, basic tenets such as activity analysis and evidence-based practice) and an introduction to occupational science and the theory of occupation (including the OTPF and OT practice models). During this semester, students are also encouraged to focus on self awareness and the importance of reflection as vital OT skills, and they receive foundational scientific knowledge of human anatomy and kinesiology. These courses provide the “nutrients” that nourish the growth and development of subsequent knowledge.

The next ring in the trunk (foundational practice) represents the next layer of knowledge students gain and builds upon and expands the fundamental concepts learned earlier. The faculty believes that mental health theory and practice is vital for effective OT practitioners and that it provides knowledge necessary for working with clients across the lifespan and within a variety of contexts. Building upon this foundation, this concept is woven throughout the curriculum. Examining the importance of occupational well-being brings a health-
oriented perspective that supports occupational therapy practice as well as the recognition and application of occupation as necessary for health. Additionally, beginning the research sequence with a literature review, coupled with an examination of ethics and social justice issues in this semester, presents students with broad contextual knowledge of the field which will continue to support subsequent knowledge. This ring is represented within the second semester of courses.

The third ring (applying science and research to practice) is covered in the first summer, semesters three and four and the first level II fieldwork experience. During this extended period, students apply their knowledge of human anatomy to neuroscience and the theory and practice courses covering adult and pediatric conditions. They also develop the important intervention skills of group process during this time. The culmination of their research projects happen in these semesters with students collecting and analyzing data and preparing a report for dissemination. Additionally, information about and activities centered on leadership and management direct students to the administrative and advocacy aspects of the profession, while their fieldwork sequence (two of their level I experiences and their first level II fieldwork) allows them to apply and practice in the field what they have learned in the classroom.

Although self-reflection is a hallmark of the curriculum in all semesters, students experience the outer ring of the trunk (reflections on practice) when they return from their first level II fieldwork and complete three courses in the summer followed by their last level II experience, all of which will be the culmination of their academic program. These intense summer courses were designed to allow students to reflect upon what they have learned in the field, and apply this knowledge to what they are now learning in the classroom, bringing their reflective thinking full circle. These courses provide an opportunity for students to use their fieldwork and earlier academic experiences to learn and reflect at a higher level the complex topics of cognition and perception and its impact on occupation as well as the examination of the contextual considerations of the practice they’ve experienced. They will also finally prepare their research studies for dissemination in a variety of practice arenas.

**Branches:** As an abundance of cones and needles are displayed in the branches of a tree at the height of its season, so are student outcomes represented in our figure, indicating the richness, completeness and fruit of this academic program and curriculum. The results of the students’ efforts are seen in the Attitudes, Analytical Skills, Professional Practice Skills, Leadership Awareness and Abilities, Behaviors, and Citizenship of our graduates. These outcomes, which are identified more completely earlier in this document, are assessed in multiple ways, including MOT course evaluations, fieldwork assessments, student surveys, employer surveys,
community feedback from the MOT Advisory Board, faculty curriculum review, and NBCOT examination results.

**Conclusion:** By using the metaphor of a pine tree to represent its curricular design, the University of Southern Maine Master of Occupational Therapy Program has demonstrated the careful consideration of its curriculum. We’ve taken the reader from the roots of the tree (curricular threads) which are imbedded in the fertile soil of occupation, and carry the nutrients or knowledge through the sequence and organization of its courses which flow through the trunk of the tree, to its branches which bear the fruit (knowledge, skills and attitudes) representing student outcomes. The concept of growth and development is inherent in this metaphor and represents the faculty’s plan for each student – to continue to grow and develop throughout their career after receiving an important head start from the MOT faculty and curriculum at the University of Southern Maine.
MOT CURRICULUM

Fall – Year 1

OTH 501 OT Foundations (3 credits)
OTH 502 Introduction to Occupation (3 credits)
OTH 503 The Reflective Practitioner (2 credits)
OTH 513 Applied Concepts of Movement (3 credits)
OTH 514 Human Anatomy (4 credits)

Semester Credits 15

Spring – Year 1

OTH 504 Applied Research I (3 credits)
OTH 505 Impact of Mental Health on Occupational Performance (5 credits)
OTH 507 Ethics and Social Justice (3 credits)
OTH 509 MH Level I Fieldwork (1 credit)
OTH 517 Occupational Well-Being (3 credit)

Semester Credits 15

Summer – Year 1

OTH 601 Neuroscience for OTs (3 credits)
OTH 606 Management and Leadership (3 credits)

Semester Credits 6
Fall – Year 2

OTH 510 Phys. Dys. Level I Fieldwork (1 credit)

OTH 512 Applied Research II (3 credits)

OTH 518 Group Process for Practice (2 credits)

OTH 603 Occ. Performance in Adulthood (7 credits)

OTH 614 Adult Conditions (2 credits)

Semester Credits 15

Winter-Spring Year 2

Winter – (Jan/Feb/Mar-session)

OTH 604 Occupational Performance:

  Infancy through Adolescence (7 credits)

OTH 615 Pediatric Conditions (2 credits)

OTH 511 Pediatric Level I Fieldwork (1 credit)

Session Credits 10

April/May/June – Year 2

OTH 620 Level II Fieldwork (6 Credits)

Winter-Spring Credits 16
Jul/Aug– Year 2.5

OTH 608 Reflections on Practice
Cognition & Perception (3 credits)

OTH 616 Professional Presentations (1 credit)

OTH 618 Contextual Considerations in Practice (2 credits)

Session Credits 6

Aug-Dec – Year 3

OTH 621 Level II Fieldwork (6 credits)

Session Credits 6

TOTAL MOT PROGRAM CREDITS 79

For current tuition information please refer to usm.maine.edu/studentaccounts/tuition

Please note: Some OTH courses require lab fees. The University of Maine System Board of Trustees establishes tuition rates. The University reserves the right to adjust these charges to respond to changing costs, state and or federal legislative action, and other matters. Such adjustments may be made at any time. A student acknowledges this reservation by applying for admission or registering for courses.
STUDENT OUTCOMES

I. PROFESSIONAL PRACTICE SKILLS

ATTITUDES

Value the role of occupational therapy across a variety of contexts.

Appreciate the benefit of client-centered and caring interactions with others.

Respect the role and influence of occupation on human behavior

KNOWLEDGE

4. Generate practice strategies throughout the Occupational Therapy Process that clearly value and reflect occupational therapy theory

5. Consider the scientific foundations of health and disability and the transactional nature of these concepts on occupational performance

Understand how occupational science supports the practice of occupational therapy

SKILLS

7. Design and implement an evidence-based approach to the occupational therapy process to effectively enhance occupational performance.

8. Select and defend the use of preparatory, purposeful, and occupational based strategies in occupational therapy practice

9. Communicate effectively to clearly express ideas and knowledge in a thoughtful, organized, and professional manner as it relates to person, occupation, and context.

10. Within the context of occupational therapy apply the concepts of occupation to individuals and populations and be able to articulate these concepts to others.
II. PROFESSIONAL ATTITUDES/BEHAVIORS

ATTITUDES

1. Value the importance of ethical behavior and the core values of the occupational therapy profession within the context of societal and professional expectations

2. Acknowledge the importance of lifelong learning and professional development

3. Value the importance of self-knowledge and personal growth as a foundation for therapeutic use of self.

KNOWLEDGE

4. Understand and apply the AOTA Code of Ethics, core values and attitudes of occupational therapy, and AOTA standards of practice.

SKILLS

5. Define and pursue a process of personal and professional growth, and identify the development of their emerging professional identity.

6. Recognize and articulate their own values, beliefs, biases, strengths and weaknesses and how these influence their ability to become reflective practitioners.

III. LEADERSHIP

ATTITUDES

Appreciate the importance of leadership and advocacy as critical to the profession of occupational therapy.

Be motivated to create opportunities to develop their individual leadership style.

KNOWLEDGE

Investigate a variety of leadership concepts and consider the vast context within which these concepts can occur.

Recognize innovative ways to advocate for the profession and its consumers.

SKILLS
Identify and practice leadership skills within a variety of contexts.
IV. CITIZENSHIP

ATTITUDES

Demonstrate an understanding of citizenship and its relationship to health and wellness, occupational justice and occupational choice.

Informed by concepts regarding cultural competence, respect the uniqueness of individual and group choices surrounding occupational pursuits.

KNOWLEDGE

Identify the socio-cultural, political, health, and wellness contexts within which advocacy occur.

Understand and appreciate the role of occupation in the promotion of health and the prevention of disease and disability for the individual, the family, and society.

SKILLS

Promote occupational therapy through education of others (for example, other professionals, consumers, third party payers, and elected officials)

Explain the advantages of membership in organizations that support the occupational therapy profession and its consumers

Identify a personal working definition of citizenship as it relates to society, occupation and the profession

V. ANALYTICAL SKILLS

ATTITUDES

Appreciate the necessity of analytical problem solving as an integral part of the OT process

Value the importance of scholarly activities that contribute to the development of the body of knowledge and evidence relevant to OT

KNOWLEDGE

Understand professional reasoning processes necessary for reflective OT practice

Understand various methodologies and components of research design in order to critically analyze.

Implement research used to support practice and the continued development of the profession.

SKILLS

Demonstrate effective entry level professional reasoning in occupational therapy.
Exhibit competence in designing, implementing, analyzing, and presenting research important to occupational therapy.

Utilize professional research literature as evidence in making informed practice decisions.
PROGRAM POLICIES AND PROCEDURES

STUDENT ADMISSION POLICIES
Refer to the USM's current Graduate Admissions Catalog online at: usm.maine.edu/catalogs/graduate/
and
MOT’s web site: usm.maine.edu/ot/
Current MOT application information is available via the “How to Apply” link from the MOT web site.

B. GRADE REQUIREMENTS IN THE MOT PROGRAM

Policy: All courses in the MOT curriculum must be completed with a minimum of “B-” in order to carry graduate credits.

Procedures:
If a student receives a grade below a “B-”, the student must repeat the course in the next semester that it is offered. Given that MOT courses are only offered once a year, this will generally necessitate dropping back one year.

A student is only permitted to repeat one course. If a student receives a grade below a “B-” in a second course he/she will be dismissed from the program.

C. GPA REQUIREMENTS IN THE MOT PROGRAM

Policy: Students must maintain a cumulative grade point average of 3.0 in each semester in order to progress in the program.

Procedure: A student whose grade point average falls below a 3.0 in the first, second or third semester will be placed on academic probation and will have one semester to bring the GPA up to a 3.0. Students who fail to do this will be dismissed from the program.
D. GRADING POLICY

Policy: Within the MOT program a “B” grade is considered to demonstrate competency in the assignments/skill required. Only exemplary work earns the grade of “A”. It is expected that all program efforts and assignments will be completed in a manner befitting graduate level work.

Grading Scale:

Proficiency

A  93-100%  Outstanding
A-  90-92%  Excellent

Competency

B+  87-89%  Competency achieved to high standard
B  83-86%  Competency achieved
B-  80-82%  Minimal competency

Marginal

C+  77-79%
C  73-76%
C-  70-72%

Fail

D  60-69%
F  less than 60%

E. INCOMPLETE GRADES

Policy: A student may request an incomplete grade for a course from the primary instructor based on individual needs. If the instructor grants an “incomplete,” the student will have until the completion of the next semester to finish the work required for a change to a letter grade. The requirements for completion of the course will be determined collaboratively between the individual student and the instructor in a timely fashion. Failure to complete the work by set deadlines results in an F (fail) grade for the course and dismissal from the program. A student may petition for the opportunity to re-take the course in order to remain in the program, but this may delay their graduation from the program.
F. LAPTOP COMPUTERS

Policy: Student laptop use in the classroom

Premise: USM/LA College embraces a pedagogy that revolves around “communities of learners.” This philosophy is carried over in the MOT Program as well. Pragmatically, this belief manifests itself in the classroom with active listening on everyone’s part, respect for all, and honoring everyone’s input and participation. This includes faculty and students as learning partners. Laptop computers can be effective tools for taking notes for some learners, but laptop use in a classroom is a privilege, not a right, and must be used within professional boundaries.

Policy: The MOT Program allows student use of laptop computers during class time. Use of laptops in the classroom is limited to taking notes or researching information about the current class lecture/discussion/activity. Students should be respectful about utilizing the laptop as a tool to enhance learning while paying attention and contributing to the learning community. At times, as it benefits the entire class, it may be helpful to use the laptop to access on-line information related to the current class, to share with the class/group.

It is expected that students act respectfully and are not doing work related to other courses, checking e-mail, or social networking sites, nor other such activities unrelated to the ‘work at hand’ in the classroom community.

It is further required that students will not utilize their laptops while guest speakers/lecturers are presenting, nor will the laptop be set up on the student’s work space, even if it is off.

If a student has a significant need to use his/her laptop for other than the explicit class purposes stated above, s/he should excuse him/herself from the classroom for this purpose.

If a student has a documented disability which interferes with learning and necessitates use of a laptop in class, this will be respected under the guidelines stated above. Procedure: If students are found to be using the computer for reasons other than those listed above, they will be asked to turn off and close the laptop.

If a student has to be asked more than once to close his/her laptop, s/he will lose classroom laptop privileges for the rest of the semester in that course.

G. ATTENDANCE POLICY

Policy: Attendance is extremely important and includes coming to class on time and staying for its duration. Since each class will provide a unique learning experience it is
important that you attend every class. Due to the interactive nature of the class everyone is dependent on each individual in the group.

**Procedure:** Anyone missing more than 4 classes may fail the course. Students missing two or more classes should consult the instructor about their course grade status.

**H. STUDENT INITIATED CLASS ABSENCES**

**Policy:** A student will submit a request form to the Master of Occupational Therapy program for all planned absences from any Occupational Therapy classes a minimum of two weeks prior to the planned absence. If the absence request is granted, the student may be downgraded for the missed classes and will remain responsible for all of the information shared in the missed class(es), including any program announcements. It is advised that students ask/designate a particular peer in each course to act as an information source during their absence. The student is allowed to make up activities missed as long as it meets the classes’ instructor(s) expectations.

**Procedure:** The student will talk with the instructor(s) of the classes that will be missed to determine the extent of work/information expected to be presented during the time period in question. If the student determines that they want to continue with the process, the student will complete a “Notification of Planned Absence” form available in the MOT student file cabinet. The completed form will be submitted to the program Director for discussion and disposition at the next scheduled faculty meeting. If approved, the student will make arrangements with the course instructor(s) to submit assignments ahead of time and determine make-up strategies. All responsibility for missed work is solely the student’s. Faculty are not required to repeat the information taught.

**I. THE AMERICANS WITH DISABILITIES ACT, 1990**

**Policy:** USM is committed to ensuring access for qualified individuals with disabilities. If you have a documented disability and wish to receive academic support, please let us know. MOT works with the University's Office of Support for Students with Disabilities (OSSD) to provide accommodations for students with disabilities. Students with sensory, physical, psychological, learning, and attention disabilities must contact the OSSD, which coordinates services for students with disabilities. Located in Room 242 of Luther Bonney Hall on the Portland Campus, OSSD provides a variety of student support services for qualified individuals. In addition, OSSD makes referrals to educational evaluators for formal assessment of learning disabilities.

It is the responsibility of the student to seek assistance and to make his or her needs known. Please note that services are provided at no additional cost to any currently enrolled, qualified student. To obtain accommodations, students are required to provide formal documentation of a disabling condition and resulting functional limitations impacting academic performance. The OSSD must be contacted each semester by any student desiring such services in order to identify appropriate accommodations. For
more information about support for students with disabilities, visit the OASSD web site; ossd@usm.maine.edu; 207-780-4706

J. STUDENT PARTICIPATION
Policy: The MOT program emphasizes student-centered learning. A vital component of this approach is prior preparation and active, meaningful class participation. This is expected from each student in the program, as it is in employment settings. It is the responsibility of each student to actively contribute in each class to enhance the quality of learning for students and faculty.

Procedure: Many courses include a grade for class participation. Participation guidelines append this document.

K. ADVISING
Policy: It is the policy of the MOT program to assign an advisor to each student matriculated into the program, for the purposes of advising. It is the mutual responsibility of the faculty advisor and the advisee to initiate advising meetings. Each teaching member of the MOT program (excluding the Program Director) will be assigned a number of student advisees.

It is the policy of this program to exclude the Program Director from these assigned responsibilities, for two reasons: 1) S/he has little time available given the extent of her/his administrative duties, 2) the Program Director is the faculty member who can mediate any disagreements or issues between a student and her/his advisor. Refraining from carrying an advising load maintains her/his status as a more neutral party. This section is not in effect for academic year 2012-13.

Procedure: Prior to the start of school each fall, new incoming students will be assigned an advisor. The student stays with this advisor throughout her/his time in the MOT program.

If there are issues between the advisor and advisee, they should make attempts, in good faith, to resolve them prior to taking the matter to the Program Director. If it is determined that a change in advisor is warranted for a particular student, the Program Director will arrange this.

Each instructor (full time or part time) shall have a proportionate number of students assigned to her/him. Part time faculty shall have a smaller number assigned to her/him, but in the same proportion with other faculty.

L. WRITING ACROSS THE CURRICULUM
Policy: The Master of Occupational Therapy Program endorses the concept of writing across the curriculum. The program uses both “writing to learn” and “learning to write”
strategies. The expected outcomes for the students are to be able to begin the process of theoretical and clinical reasoning utilizing written communication. It is expected that the student will exhibit good grammar, proper spelling, and coherent thinking within all domains of writing. Each student will develop her or his own style within the context of professional and scholarly writing.

Procedure: All Occupational Therapy professional writing is expected to be completed in the APA format (unless otherwise stated) and clinical writing is to be completed according to AOTA professional standards. Instructors in designated courses will evaluate individual assignments. Students identified by course instructors as having writing difficulty will be referred to their advisor for further exploration of means of improving writing skills. Students may also be referred to the LAC Writing Center for consultation and writing support.

M. PETITION

Policy: Each student has a right to petition for exceptions from these policies under extenuating circumstances.

Procedures:
Talk with advisor or faculty member about your concerns.

Obtain a petition form from the MOT Student File cabinet

Complete form and submit to your advisor.

Advisor will take petition to the next scheduled faculty meeting.

You will be informed of the faculty’s decision verbally and in writing.

STUDENT POLICIES

N. PROFESSIONAL BEHAVIOR POLICY

Policy: It is expected that students and faculty will conduct themselves in a manner that exemplifies professional behavior and contributes to the overall learning community. ("Development of Professional Behaviors" form appends this document.)

Procedures:
Students are encouraged to use the classroom as an opportunity to practice professional behaviors. This is critical to facilitating students’ emerging professional identity as occupational therapists. These behaviors include the policies on attendance, excused absences and class participation.
There is no mandatory dress code, however students are advised to keep in mind that they are entering a profession and represent the school as they proceed through the program. **Professional dress** should be attended to whenever guest speakers are present, when making student presentations, for public events, and for program-related work (i.e. Fieldwork) in the community.

Students and their faculty advisors will complete and discuss a professional behaviors evaluation during the first semester. Students will be re-evaluated at the end of the second and third semesters.

Students and faculty represent the program, college, university, and profession both on and off campus. All verbal and nonverbal communication and interactions will be respectful. It is the responsibility of faculty to provide meaningful feedback, and it is the responsibility of the student to be clear about their needs and expectations.

If necessary, a plan for change will be collaboratively designed and followed. Unsatisfactory ratings of professional behaviors in two or more semesters may result in termination from the program.

**O. ETHICAL BEHAVIOR**

*Policy I:* The members of the Master of Occupational Therapy Program (faculty and students) are guided by and adhere to the Occupational Therapy Code of Ethics appended to this document.

*Policy II:* At the first full faculty meeting of each academic year, the AOTA code of ethics will be disseminated and reviewed by program faculty. Additionally, a statement regarding intentions to abide by the AOTA code of ethics will be included in and reviewed at annual faculty development plan meetings. Faculty ethical grievances are handled according to university policies.

**P. ACADEMIC INTEGRITY/PLAGIARISM**

*Policy:* The MOT program educates health professionals who are expected to conduct themselves in a professional manner. Therefore all MOT students must adhere to policies and expectations set forth in the USM Student Guide to Academic Integrity as well as the OT Code of Ethics (both are appended to this document). Academic misconduct and/or plagiarism will not be tolerated.

*Procedure:* If a student is suspected of academic misconduct, including plagiarism, faculty will follow the USM guidelines to determine what sanctions may be given.

**Q. STUDENT CRIMINAL BACKGROUND CHECKS**

*Policy:* Many schools, hospitals, and other agencies require background checks for health sciences students prior to fieldwork/practicum assignments at their facility. This also may include service-learning experiences.
Procedure: All students are required to obtain the background check and are responsible for all related processing fees. All resultant background information and/or documentation is maintained by the student and never shared with the MOT program.

R. HEALTH REQUIREMENTS
Policy: All MOT students are required to have health insurance.

Procedure: Students may use their own family insurance if they have a policy. If not, they may purchase the USM student health insurance plan. For information about the plan, go to http://www.usm.maine.edu/health/ and click on “insurance” or call University Health Services at (207) 780-4211.

For proof of compliance, students must make a copy of their insurance card within the first month of the program and submit it to the Coordinator of Graduate Programs. Any changes must be reported immediately.

Policy: All MOT students are required to complete certain medical tests and immunizations before their level I and II fieldwork experiences. (Immunization guidelines are appended to this document).

Procedure: It is the responsibility of the student to obtain, or show evidence of completion of USM and MOT required immunizations by January 1 in their first academic year. Students may use their personal physician, or go to one of the University health clinics. The completed health form must be submitted to the Coordinator of Graduate Programs. (FMI refer to “Health and CPR Requirements” on page 33 of this handbook)

Policy: All MOT students must receive certification in a Cardiopulmonary Resuscitation Course (CPR) prior to their fieldwork experiences.

Procedure: Students may seek out a “Health Care Provider” CPR course from the American Heart Association or the “CPR for Infants, Children & Adults” certification from the American Red Cross. Proof of completion must be submitted to the Coordinator of Graduate programs. ONLINE CPR COURSES ARE UNACCEPTABLE.

Updated CDC Recommendations for the Management of Hepatitis B Virus–Infected Health-Care Providers and Students

**MMWR Recommendations and Reports** July 6, 2012 / Vol. 61 / No. RR–3

This report updates the 1991 CDC recommendations for the management of hepatitis B virus (HBV)–infected health-care providers and students to reduce risk for transmitting HBV to patients during the conduct of exposure-prone invasive procedures (CDC). Recommendations for preventing transmission of human immunodeficiency virus and hepatitis B virus to patients during exposure-prone invasive procedures. MMWR
This update reflects changes in the epidemiology of HBV infection in the United States and advances in the medical management of chronic HBV infection and policy directives issued by health authorities since 1991... *The primary goal of this report is to promote patient safety while providing risk management and practice guidance to HBV-infected health-care providers and students...*

**S. PROFESSIONAL MEMBERSHIPS REQUIREMENTS**

*Policy:* The Master of Occupational Therapy program requires proof of students’ current memberships in both the Maine Occupational Therapy Association (MeOTA and the American Occupational Therapy Association (AOTA) by the end of each fall semester. Membership information is available online at [http://www.meota.org](http://www.meota.org) and [http://www.aota.org](http://www.aota.org). Student must provide copies of these memberships (whether via a confirmation response or a membership card from the organization) to the LAC’s Coordinator of Graduate programs for his or her student file by the end of each fall semester (annual renewals also must be demonstrated).

**T. MEMBERSHIP IN THE LAC STUDENT OCCUPATIONAL THERAPY ASSOCIATION (LACSOTA)**

*Policy:* All MOT students are strongly encouraged to join the LAC Student Occupational Therapy Association and to be an active participant in the planned activities. Community service and professionalism is a crucial part of the overall program and is practiced through LACSOTA’s activities.

**U. UNIVERSITY E-MAIL COMMUNICATION POLICY**

Policy: All MOT students are expected to read all information sent to them via their University assigned e-mail accounts [view usm.maine.edu/computing/email/](http://usm.maine.edu/computing/email/) The MOT program has the right to expect that such communications will be read in a timely fashion.

NOTE: some Internet Service Providers do not effectively process e-mail set up to automatically forward from student Umaine email accounts; it is best practice to check Umaine email accounts as well as your Student Message Center in Mainestreet, directly and regularly!

**V. USM’s STUDENT ACADEMIC INTEGRITY POLICY**

The academic community of the University of Southern Maine recognizes that adherence to high principles of academic integrity is vital to the academic function of the university.

Academic integrity is based upon honesty. All students of the university are expected to be honest in their academic endeavors. All academic work should be performed in a manner which will provide an honest reflection of the knowledge and abilities of each
student. Any breach of academic honesty should be regarded as a serious offense by all members of the academic community.

Definitions of student violations, sanctions for student violations, the official hearing process, and all related procedures are posted and updated at: usm.maine.edu/reg/academic-policies-graduate
PROFESSIONAL ORGANIZATIONS

A.O.T.A.
The American Occupational Therapy Association is the national Occupational Therapy organization located in Bethesda, Maryland. Its composition consists of an executive board, commissions, committees, special interest groups, OT/OTR’s, OTA/COTA’s, students, and associate members. The AOTA’s goal is to strive to represent, both internally and externally, the interest of the members and the health care needs of the public. Within its framework is A.O.T.F., a foundation to promote research; A.O.T.P.A.C., the political action committee; and the Representative Assembly (R.A.), the legislative body consisting of state delegates. The national office is your resource for information, consultation, and support. It is interested in assisting your personal needs and your membership and participation enhances the viability of the Association. All students who may desire to attend the national convention can be excused from class or lab upon request. All requests must be in writing at least 1 month prior to conference and must be approved by the course instructor. Students are responsible for all course information missed.

The American Occupational Therapy Association, Inc.  aota.org

P.O. Box 31220 Bethesda, MD  20824-1220

(301) 652-AOTA (2862) members line:  1-(800)-SAY-AOTA

A.O.T.F.
The American Occupational Therapy Foundation has programs in education and research to provide resources to advance occupational therapy practice of the highest quality. It provides grants and scholarships to occupational therapists to support their scholarship.  http://www.aotf.org/
AOTA’S ASSEMBLY OF STUDENT DELEGATES (ASD)

The American Student Committee of the Occupational Therapy Association, a student body of the AOTA, offers a means for student members to provide input into the decision-making process of the national association. Historically, the national student association was formulated in 1964. As the profession grew, students were increasingly asked to respond to national issues. In 1979 the AOTA increased student dues; allocating this increase to providing funding to create an annual forum for student input prior to the annual conference. In 1983 it was AOTA’s decision that the students of developing programs could be members of AOTA.

ASD officers are elected from the entire student body. This steering committee reports to AOTA Executive Board. Each school must elect its own ASD delegate. This individual is designated to attend the ASA conference, and will be excused from classes or labs upon request. One of the goals of the LAC Student O.T. Association (SOTA) is to assist in fund raising to support this representative, and often, an alternate representative as well. The AOTA staff liaison for ASD is a national office member from the Division of Education. http://www.aota.org/Students/ASD.aspx

The mission of ASD is:

- to maintain viability of ASD
- to promote communication
- to serve as an advocate for student concerns
- to influence as an advocate for student concerns
- to promote Occupational Therapy as a health profession

W.F.O.T.
The World Federation of Occupational Therapy is an international organization with members from over fifty countries. Its goals include the advancement and education of occupational therapy worldwide. The WFOT Congress includes one or more member from each represented country. Conferences are held around the world on a regular basis. http://www.wfot.org/

MeOTA
The Maine Occupational Therapy Association is the state occupational therapy professional membership group. Following the national structure, it is comprised of an executive board, standing committees, and special interest groups. Student participation is welcome at all state association meetings, and your involvement expresses a future dedication to your development as a professional.
LEWISTON/AUBURN COLLEGE STUDENT OCCUPATIONAL THERAPY ASSOCIATION (SOTA)

MISSION STATEMENT

“The LAC Student OT Association is committed to furthering its knowledge of OT through active involvement in meaningful community events that promote the LAC MOT program, the profession of occupational therapy, networking with health care professionals, and building social relations among Association members.”

GOALS

To engage in community service that benefits the people of the Lewiston/Auburn area while promoting the LAC MOT program and the profession of occupational therapy

To foster relationships among students in all stages of the LAC MOT program within the framework of a professional organization

To create fundraising opportunities that will enable SOTA to send at least one delegate to the Assembly of Student Delegates (ASD) Meeting.

SOTA events are typically organized according to four themes: Community Service; Fund-raising; Social Activities; and Education. The goal of this association is to hold two or more events from each theme per semester. This year student body members of SOTA, along with the executive board, will choose a variety of events based on the interests of the group. Each event will require a chair-person who will volunteer to coordinate the event. Members will work together on events of their choosing to help each chair-person see her/his event to a successful completion.

In previous years SOTA members have held fund-raising raffles, garage sales and bake sales, collected food for local families at Thanksgiving, sponsored local families at Christmas, supported area agencies such as the Good Shepherd Food-Bank and the Abused Women’s Advocacy Project, sponsored blood drives for the American Red Cross, engaged in AOTA activities such as Backpack Awareness days, hosted several guest speakers, and had lots of fun interacting with peers during a variety of social events.
ROLE OF SOTA IN THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION (AOTA)

In addition to what SOTA members do here on campus and within the Lewiston/Auburn community, SOTA is an organized way for students to join with other occupational therapy and certified occupational therapy assistant students across the country to make their voices heard in AOTA. We do this through the election of an ASD delegate. This person is responsible for communicating student concerns to the ASD Steering Committee, a nationally elected body of student representatives to AOTA. In addition to communicating with the ASD Steering Committee throughout the year, the ASD delegate also attends the national ASD meeting held each year, usually in the spring. At this meeting he or she is responsible for communicating with other delegates and the ASD Steering Committee and collecting ideas and information to distribute to members of the SOTA group.

SOTA BOARD STRUCTURE. All members of the board are responsible for facilitating positive activities and participation in the association. In addition, the entire board actively interfaces with the faculty advisor on a regular basis.

President: Directs and heads Executive Board and student body meetings, collaborates with other board members to set agendas and generate preliminary ideas for activities.

Vice-President/Co-President: Works closely with the president in all of the above capacities and heads meetings if the president is unavailable.

Treasurer: Maintains financial records, collects and deposits SOTA funds, and reports financial status at Executive Board and student body meetings. These duties are all carried out in a timely fashion.

Secretary: Records and organizes minutes at Executive Board and student body meetings, distributes agendas and meeting minutes to the board and student body in a timely fashion, alerts members to upcoming meetings, and handles all written correspondence of SOTA.

Public Relations Officer: Promotes occupational therapy and SOTA activities on campus and throughout the community.

Historian: Maintains a scrapbook of information and photographs taken (by the historian and others) at SOTA events.

DUES: Dues are collected each semester and will be voted on at the first SOTA meeting.
Student Occupational Therapy Association

An overview from Lisa L. Clark, OT faculty

The PURPOSE of SOTA is three-fold (as we discussed in your interview for admission to the program – and I’m sure everyone recalls that fateful day!!) 😊

Social – get to know each other, especially as there are more part time students in the program. SOTA meetings are a time to get together and network, listen to guest speakers, learn, and have fun with your colleagues.

Fund-raising – Each year SOTA sends at least one person (the Delegate, and usually the Alternate Delegate, as well) to the Association of Student Delegates (ASD) meeting, which takes place just before national AOTA conference each year. [NOTE: This is the primary purpose of SOTA’s fundraising.] The meetings rotate geographic locale and are held all over the U.S. Attendance at ASD is a fantastic opportunity to network nationally and vote on issues of importance to students and to the profession of occupational therapy. This fund-raising, in order to contribute to the profession at a national level, is a big part of SOTA’s activities. OPTION: The group can also vote to send the Delegate(s) to the actual conference (which follows the ASD meeting). The expectation would be that the attendees try to go to workshops that SOTA members have an interest in, bring back information, and also share information/products from the huge exhibition hall. Since the travel has already been paid, and hotel would only add 3-4 nights, many years the SOTA has voted to do this. People have felt very energized by being at conference, and have given great presentations upon their return, as a way for all SOTA members to benefit.

Community interface – each year SOTA contributes to/volunteers for/fund raises for community organizations. These activities include contributions to AWAP (Abused Women’s Advocacy Project), AIDS Walk, Walk for Breast Cancer, Bike for MS, Head injury and Spinal cord organizations, Maine Handicapped Skiing, and sponsoring kids’ sports teams. One year SOTA members “challenged” the local wheelchair basketball team to a match, as a split fund-raiser! These activities underscore the importance of being involved in our communities. Lewiston-Auburn College has a long-standing mission of being connected to the L-A community, and the MOT program proudly carries on that tradition.

Leadership, Participation, and Purpose

The faculty strongly encourages membership and participation in SOTA, for all of the above reasons. SOTA is a great way to “break into” membership and professional interface with colleagues. The second year students lead the group the first 2/3 of the year. Frequently, they find their goal is to help suggest options for activities, meeting
agendas, etc., as the new students gather some context and experience before they feel comfortable leading. In February/March of each year, new leaders are voted in from the first year class, and they assist the second year leaders until the end of the school year to ‘learn the ropes” and understand the history of SOTA.

Members of SOTA vote on spending of funds via a majority vote. Sending Delegates to the ASD is the one of the top priorities each year.

It’s important to remember in the midst of everyone’s busy lives, that participation in ONE or TWO activities per semester is a reasonable goal. If each MOT student fulfills that goal, the work of SOTA is spread evenly. The point of a professional organization is to have everyone participate at a realistic level.

Even if you were not able to join in first semester, there is no reason you cannot contribute in the second semester, and beyond! Join others in a professional association that helps students start to enjoy the field of OT!

-Lisa L. Clark,
HEALTH AND CPR REQUIREMENTS
The faculty of the MOT Program is concerned about your health and preventing acquisition of communicable diseases. To protect you as well as the clients you will be caring for, the following tests and immunizations are required. Written documentation of each test and immunization must be provided to or sent to:

LAC Graduate Programs
51 Westminster St.
Lewiston, ME 04240
gradprograms@usm.maine.edu or fax 207-753-6555

FAILURE TO PROVIDE INFORMATION WILL PREVENT YOU FROM ENTERING FIELDWORK AFFILIATIONS.

CPR CERTIFICATION REQUIREMENTS
Certification of Cardiopulmonary Resuscitation (CPR) is required prior to fieldwork affiliations. The certification must be specifically designed for Health Providers and include CPR instructions for Infants, Children & Adults.

The University health clinic web Site: usm.maine.edu/uhcs/. Outlines the option of paying a student health services fee. The fee is per semester and this includes unlimited office visits at the clinic. However, this does not cover lab tests or immunizations.

PROOF OF IMMUNITY/VACCINATIONS
against the following diseases is REQUIRED:

rubella titer
mumps titer
Hepatitis B
varicella (chicken pox).

Individual vaccines against Measles, Mumps, and Rubella are available, usually by special order from a pharmacy. Even if only one vaccine were needed, it would be to your advantage to get the MMR vaccine (containing Measles, Mumps, and Rubella) as you would get a booster effect on the other two diseases and you could save money. MMR is available at University Health Services in Portland. Telephone 780-4211

An optional form to help keep track of what immunizations go where follows on the subsequent page.
Maine state law requires college students to show proof of immunization against measles, mumps, rubella (MMR) and tetanus and diphtheria (TD). Students have two options when submitting their records:

**Option #1:** fill in your vaccination dates on this form and attach a copy of your medical or school record as proof.

**Option #2:** have your health care provider complete this form by filling in the dates of your vaccinations and signing below

**Student Name:** ____________________________________________________________

**USM Student ID#:** ____________________________ **DOB:** __________________________

### REQUIRED UNIVERSITY VACCINATIONS: PLEASE FILL IN DATES

1. **MMR (MEASLES, MUMPS, RUBELLA)**
   - **MMR #1** _____/_____/_______
   - **MMR #2** _____/_____/_______

2. **Td (TETANUS-DIPHTHERIA)** WITHIN THE LAST 10 YEARS TT OR Tdap ALSO ACCEPTED
   - **Td** _____/_____/_______
   - **Tdap** _____/_____/_______ or
   - **TT** _____/_____/_______

### REQUIRED MASTER OF OT PROGRAM VACCINATIONS

3. **HEPATITIS B**
   - **SAB Titer** _____/_____/_______
   - If Surface Antibody, Titer does not indicate immunity.

   **HEPATITIS B INOCULATIONS Series**
   - **a.** _____/_____/_______
   - **b.** _____/_____/_______
   - **c.** _____/_____/_______

4. **PPD (Tuberculosis Skin Test)**
   - _____/_____/_______

**Health Care Provider Signature:** ____________________________ **Date:** __________________________

**PLEASE NOTE:** In lieu of MMR vaccination records you may submit laboratory evidence of immunity to measles, mumps and rubella. **Attach the lab reports to this form.** Proof of Td vaccination is still required **Mail to:** Immunization Records, Shared Processing Center PO Box 412 Bangor, ME 04402-0412 Or fax to: 207-561-3430. **STUDENTS WITH IMMUNIZATION HOLDS PLACED BY USM WILL NEED TO FAX THEIR RECORDS TO 207-780-4911**
FIELDWORK

INTRODUCTION
Following are a few pages of explanation regarding the fieldwork experiences you will have as a USM MOT student. Fieldwork occurs because Occupational Therapy Practitioners in the community *volunteer* their time and experience to assist your learning. The time spent in fieldwork should consist of active engagement and clinical reasoning. These experiences provide opportunities for students to *apply* their learning from the classroom in a more clinical setting. Extra work/study/review in the after hours during fieldwork is expected. Some students have even felt that they worked harder while on their fieldwork than they did in school.

You will undoubtedly find yourselves frustrated and exhilarated at various times throughout fieldwork. Both states can facilitate learning! As you work toward the Level II experiences you will find yourself back at the start of the “learning curve,” even after two years of academic preparation. However, by the end of the six months we are confident that you shall look back at your clinical/ in-field practice experience as an exciting, challenging and fruitful time. Enjoy!

**Level I fieldwork** requires approximately 30 hours during EACH semester that it is assigned. Three of these experiences are required in the program. An OT/OTR supervisor is not required for Level I. You may experience exposure to a site with a supervisor from another discipline/profession.

We will honor the requests of the site for the timing of your Level I experience and what works best for them. They are going out of their way to offer students a Level I experience.

**Level II fieldwork** entails two 12-week affiliations, and they must be done in DIFFERENT areas of practice under the supervision of an OT/OTR who has at least one year of experience at the time that the student begins fieldwork under their supervision.

**Level I fieldwork is not to be substituted for any part of level II fieldwork.**

As you know from your admissions information and catalogue, USM will find a site placement on your behalf, but can NOT guarantee where it will be. We will collect information on your preferences, and will pursue opportunities to create a good match between student and site.

**DO NOT CONTACT SITES ON YOUR OWN** and ask about availability of fieldwork. For out of state sites, that you may interest you, PLEASE get a contact NAME and TELEPHONE NUMBER to give to the Academic Fieldwork Coordinator. It is important that USM personnel make the initial formal contacts. The relationship between fieldwork sites and the educational institution is a complex one. Given the fieldwork crisis in our profession we cannot afford to jeopardize even one placement.
Out of state requests should be submitted via the Out of State request form. If you know you want to go out of state, but do not have any specific sites in mind, indicate this on your Student Preference Survey. We will be utilizing sites where we have contracts FIRST. If we have a contract with an out of state site that has offered successful placements in the past we want to continue to use that placement.

Verify that you may go to ANY of the places you write down. After we call and procure a site for you, send paperwork and contracts, and discuss your strengths as a student, you cannot back out and wait for another site.

DO NOT find yourself an “informal” job shadow for “extra” experience. Again, the relationships we have with people in the community are very important. Practitioners know you are coming from this program even if you set up “informal” visits and they may have already agreed to take several students for formal placements. Getting further requests from students is overwhelming to them. See the Academic Fieldwork Coordinator if you have any questions.

Each student’s fieldwork experience is special and unique. You are not alone in your quest for the best site. The fieldwork coordinators sometime need to make difficult decisions. Your flexibility and respect are much appreciated. There are many variables that go into the decision about a good fit for the site, student, and supervisor. Your flexibility and respect are much appreciated.

We have many stories of students who ended up at a fieldwork sites in a practice area that they were unenthused about, but who completed that affiliation and really enjoyed it. Remember, the six months of fieldwork is a very exciting and nerve-wracking time, but also full of great learning and fun.

Going out on fieldwork can be an anxious time. Remember this is normal! It is also an exciting time of lots of learning. Year after year, we hear how much students enjoy their fieldwork once they are out there! We have every confidence that students from this program will continue to do very well and be successful!

GUIDELINES FOR LEVEL I FIELDWORK

The main objective of Level I fieldwork is to provide the student with opportunities to observe therapy environments and have occasional participation in hands-on activities with your supervisor present. Do not be surprised if you do not have an occupational therapist as your level I supervisor. The purpose of Level I is to learn about healthcare/human services environments and gain exposure to client and consumer populations. The purpose is not so much to observe specific OT intervention. Another level I focus is the development of professional skills and team communication.
It is not uncommon to have to be persistent in getting in touch with your supervisor prior to your first day. These folks are often busy, and may not be near a phone at predictable times of day.

The schedule has been set up based on the needs and preferences of the site. They are putting out support and effort to take students on. *Any changes in the schedule must be made with your supervisor and with the MOT’s Academic Fieldwork Coordinator.* It is your responsibility to participate in the communication process that occurs between the MOT program and the fieldwork site.

On the first day of fieldwork bring your fieldwork manual to have as a reference. If there are any forms lacking at the site, make sure the Academic Fieldwork Coordinator knows ASAP.

If you ever feel put in the position of taking on a task that you do not feel qualified for, take responsibility for speaking with your supervisor immediately. In addition you should discuss your concern with the Fieldwork Seminar instructor and/or the academic fieldwork coordinator.

It is important to come to the Fieldwork Seminar prepared with questions and reflections about fieldwork (yours or your classmates’). There are specific objectives and requirements for completing the USM- Lewiston Auburn Level I Fieldwork Please keep in mind that your site may occasionally have additional tasks/assignments for you to complete.

Please make sure to bring any administrative questions about Fieldwork LEVEL I to the Academic Fieldwork Coordinator. Questions about interventions or the Fieldwork Seminar can be directed to the seminar instructor.

**GUIDELINES FOR LEVEL II FIELDWORK**

Please know that we continue to be a resource for you even though you are not “on campus.”

We may not be able to make site visits to all places (especially out of state placements), but we always check in early and also mid-term by telephone during your placement.

Make sure you and your supervisor thoroughly review the schedule and expectations for your entire stay with them, early on – preferably within the first week. Both parties should be aware from the start, of special work days, projects required, and other specifics of the work to be done.

It is imperative that if you have time off requirements for important family/personal issues, that these are planned for and discussed up front PRIOR to your start at a site.
You should expect that almost everything you are going to be engaged in practice is something you have observed or that your supervisor helps you with the first time around or that the two of you have agreed that you feel comfortable going ahead with the first two criteria.

Asking questions is good. Do not feel it puts you at a disadvantage, as if you don’t know enough. If you are asking questions about information that your supervisor feels you should already know, he/she should tell you that.

There should be regular (however the two of you feel comfortable defining this) meetings between you and your supervisor. It is common that meetings occur informally every day for the first few weeks, and formally once per week. There should be no surprises at the midterm. Both parties should discuss any issues, including positive feedback, throughout the fieldwork.

If there are slow times at the facility, you should take initiative and look for things to do organizationally, projects, asking other department members if they need help, observe other team members, visit other facilities, etc. (with your supervisor’s permission.)

Approximately half way through the affiliation you should be working with approximately two thirds of a full “caseload.”

It is imperative that you remain flexible. That is what health care is all about. It is a lot of work for both the facility and supervisor to have a student there for such a long period of time. Rarely will things be perfect. It is important to remember that part of your learning is how to keep things in perspective.

Frequently, you will have several projects to complete as part of your fieldwork experience. These can range from article review presentations to the fabrication of a specific piece of adaptive equipment for a client. The expectation is that you invest productive time and thought into your tasks. It is not uncommon for students to spend an additional 5 hours or more per week on projects outside of the time invested at the facility. Even catching up on paperwork comes slowly at first, and time will also be needed to research and prepare interventions for the next day of fieldwork.

It is an expectation of MOT faculty that students devote considerable energy to their fieldwork experiences and are not working elsewhere during that time period. It is difficult for a supervisor to invest much time, energy and effort with a student who does not demonstrate understanding that fieldwork must be the primary focus of professional life.

Call/email if you have concerns; it is very appropriate for us to mediate if there are problems. However, the first thing we will ask you is whether you have brought any issues to your supervisor’s attention and made it clear to him or her that it is an issue for you. Call/email if you just love where you are!
Please keep in touch with faculty even after you are finished. It is important to us to know where you went and what you’re doing! The program also has an outcome study in which we look at graduate success, so we'll need your help (briefly) with this when you finish. To achieve this we must ask that you maintain a CURRENT address with the program. Please let us know when you get a job. We keep anonymous statistics on this as well as what students are finding for salaries.

FIELDWORK POLICIES AND PROCEDURES

SCHEDULE OF FIELDWORK

Policy: Each student is required to complete three (3) Level I clinical experiences and two (2) Level II clinical experiences as part of the MOT program. Level I Fieldwork requires approximately 20-30 hours per site. Level II Fieldwork requires twelve full time weeks at each site and cannot be substituted for by level 1 fieldwork hours.

Procedure: Clinical sites are set up by the LAC MOT academic fieldwork coordinator(s) and applicable paperwork is sent to each site.

CONFIDENTIALITY POLICY FOR CLINICAL EDUCATION

Policy: Clinical supervisors are considered adjunct faculty. Information regarding aspects of student performance that may affect fieldwork may be shared on a “need to know” basis. This information is shared after a discussion with the student.

It is our belief that privacy and confidentiality are the rights of all individuals. The maintenance of confidentiality helps to build trusting relationships and keeps the lines of communication open.

Procedure: Decisions regarding sharing of information about learning style, or other special considerations, are considered when they will insure a successful fieldwork experience for both the student and the clinical site. The decision is made by the Academic Fieldwork Coordinators in conjunction or consultation with other members of the MOT program as well as with the student.

Students’ medical and immunization information is sent out to each of the respective Fieldwork sites. This is mandatory in order for the sites to meet their OSHA (Occupational Safety and Health) standards.

With this in mind, we ask that all participants in the clinical education process support the right of individuals to positive and open communication, with serious consideration for confidentiality, in order to maximize the learning potential of all involved. Should problems arise during clinical practicum, we recommend the following steps be taken:
If either person thinks other intervention is needed, or they are not able to deal directly with one another, either (or both) should speak with the site’s clinical coordinator. If there is not a coordinator, then speak with the site’s department director.

If the problem cannot be resolved at this level, the Fieldwork Educator should contact the Academic Fieldwork Coordinator(s).

If a student brings a problem directly to the Academic Fieldwork Coordinator, the student will be advised to follow the steps as outlined above.

PROBLEM RESOLUTION DURING FIELDWORK EXPERIENCE

**Policy:** Students and Clinical Educators are expected to engage productively in communication and work toward mutually acceptable solutions to issues that may occur while the USM MOT student is at the fieldwork site. The Academic Fieldwork Coordinator(s) will participate in this process if the issue is serious enough to warrant it, and/or if either the student or if the Fieldwork Educator requests it.

**Procedure:**

As soon as a problem is identified, it should be discussed only between the people involved. (i.e. Between student and Fieldwork Educator).

If either person thinks other intervention is needed, or they are unable to deal directly deal with one another, either party should speak with the site’s clinical coordinator. If there is no coordinator, then refer to the department director.

If the problem cannot be resolved at this level, the clinical coordinator should contact the Academic Fieldwork Coordinator to discuss.

If a student brings a problem directly to the Academic Fieldwork Coordinator, the student will be advised to first follow the steps as outlined above.

CONFLICT OF INTEREST

**Policy:** Many students receive tuition assistance from health care facilities prior to their clinical education. The Master of Occupational Therapy program does encourage this practice. However, a conflict of interest and limited learning experience may occur when a student is placed at the same facility from where he/she is also receiving financial assistance.

Additionally, students occasionally have relatives involved within the wellness system. Relatives from a student’s immediate family (i.e. father, mother, brother, sister, spouse or partner) who have some jurisdiction over an occupational therapy practice (e.g. Chief Executive or Financial Officers of a hospital or organization, a physician who refers
clients to occupational therapy, individuals directly employed by the occupational therapy department, family members who serve on the Board of Directors for a facility) may create another conflict of interest for an unbiased experience and objective evaluation. Students will not be placed at a site where this situation occurs and are required to disclose this information.

**Procedure:** Students are required to disclose this information at the beginning of the scheduling process.

Students will not be placed either at sites from which they receive financial assistance, or where contractual arrangements have been initiated, **unless** they have petitioned the MOT Program Director and Faculty **prior to** the site selection process for Level II fieldwork. The petition **must** be approved in order for the student to be placed.

Concealment, and consequent discovery, of this information will result in mandatory withdrawal of the student from that site, necessitating another fieldwork placement and thus delaying graduation for that student.

**INSURANCE**

**Policy:** All MOT students are required to have adequate health insurance coverage prior to their first level 1 fieldwork or risk not being eligible for fieldwork placements. Lack of compliance may result in sites not accepting students for required fieldwork assignments.

**Procedure:** Students may purchase the University of Southern Maine’s policy [usm.maine.edu/uhcs/usm-student-insurance](http://usm.maine.edu/uhcs/usm-student-insurance) or show evidence of a private carrier.

Any policy from private carriers must have coverage at least equal to that offered by the University’s basic plan (USM Student Health Insurance Plan.) See graduate catalogue for further information regarding the insurance plan.

Students must bring their insurance card (or photocopy) prior to the start of their first level 1 fieldwork, to the Coordinator of Graduate Programs as evidence of compliance. A copy will be kept in the student’s file.

**Policy:** MOT students are responsible for completing their own applications to the national certification examination through NBCOT (National Board for Certification of Occupational Therapists.)

**Procedure:** During his/her second Level II fieldwork the student should access the NBCOT Website ([nbcot.org](http://nbcot.org)) for updated information regarding the certification exam.

**It is the student’s responsibility to register for the exam.** The student should be certain to follow NBCOT’s instruction carefully.
The student must contact USM’s Registrar’s office or MaineStreet to have his/her transcript sent to NBCOT.

**These useful Fieldwork forms and guidelines...**

Level I FW learning objectives

Level I evaluation of student

Student evaluation of level I experience

Level I FW Assessment Tool

Level II fieldwork student preference survey

Level II FW learning objectives

Student evaluation of level II experience

...are available 24/7 on MOT’s web site at: usm.maine.edu/ot/mot-fieldwork-resources
PREAMBLE

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

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

The Occupational Therapy Code of Ethics and Ethics Standards (2010) was tailored to address the most prevalent ethical concerns of the profession in education, research, and practice. The concerns of stakeholders including the public, consumers, students, colleagues, employers, research participants, researchers, educators, and practitioners were addressed in the creation of this document. A review of issues raised in ethics cases, member questions related to ethics, and content of other professional codes of ethics were utilized to ensure that the revised document is applicable to occupational therapists, occupational therapy assistants, and students in all roles.
The historical foundation of this Code and Ethics Standards is based on ethical reasoning surrounding practice and professional issues, as well as on empathic reflection regarding these interactions with others (see e.g., AOTA, 2005, 2006). This reflection resulted in the establishment of principles that guide ethical action, which goes beyond rote following of rules or application of principles. Rather, ethical action is a manifestation of moral character and mindful reflection. It is a commitment to benefit others, to virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage.

While much has changed over the course of the profession’s history, more has remained the same. The profession of occupational therapy remains grounded in seven core concepts, as identified in the Core Values and Attitudes of Occupational Therapy Practice (AOTA, 1993): altruism, equality, freedom, justice, dignity, truth, and prudence. Altruism is the individual’s ability to place the needs of others before their own. Equality refers to the desire to promote fairness in interactions with others. The concept of freedom and personal choice is paramount in a profession in which the desires of the client must guide our interventions. Occupational therapy practitioners, educators, and researchers relate in a fair and impartial manner to individuals with whom they interact and respect and adhere to the applicable laws and standards regarding their area of practice, be it direct care, education, or research (justice). Inherent in the practice of occupational therapy is the promotion and preservation of the individuality and dignity of the client, by assisting him or her to engage in occupations that are meaningful to him or her regardless of level of disability. In all situations, occupational therapists, occupational therapy assistants, and students must provide accurate information, both in oral and written form (truth). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions to direct them in their area(s) of practice (prudence). These seven core values provide a foundation by which occupational therapy personnel guide their interactions with others, be they students, clients, colleagues, research participants, or communities. These values also define the ethical principles to which the profession is committed and which the public can expect.

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

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

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

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

**DEFINITIONS**

Recipient of service: Individuals or groups receiving occupational therapy.

Student: A person who is enrolled in an accredited occupational therapy education program.

Research participant: A prospective participant or one who has agreed to participate in an approved research project.

Employee: A person who is hired by a business (facility or organization) to provide occupational therapy services.

Colleague: A person who provides services in the same or different business (facility or organization) to which a professional relationship exists or may exist.

Public: The community of people at large.

**BENEFICENCE**

Principle 1. Occupational therapy personnel shall demonstrate a concern for the well-being and safety of the recipients of their services.
Beneficence includes all forms of action intended to benefit other persons. The term beneficence connotes acts of mercy, kindness, and charity (Beauchamp & Childress, 2009). Forms of beneficence typically include altruism, love, and humanity. Beneficence requires taking action by helping others, in other words, by promoting good, by preventing harm, and by removing harm. Examples of beneficence include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, helping persons with disabilities, and rescuing persons in danger (Beauchamp & Childress, 2009).

**Occupational therapy personnel shall**

A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy.

B. Provide appropriate evaluation and a plan of intervention for all recipients of occupational therapy services specific to their needs.

C. Reevaluate and reassess recipients of service in a timely manner to determine if goals are being achieved and whether intervention plans should be revised.

D. Avoid the inappropriate use of outdated or obsolete tests/assessments or data obtained from such tests in making intervention decisions or recommendations.

E. Provide occupational therapy services that are within each practitioner’s level of competence and scope of practice (e.g., qualifications, experience, the law).

F. Use, to the extent possible, evaluation, planning, intervention techniques, and therapeutic equipment that are evidence-based and within the recognized scope of occupational therapy practice.

G. Take responsible steps (e.g., continuing education, research, supervision, training) and use careful judgment to ensure their own competence and weigh potential for client harm when generally recognized standards do not exist in emerging technology or areas of practice.

H. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the needs and goals of the recipient have been met or when services no longer produce a measurable change or outcome.

I. Refer to other health care specialists solely on the basis of the needs of the client.
J. Provide occupational therapy education, continuing education, instruction, and training that are within the instructor’s subject area of expertise and level of competence.

K. Provide students and employees with information about the Code and Ethics Standards, opportunities to discuss ethical conflicts, and procedures for reporting unresolved ethical conflicts.

L. Ensure that occupational therapy research is conducted in accordance with currently accepted ethical guidelines and standards for the protection of research participants and the dissemination of results.

M. Report to appropriate authorities any acts in practice, education, and research that appear unethical or illegal.

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

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

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

A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.

B. Make every effort to ensure continuity of services or options for transition to appropriate services to avoid abandoning the service recipient if the current provider is unavailable due to medical or other absence or loss of employment.

C. Avoid relationships that exploit the recipient of services, students, research participants, or employees physically, emotionally, psychologically, financially, socially, or in any other manner that conflicts or interferes with professional judgment and objectivity.

D. Avoid engaging in any sexual relationship or activity, whether consensual or nonconsensual, with any recipient of service, including family or significant other, student, research participant, or employee, while a relationship exists as an occupational therapy practitioner, educator, researcher, supervisor, or employer.

E. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues, students, research participants, or others.

F. Avoid any undue influences, such as alcohol or drugs, that may compromise the provision of occupational therapy services, education, or research.

G. Avoid situations in which a practitioner, educator, researcher, or employer is unable to maintain clear professional boundaries or objectivity to ensure the safety and well-being of recipients of service, students, research participants, and employees.

H. Maintain awareness of and adherence to the Code and Ethics Standards when participating in volunteer roles.

I. Avoid compromising client rights or well-being based on arbitrary administrative directives by exercising professional judgment and critical analysis.

J. Avoid exploiting any relationship established as an occupational therapist or occupational therapy assistant to further one’s own physical, emotional, financial, political, or business interests at the expense of the best interests of recipients of services, students, research participants, employees, or colleagues.

K. Avoid participating in bartering for services because of the potential for exploitation and conflict of interest unless there are clearly no contraindications or bartering is a culturally appropriate custom.

L. Determine the proportion of risk to benefit for participants in research prior to implementing a study.
AUTONOMY AND CONFIDENTIALITY Principle 3. Occupational therapy personnel shall respect the right of the individual to self-determination.

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

Occupational therapy personnel shall

A. Establish a collaborative relationship with recipients of service including families, significant others, and caregivers in setting goals and priorities throughout the intervention process. This includes full disclosure of the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention(s); and/or any reasonable alternatives to the proposed intervention.

B. Obtain consent before administering any occupational therapy service, including evaluation, and ensure that recipients of service (or their legal representatives) are kept informed of the progress in meeting goals specified in the plan of intervention/care. If the service recipient cannot give consent, the practitioner must be sure that consent has been obtained from the person who is legally responsible for that recipient.

C. Respect the recipient of service’s right to refuse occupational therapy services temporarily or permanently without negative consequences.

D. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program/educational institution.

E. Obtain informed consent from participants involved in research activities, and ensure that they understand the benefits, risks, and potential outcomes as a result of their participation as research subjects.
F. Respect research participant’s right to withdraw from a research study without consequences.

G. Ensure that confidentiality and the right to privacy are respected and maintained regarding all information obtained about recipients of service, students, research participants, colleagues, or employees. The only exceptions are when a practitioner or staff member believes that an individual is in serious foreseeable or imminent harm. Laws and regulations may require disclosure to appropriate authorities without consent.

H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and non-verbal communications, including compliance with HIPAA regulations.

I. Take appropriate steps to facilitate meaningful communication and comprehension in cases in which the recipient of service, student, or research participant has limited ability to communicate (e.g., aphasia or differences in language, literacy, culture).

J. Make every effort to facilitate open and collaborative dialogue with clients and/or responsible parties to facilitate comprehension of services and their potential risks/benefits.

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

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

Occupational therapy personnel shall

A. Uphold the profession's altruistic responsibilities to help ensure the common good.
B. Take responsibility for educating the public and society about the value of occupational therapy services in promoting health and wellness and reducing the impact of disease and disability.

C. Make every effort to promote activities that benefit the health status of the community.

D. Advocate for just and fair treatment for all patients, clients, employees, and colleagues, and encourage employers and colleagues to abide by the highest standards of social justice and the ethical standards set forth by the occupational therapy profession.

E. Make efforts to advocate for recipients of occupational therapy services to obtain needed services through available means.

F. Provide services that reflect an understanding of how occupational therapy service delivery can be affected by factors such as economic status, age, ethnicity, race, geography, disability, marital status, sexual orientation, gender, gender identity, religion, culture, and political affiliation. G. Consider offering pro bono (“for the good”) or reduced-fee occupational therapy services for selected individuals when consistent with guidelines of the employer, third-party payer, and/or government agency.

**PROCEDURAL JUSTICE** Principle 5. Occupational therapy personnel shall comply with institutional rules, local, state, federal, and international laws and AOTA documents applicable to the profession of occupational therapy.

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

**Occupational therapy personnel shall**

A. Be familiar with and apply the Code and Ethics Standards to the work setting, and share them with employers, other employees, colleagues, students, and researchers.
B. Be familiar with and seek to understand and abide by institutional rules, and when those rules conflict with ethical practice, take steps to resolve the conflict.

C. Be familiar with revisions in those laws and AOTA policies that apply to the profession of occupational therapy and inform employers, employees, colleagues, students, and researchers of those changes.

D. Be familiar with established policies and procedures for handling concerns about the Code and Ethics Standards, including familiarity with national, state, local, district, and territorial procedures for handling ethics complaints as well as policies and procedures created by AOTA and certification, licensing, and regulatory agencies.

E. Hold appropriate national, state, or other requisite credentials for the occupational therapy services they provide.

F. Take responsibility for maintaining high standards and continuing competence in practice, education, and research by participating in professional development and educational activities to improve and update knowledge and skills.

G. Ensure that all duties assumed by or assigned to other occupational therapy personnel match credentials, qualifications, experience, and scope of practice.

H. Provide appropriate supervision to individuals for whom they have supervisory responsibility in accordance with AOTA official documents and local, state, and federal or national laws, rules, regulations, policies, procedures, standards, and guidelines.

I. Obtain all necessary approvals prior to initiating research activities.

J. Report all gifts and remuneration from individuals, agencies, or companies in accordance with employer policies as well as state and federal guidelines.

K. Use funds for intended purposes, and avoid misappropriation of funds.

L. Take reasonable steps to ensure that employers are aware of occupational therapy’s ethical obligations as set forth in this Code and Ethics Standards and of the implications of those obligations for occupational therapy practice, education, and research.

M. Actively work with employers to prevent discrimination and unfair labor practices, and advocate for employees with disabilities to ensure the provision of reasonable accommodations.

N. Actively participate with employers in the formulation of policies and procedures to ensure legal, regulatory, and ethical compliance.

O. Collect fees legally. Fees shall be fair, reasonable, and commensurate with services delivered. Fee schedules must be available and equitable regardless of actual payer reimbursements/contracts.
P. Maintain the ethical principles and standards of the profession when participating in a business arrangement as owner, stockholder, partner, or employee, and refrain from working for or doing business with organizations that engage in illegal or unethical business practices (e.g., fraudulent billing, providing occupational therapy services beyond the scope of occupational therapy practice).

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

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

**Occupational therapy personnel shall**

A. Represent the credentials, qualifications, education, experience, training, roles, duties, competence, views, contributions, and findings accurately in all forms of communication about recipients of service, students, employees, research participants, and colleagues.

B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.

C. Record and report in an accurate and timely manner, and in accordance with applicable regulations, all information related to professional activities.

D. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.

E. Accept responsibility for any action that reduces the public’s trust in occupational therapy.
F. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, students, research participants, or the public.

G. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.

H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.

I. Give credit and recognition when using the work of others in written, oral, or electronic media.

J. Not plagiarize the work of others.

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

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

**Occupational therapy personnel shall**

A. Respect the traditions, practices, competencies, and responsibilities of their own and other professions, as well as those of the institutions and agencies that constitute the working environment.

B. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated by national, state, or local laws or permission to disclose is given by the individual.

C. Take adequate measures to discourage, prevent, expose, and correct any breaches of the Code and Ethics Standards and report any breaches of the former to the appropriate authorities.
D. Attempt to resolve perceived institutional violations of the Code and Ethics Standards by utilizing internal resources first.

E. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.

F. Avoid using one’s position (employee or volunteer) or knowledge gained from that position in such a manner that gives rise to real or perceived conflict of interest among the person, the employer, other Association members, and/or other organizations.

G. Use conflict resolution and/or alternative dispute resolution resources to resolve organizational and interpersonal conflicts.

H. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.

References


Authors Ethics Commission (EC):

Kathlyn Reed, PhD, OTR, FAOTA, MLIS, Chairperson, Barbara Hemphill, DMin, OTR, FAOTA, FMOTA, Chair-Elect, Ann Moodey Ashe, MHS, OTR/L, Lea C. Brandt, OTD, MA, OTR/L, Joanne Estes, MS, OTR/L, Loretta Jean Foster, MS, COTA/L, Donna F. Homenko, RDH, PhD, Craig R. Jackson, JD, MSW, Deborah Yarett Slater, MS, OT/L, FAOTA, Staff Liaison

Adopted by the Representative Assembly 2010C Apr17.

Name:

Evaluator:

Date:

Instructions: For each professional behavior, review the descriptors and rate the student’s performance 1 through 4 by circling the selected number.

Rating Scale:

1. Rarely (50% of less of the time) / Required level of professional skill not demonstrated

2. Occasionally (50 to 75% of the time) / Needs improvement in either quality or quantity

3. Frequently (75 to 95% of the time) / Required skill routinely demonstrated

4. Consistently (95% or more of the time) / Routinely demonstrates exceptional skill
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<td>Being on time for classes, work, meetings</td>
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<td>Handing in assignments, papers, report and notes when due</td>
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<td>Following through with commitments and responsibilities</td>
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<td>Communicating clearly and promptly with instructor when above is not possible.</td>
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2. **Professional Presentation** as demonstrated by:

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<td>Presenting oneself in a manner that is accepted by peers, clients, and employers</td>
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<td>Using body posture and affect that communicates interest or engaged attention.</td>
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<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>c</td>
<td>Using appropriate methods of coping with frustration.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d</td>
<td>Dressing appropriately for professional settings.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Comments:
3. **Leadership/Initiative** as demonstrated by:

<table>
<thead>
<tr>
<th></th>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Showing an energetic, positive, and motivated manner.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>b.</td>
<td>Self-starting projects, tasks and programs.</td>
<td></td>
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<tr>
<td>c.</td>
<td>Taking initiative to direct own learning.</td>
<td></td>
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<tr>
<td>d.</td>
<td>Willing to be assertive.</td>
<td></td>
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<tr>
<td>e.</td>
<td>Effective problem solving around needs of others.</td>
<td></td>
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<tr>
<td>f.</td>
<td>Advocating for self &amp; others.</td>
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</table>

**Comments:**

4. **Empathy** as demonstrated by

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<th>4</th>
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</thead>
<tbody>
<tr>
<td>a.</td>
<td>Being sensitive and responding to the feelings and behaviors of others.</td>
<td></td>
<td></td>
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<tr>
<td>b.</td>
<td>Listening to and considering the ideas and opinions of others.</td>
<td></td>
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<tr>
<td>c.</td>
<td>Rendering assistance to all individuals without bias or prejudice.</td>
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**Comments:**
5. **Cooperation** as demonstrated by:

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<tbody>
<tr>
<td>a.</td>
<td>Working effectively with other individuals.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b.</td>
<td>Showing consideration for the needs of the group.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c.</td>
<td>Developing group cohesiveness by assisting in the development of the knowledge and awareness of others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d.</td>
<td>Flexibly responds to the unexpected.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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Comments:

6. **Organization** as demonstrated by

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</thead>
<tbody>
<tr>
<td>a.</td>
<td>Prioritizing self and tasks.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b.</td>
<td>Managing time and materials to meet program requirements.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c.</td>
<td>Using organization skills to contribute to the development of others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</table>

Comments:
7. **Clinical Reasoning** as demonstrated by:

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<th>4</th>
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</thead>
<tbody>
<tr>
<td>a.</td>
<td>Using an inquiring or questioning approach in class and clinic.</td>
<td></td>
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<tr>
<td>b.</td>
<td>Analyzing, synthesizing, and interpreting information.</td>
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<tr>
<td>c.</td>
<td>Giving alternative solutions to complex issues and situations.</td>
<td></td>
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</table>

Comments:

8. **Interpersonal Skills** as demonstrated by:

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<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Giving and receiving constructive feedback while respecting the opinions and feelings of others</td>
<td></td>
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<tr>
<td>b.</td>
<td>Demonstrating sensitivity and respect for others regardless of differences including race, gender, sexual orientation, disability status, religious, ethnic/cultural backgrounds</td>
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<tr>
<td>c.</td>
<td>Acknowledging strengths and areas to develop</td>
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<tr>
<td>d.</td>
<td>Accepting responsibility for self and own actions, including acknowledging errors</td>
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<tr>
<td>e.</td>
<td>Accepting and depersonalizing feedback, recognizing that criticism is directed at behavior, not at individual person, and modifying behavior based on feedback from others.</td>
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Comments:
9. **Verbal Communication** as demonstrated by:

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</thead>
<tbody>
<tr>
<td>a.</td>
<td>Verbally interacting in class and clinic by asking relevant or insightful questions, making appropriate comments.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b.</td>
<td>Sharing perceptions and opinions with clarity and quality of content.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c.</td>
<td>Verbalizing opposing opinions with constructive results.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d.</td>
<td>Communicating effectively with instructor outside of class regarding class responsibilities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

**Comments:**

10. **Written Communication** as demonstrated by:

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<table>
<thead>
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</thead>
<tbody>
<tr>
<td>a.</td>
<td>Writing clearly and concisely, using correct grammar &amp; punctuation.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b.</td>
<td>Following APA guidelines correctly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c.</td>
<td>Seeking support for writing skills if warranted.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Comments:**
11. **Ethical Behavior** as demonstrated by:

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>a.</td>
<td>Showing concern for the well being of clients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b.</td>
<td>Avoiding relationships or activities that interfere with professional judgment and objectivity.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c.</td>
<td>Maintaining rules of confidentiality</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d.</td>
<td>Not interacting with clients beyond their level of knowledge.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e.</td>
<td>Always representing themselves &amp; their abilities &amp; qualifications honestly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Comments:**

**Indicators of concern for successful clinical performance.**

Check any areas of concern.

- **Discomfort with ambiguity in clinical reasoning**
- **Rigidity in thinking**
- **Lack of psychological insight**
- **Externalization of responsibility**
- **Discomfort with physically handling patients**

**Comments:**
Summary of findings, including strengths & areas needing improvement:

Plan for change:

Student Signature ___________________________________________ Date __________

Faculty/Educator Signature ___________________________________ Date __________

GUIDELINES FOR CLASS PARTICIPATION

Use the following as a guide to making classroom contributions meaningful:

These constitute **quality** participation:

- Thorough reasoning on a point
- Extension of knowledge
- Using/applying the language of the course
- Getting to the heart of key issues
- Perceptive questioning
- Statement of practical experiences
- Opening new doors for investigation
- Distinction between fact and opinion
- Proper substantiation

These **detract** from quality participation:

- Restatement of a point already made,
- Verbosity
- Incomplete analysis
- Unfounded criticism
- Distracting grunts
- Off-the-point statements
- Close-minded argumentation
- Off-the-cuff remarks
- Personal attacks on others

*Jean Gutman, USM School of Business*
<table>
<thead>
<tr>
<th>TRADITIONAL LEARNING</th>
<th>STUDENT CENTERED LEARNING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed: Inputs are carefully controlled</td>
<td>Open: Students are provided with a rich variety of inputs (immersion)</td>
</tr>
<tr>
<td>Serial-Processed: All learners are expected to follow the same learning sequence; learners only learn one thing at time.</td>
<td>Parallel Processed: Different learners simultaneously follow different learning paths; many types of learning happen at the same time for individual learners.</td>
</tr>
<tr>
<td>Designed: Both knowledge and the learning process are predetermined by others.</td>
<td>Emergent: Knowledge is created through the relationship between the knower and the known. The outcome cannot be known in advance.</td>
</tr>
<tr>
<td>Controlled: The “teacher” determines what, when, and how we learn.</td>
<td>Self-Organized: Students are active in the design of the curriculum, activities and assessments. Instructor is a facilitator and designer of learning.</td>
</tr>
<tr>
<td>Discrete, Separated: Disciplines are separate and independent; roles of teacher and student are clearly differentiated.</td>
<td>Messy, Webbed: Disciplines are integrated; roles are flexible.</td>
</tr>
<tr>
<td>Static: Same material and method applies to all students.</td>
<td>Adaptive: Material and teaching methods vary based on interests and learning styles</td>
</tr>
<tr>
<td>Linear: Material is taught in predictable, controlled sequences, from simple “parts” to complex “wholes”.</td>
<td>Nonlinear: Learn non-sequentially, with rapid and frequent iteration between parts and wholes.</td>
</tr>
<tr>
<td>Competing: We learn alone and compete with others for rewards.</td>
<td>Co-evolving: We learn together; our intelligence is based on our learning community.</td>
</tr>
</tbody>
</table>

Adapted From: A Learning College for the 21st Century By Terry O’Banion
THE CURVE OF FORGETTING

The Curve of Forgetting describes how we retain or get rid of information that we take in. It's based on a one-hour lecture.

On Day 1, at the beginning of the lecture, you go in knowing nothing, or 0%, (where the curve starts at the baseline). At the end of the lecture you know 100% of what you know, however well you know it (where the curve rises to its highest point).

By Day 2, if you have done nothing with the information you learned in that lecture, didn't think about it again, read it again, etc. you will have lost 50%-80% of what you learned. Our brains are constantly recording information on a temporary basis: scraps of conversation heard on the sidewalk, what the person in front of you is wearing. Because the information isn't necessary, and it doesn't come up again, our brains dump it all off, along with what was learned in the lecture that you actually do want to hold on to!

By Day 7, we remember even less, and by Day 30, we retain about 2%-3% of the original hour! This nicely coincides with midterm exams, and may account for feeling as if you've never seen this before in your life when you're studying for exams - you may need to actually re-learn it from scratch.

**You can change the shape of the curve!** A big signal to your brain to hold onto a specific chunk of information is if that information comes up again. When the same thing is repeated, your brain says, "Oh-there it is again, I better keep that." When you are exposed to the same information repeatedly, it takes less and less time to "activate" the
information in your long term memory and it becomes easier for you to retrieve the information when you need it. Here's the formula, and the case for making time to review material: Within 24 hours of getting the information - spend 10 minutes reviewing and you will raise the curve almost to 100% again. A week later (Day 7), it only takes 5 minutes to “reactivate” the same material, and again raise the curve. By Day 30, your brain will only need 2-4 minutes to give you the feedback, "Yup, I know that. Got it."

Often students feel they can't possibly make time for a review session every day in their schedules - they have trouble keeping up as it is. However, this review is an excellent investment of time. If you don't review, you will need to spend 40-50 minutes re-learning each hour of material later - do you have that kind of time? Cramming rarely plants the information in your long term memory where you want it and can access it to do assignments during the term as well as be ready for exams.

Depending on the course load, the general recommendation is to spend half an hour or so every weekday, and 1½ to 2 hours every weekend in review activity. Perhaps you only have time to review 4 or 5 days of the week, and the curve stays at about the mid range. That's OK, it's a lot better than the 2%-3% you would have retained if you hadn't reviewed at all.

Many students are amazed at the difference reviewing regularly makes in how much they understand and how well they understand and retain material. It's worth experimenting for a couple weeks, just to see what difference it makes to you!

_Counseling Services, Study Skills Programme University of Waterloo Web site; Accessed 7/20/04_
SIGNATURE PAGE for Handbook Acknowledgement

Please sign & return to the Coordinator of Graduate Programs.

I acknowledge that I have received a copy of the Lewiston-Auburn College, Master of Occupational Therapy Program Student Handbook. I understand that these materials will be supplemented and updated as needed. I understand that I will be held responsible for all material contained in the Master of Occupational Therapy program student handbook, the University of Southern Maine Graduate Catalog, and the MOT application materials. I may view changes to any of this material at any time on the university web site at http://www.usm.maine.edu/

In addition, I grant permission for my immunization health records, criminal background checks and Personal Data Sheet to be sent to fieldwork sites that I will be attending for Level I and Level II fieldwork for the duration of my participation in the MOT Program.

Student Signature ___________________________ Date ___________
### Master of Occupational Therapy Program

**STUDENT PERSONAL DATA SHEET**

**Education Information:** Entry level Master program consisting of two years of study and six months of fieldwork education.

<table>
<thead>
<tr>
<th>Name:</th>
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<table>
<thead>
<tr>
<th>Mailing Address:</th>
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<table>
<thead>
<tr>
<th>Home Tel #:</th>
<th>E-mail address:</th>
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<tr>
<th>Person and phone # to contact in case of emergency:</th>
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<table>
<thead>
<tr>
<th>Previous higher educational institutions attended and degrees received:</th>
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<table>
<thead>
<tr>
<th>Other languages read (<em>Including Braille</em>)</th>
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<table>
<thead>
<tr>
<th>Other languages spoken (<em>Including sign language</em>)</th>
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</table>
PREVIOUS WORK EXPERIENCE

FIELDWORK EXPERIENCES TO DATE

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Level I or II?</th>
<th>Setting type</th>
<th>Length of Time</th>
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Learning Style - *I would describe my learning style as:*

Student Signature:______________________________________________________
STUDENT FILE DOCUMENTATION CHECKLIST

Students are responsible for ensuring the following documents are submitted to the Graduate programs office for retention in their MOT student files as well as updating the documents as necessary (annual membership renewals, etc.)

☐ Signature page Student Handbook Appendix

☐ Student Personal Data Sheet Student Handbook Appendix

☐ A photo copy of your health insurance card obtained – must be in place for fieldwork

☐ Copies of your immunizations; ARE REQUIRED by BOTH USM Health Services AND the MOT program for your fieldwork placements obtained – must be in place for fieldwork

☐ A photocopy of CPR certification or card When obtained – must be in place for fieldwork

☐ A copy of AOTA membership card or membership confirmation page. Please subscribe for the student rate at www.aota.org.

☐ A copy of MeOTA membership card or membership confirmation page. Please subscribe via www.meota.com.