TO: STUDENTS ENTERING THE OCCUPATIONAL THERAPY PROGRAM

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       Chairperson
       Occupational Therapy Department

On behalf of the Department of Occupational Therapy faculty and staff, welcome to the Entry-level Master’s Program in Occupational Therapy! We plan that your efforts, combined with ours, will prepare you to become an entry-level therapist upon graduation.

We will be in communication with you regarding specific schedules and activities as we approach the program’s start date. Meanwhile, we strongly encourage you to become acquainted with the contents of this student manual. It contains departmental policies that may affect you, and other important topics such as the philosophy of occupational therapy, curriculum design and sequence, course content, fieldwork information, etc.

This manual provides you with information related specifically to the program. In addition, as a member of the UND student body, it is important to be aware of, read, and periodically refer to other resources available to you, especially the UND Code of Student Life, available through the UND Web site. All these resources together will allow you to smoothly navigate through the program.

Have a good year!
# TABLE OF CONTENTS

DEPARTMENT OF OCCUPATIONAL THERAPY ................................................................. 5  
MASTER OF OCCUPATIONAL THERAPY DEGREE PROGRAM ........................ 5  
MISSION STATEMENT ......................................................................................... 5  
OCCUPATIONAL THERAPY AS A PROFESSION .............................................. 5  
ACCREDITATION AND CERTIFICATION .......................................................... 6  
PHILOSOPHY APPLIED TO INSTRUCTION AND LEARNING IN THE OCCUPATIONAL THERAPY PROGRAM ......................................................... 7  

APPLICATION AND ADMISSION TO THE PROFESSIONAL PROGRAM ......... 11  
PRE-OT REQUIREMENTS ................................................................................... 11  
TECHNICAL STANDARDS FOR MATRICULATION, PROGRESSION, AND GRADUATION ........................................................................................................ 13  
OT DEPARTMENT TECHNICAL STANDARDS FOR MATRICULATION, PROGRESSION, AND GRADUATION ................................................................. 16  
UND OT DISTANCE TECHNOLOGY AND CLASSES ....................................... 18  
OPTIONAL BACHELOR DEGREE ...................................................................... 18  
TRANSITION TO YEAR THREE AND GRADUATE SCHOOL REQUIREMENTS ...... 19  

CURRICULUM ....................................................................................................... 20  
OVERVIEW ......................................................................................................... 20  
CURRICULUM DESIGN ..................................................................................... 20  
CURRICULUM THREADS .................................................................................. 23  
CURRICULUM SEQUENCE ............................................................................. 26  
COURSE DESCRIPTIONS .................................................................................. 30  
FIELDWORK DESCRIPTIONS ......................................................................... 35  
STUDENT LEARNING GOALS: OCCUPATIONAL THERAPY STUDENT COMPETENCIES ............................................................................................. 38  

DEPARTMENTAL POLICIES ................................................................................. 42  
APPOINTMENTS WITH FACULTY MEMBERS .................................................. 42  
ACADEMIC ADVISOR ....................................................................................... 42  
ADDRESSING FACULTY ................................................................................. 42  
ATTENDANCE .................................................................................................... 42  
CONDUCT ......................................................................................................... 43  
SOCIAL NETWORKING ..................................................................................... 44  
DRESS CODE .................................................................................................... 45  
STUDENT WITH DISABILITIES: ACCOMMODATION REQUEST .................... 46  
EXAMINATIONS ............................................................................................... 47  
TESTING ETIQUETTE ..................................................................................... 47
DEPARTMENT OF OCCUPATIONAL THERAPY

Faculty: Jedlicka (Chair), Bass, Fox, Grabanski, Hanson, Haskins, Janssen-Holweger, Lamborn, Meyer, Morrison, Nielsen, Stube, and Zimmerman

MASTER OF OCCUPATIONAL THERAPY DEGREE PROGRAM

The Department of Occupational Therapy at the University of North Dakota offers a five-year entry level Master of Occupational Therapy (MOT) degree. We think you will agree with us that occupational therapy is a rewarding career choice because of the opportunity it affords to make a positive difference in people’s lives. Helping people of any age learn to recover from life’s challenges and relearn the skills for the “job of living” is profoundly unique.

MISSION STATEMENT

The Department of Occupational Therapy shares the mission of the University of North Dakota and the School of Medicine and Health Sciences to serve the public through: 1) teaching and preparation of highly skilled entry-level occupational therapists, 2) scholarly and creative activity, and 3) service. The mission is accomplished through integration of scholarly inquiry and application of occupation in teaching/learning and OT practice contexts. Promotion of health and wellness of the public through engagement in meaningful and valued occupations and commitment to best practices within the profession of OT are expected outcomes. Best practices in the profession will reflect the exemplars of self-reflection, client-centeredness, and occupation-centered practice driven by research evidence. The skills for lifelong learning and ethical and effective leadership will be promoted to enhance the quality of life of all people with whom we engage.

OCCUPATIONAL THERAPY AS A PROFESSION

Occupational therapy is a comprehensive health care profession, requiring a diverse set of skills and abilities that are utilized in varying degrees within OT careers. This variety within practice lends itself to the employment of individuals with many different interests and abilities. Occupational therapists, as a professional group, have a deep commitment to providing competent and ethical interventions in collaboration with clients who have many different occupational challenges due to health status, state of well-being, and development.

The Department of Occupational Therapy is dedicated to the education of students as generalist practitioners and is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). Thus, students are prepared for an occupational therapy career in all areas of practice, equipped with the skills needed to succeed in fieldwork experiences and in eventual clinical practice. After the successful completion of academic preparation, and fieldwork experiences, passing a national certification exam is required prior to practicing as an occupational therapist.
ACCREDITATION AND CERTIFICATION

Only students who have successfully matriculated through an accredited entry-level program in occupational therapy are eligible to sit for the certification exam.

Statement of Accreditation
The Occupational Therapy Program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). For information regarding accreditation, contact ACOTE at (301) 652-2682, or ACOTE, 4720 Montgomery Lane, Suite 200, Bethesda, Maryland, 20814-3449. The web address is [www.acoteonline.org](http://www.acoteonline.org). All basic professional programs must comply with the Standards for an Accredited Educational Program for the Occupational Therapist, 2006. The UND Occupational Therapy Program at both the main campus and the Casper site were last awarded continuing accreditation following the on-site visit, October 31-November 2, 2011. The next accreditation onsite visit is scheduled for the 2021/2022 academic year.

Certification
Graduates of the program will be able to sit for the national entry-level certification examination for the occupational therapist administered by the National Board for Certification in Occupational Therapy, INC. (NBCOT, 800 South Frederick Avenue, Suite 200, Gaithersburg, MD 20877-4150; phone 301-990-7979). After successful completion of this examination the graduate will be an Occupational Therapist Registered (OTR). Most states require licensure in order to practice; state licenses may be based on the results of the NBCOT certification examination.

It is important to be aware that a felony conviction may affect a graduate’s ability to sit for the National Board for Certification in Occupational Therapy (NBCOT) certification examination or to attain state licensure as an Occupational Therapist. You will be asked to respond to the following questions when registering for the NBCOT exam:

- Have you ever been charged with or convicted of a felony?
- Have you ever had any professional license, registration, or certification revoked, suspended or subject to probationary conditions by a regulatory authority or certification board?
- Have you ever been found by any court, administrative, or disciplinary proceeding to have committed negligence, malpractice, recklessness, or willful or intentional misconduct, which resulted in harm to another?

Information regarding NBCOT’s process of screening applicants for Character Review may be found at [www.nbcot.org](http://www.nbcot.org). If you have any questions, the department will assist you in this process.
The University of North Dakota (UND) Occupational Therapy Program recognizes and supports the American Occupational Therapy Association’s (AOTA) Philosophy of Education (2007) which has been reproduced and provided with permission.

Occupational therapy education is grounded in the belief that humans are complex beings engaged in a dynamic process of interaction with the physical, social, temporal, cultural, psychological, spiritual, and virtual environments. Through active engagement within the internal and external environments, humans evolve, change, and adapt. Occupational therapy educators advocate for the use of occupation to facilitate health promoting growth, change, and/or adaptation with the goal of participation in meaningful occupation that supports survival, self-actualization, occupational balance, and quality of life.

The profession of occupational therapy is unique and dynamic, grounded in core principles of occupation, and is influenced by emerging knowledge and technologies. Thus, the education of future occupational therapists and occupational therapy assistants must consistently reinforce the development of new knowledge supporting the use of occupation, the application of clinical reasoning based on evidence, the necessity for lifelong learning, and the improvement of professional knowledge and skills.

Occupational therapy education promotes competence through educational experiences that foster the occupational therapists’ and occupational therapy assistants’ practice [of] potential and scholarship development. Occupational therapy educators use active learning that engages the learner in a collaborative process that builds on prior knowledge and experience and integrates professional academic knowledge, experiential learning, clinical reasoning, and self-reflection. Occupational therapy education promotes integration of philosophical and theoretical knowledge, values, beliefs, ethics, and technical skills for broad application to practice in order to improve human participation and quality of life for those individuals with and without impairments and limitations.

The occupational therapy education process emphasizes continuing critical inquiry in order that the occupational therapists and occupational therapy assistants be well prepared to function and thrive in the dynamic environments of a diverse and multicultural society, using the power of occupation as the primary methods of evaluation, intervention, and health promotion. (p. 640)

In addition to recognizing AOTA’s Philosophy of education, the UND Occupational Therapy Department has adopted an integrative view of humanity, view of the learner, and philosophy of instruction.
View of Humanity

Humans, like all living organisms, have the capacity for self-organization. Humans consciously engage in environments and contexts in which they intentionally choose or are obligated to “do”, perform, create, act, behave, and interact with others in ways that create meaning and purpose over the lifespan. Ultimately, the broad range of human endeavor leads to adaptation as each human being responds to occupational challenges presented in and affected by the unique features, opportunities, barriers, or situation of each environment; as well as the presence or absence of other beings. The adaptation process is influenced by the human capacity to feel, perceive, think, and reflect during the performance of occupations. When human desire for mastery (a principle of self-organization), is congruent with the environmental press, the human has achieved relative mastery. Such mastery and adaptive success is hallmarked by integration of the experience intrinsically and extrinsically. Extrinsic integration is observed in the way in which humans inhabit roles, engage in patterns and repetitions comprising tasks and participate in human rituals, habits and routines. Intrinsic integration (within the person) is known as learning. Viewed as a transformative process, learning influences the knowledge, skills, attitudes, and behavior of human beings in the world and is related conceptually to the principles of adaption and self-organization.

View of the Learner

In addition to the AOTA’s Philosophy of Education, the UND Occupational Therapy Program supports, advocates for, and implements the tenets of constructivism as described by Piaget, Vygotsky, Dewey, and others for which the focus is “cognitive development and deep understanding” (Twomey-Fosnot & Perry, 2005, p. 10). Twomey-Fosnot (2005) described Constructivism as:

[A] theory about knowledge and learning; it describes both what ‘knowing’ is and how one ‘comes to know.’ Based on work in psychology, philosophy, science, and biology, the theory describes knowledge not as truths to be transmitted or discovered, but as emergent, developmental, nonobjective, viable constructed explanations by humans engaged in meaning-making in cultural and social communities of discourse (p. ix).

The tenets of constructivism are consistent with the underlying principles of the Occupation Adaptation model, which purports that intervention focused on the internal adaptation process is considered more efficient and likely to generalize to other contexts than intervention focused on general skill development (Schkade & Schultz, 1992). In the educational context, active participation in learning activities, reflective of professional role expectations, facilitates engagement in the learning process. Opportunities for reflection and self-assessment direct student attention to internal and environmental factors influencing performance thereby promoting adaption and skilled performance. The student is considered the agent of change - rather than the instructor - and assumes responsibility for personal and professional development.

Subsequently, the following tenets represent the UND Occupational Therapy Program’s view of human beings within their role as learners.
Each learner:

1. Assumes ownership for his or her professional and personal development.

2. Is an agent of life-long change and transformation that is based largely on the perceptual experience of the individual (von Glaserfeld, 2005).

3. Possesses unique background experiences resulting in a unique learner role configuration.

4. Will enhance the learning process through participatory engagement, reciprocal experiences, and multiple opportunities for learning application.


6. Benefits from learning that is situated in multiple contexts understood by the learner (Cobb, 2005; von Glasersfeld, 2005).

7. Constructs knowledge through giving, receiving, processing, and applying critical feedback within a social community (Twomey Fosnot & Perry, 2005) and assisting with creating new communities of knowledge exchange (Hooper, 2006).

Philosophy of Instruction

The following assumptions have been adopted to guide the curriculum design, provide a foundation for instruction, and promote learner knowledge of occupation.

The UND Occupational Therapy Faculty strive to:

1. Promote understanding and utilization of occupation across the curriculum to support subject-centered learning.

2. Facilitate active engagement in learning as the central occupational focus of the student role.

3. Optimize opportunities for learner self-assessment and reflection to promote student ownership for personal and professional development.

4. Support the development of a community of critical inquirers and knowers who are lifelong learners and contributors of knowledge.

5. Create contexts for situated learning to promote learner acquisition of understanding of occupation.

6. Facilitate student attention to the need for healthy self-care in order to maintain attention to self-agency in the learning process and when providing service to others.
References


APPLICATION AND ADMISSION TO THE PROFESSIONAL PROGRAM

PRE-OT REQUIREMENTS

A pre-OT student typically spends the first two years as a pre-major at the University of North Dakota to complete the program prerequisites. In the beginning of the sophomore year when the student is completing the required courses, he/she must make written application for admission to the professional occupational therapy program. The College-Level Examination Program® (CLEP) in natural sciences will not meet the Biology and Chemistry requirements in Occupational Therapy. Students should carefully check all CLEP exams for potential acceptance at UND. A student must have at least a C in all prerequisite courses. The student must also obtain a minimum of a C in all professional level courses.

Students with other educational backgrounds must meet these requirements before applying to the professional program.

Essential Studies Requirements

Essential Studies requirements at UND consist of three categories of requirements for all undergraduates:
1. Special Emphasis
2. Breadth of Knowledge
3. Capstone

The OT professional program requirements meet or exceed most of the Essential Studies requirements when the total of prerequisite courses and the courses contained in the professional program are completed. Please see p. 11 of this manual for additional information and the UND Office of the Registrar Web page: http://www.und.nodak.edu/dept/registrar/EssentialStudies/esindex.html for a complete explanation of Essential Studies requirements.

Admissions Criteria

Admission to the professional program in occupational therapy is on a competitive basis with consideration given to pre-professional performance in the sciences, general graduation requirements, leadership potential, volunteer work and personal qualifications. Each application is thoroughly reviewed. This review includes the applicant’s academic record (must have minimum overall GPA of 2.75 based on a 4 point scale), pattern of withdrawals, incompletes, etc., elective coursework, volunteer and/or work experience, references, essay and a personal interview.

A prerequisite for admission to the UND Professional Program at the Year I level will be 60 hours of observation, of which 45 hours must be with a professional occupational therapist or certified occupational therapy assistant and should be distributed over the three required areas (Psychosocial, Physical Dysfunction, Pediatric).

Online applications are available during the fall of each year. Please go to our website for detailed information and links: http://www.med.und.nodak.edu/depts/ot/admissions.html.

Note that the Department will provide reasonable accommodation to qualified students with disabilities (please see UND Catalog 2009-2011, page 16, Disability Services for Students or go on
Students accepted into the OT program are required to complete a criminal background check prior to starting classes. Results of this check may influence your ability to start the program or complete fieldwork in the program. The University of North Dakota policy on criminal background checks is provided in the Appendix (pages 81-85).

Courses required to be taken prior to professional program

<table>
<thead>
<tr>
<th>Course ID</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engl 110</td>
<td>College Composition I</td>
<td>(3)</td>
</tr>
<tr>
<td>Engl 120</td>
<td>College Composition II</td>
<td>(3)</td>
</tr>
<tr>
<td>Engl 125</td>
<td>Technical and Business Writing</td>
<td>(3)</td>
</tr>
<tr>
<td>Comm 110</td>
<td>Fundamentals of Public Speaking</td>
<td>(3)</td>
</tr>
<tr>
<td>Biol 150/150L</td>
<td>General Biology (laboratory)</td>
<td>(4)</td>
</tr>
<tr>
<td>Chem 115/115L</td>
<td>Introductory Chemistry (laboratory)</td>
<td>(4)</td>
</tr>
<tr>
<td>Chem 121/121L</td>
<td>General Chemistry I (laboratory)</td>
<td>(4)</td>
</tr>
<tr>
<td>Psych 111</td>
<td>Introduction to Psychology</td>
<td>(3)</td>
</tr>
<tr>
<td>Psych 241</td>
<td>Introduction to Statistics</td>
<td>(4)</td>
</tr>
<tr>
<td>Soc 326</td>
<td>Sociological Statistics</td>
<td>(3)</td>
</tr>
<tr>
<td>Psych 250</td>
<td>Developmental Psychology</td>
<td>(4)</td>
</tr>
<tr>
<td>Psych 270</td>
<td>Abnormal Psychology</td>
<td>(3)</td>
</tr>
<tr>
<td>Anat 204</td>
<td>Anatomy for Paramedical Personnel</td>
<td>(3)</td>
</tr>
<tr>
<td>Anat 204L</td>
<td>Anatomy Laboratory</td>
<td>(2)</td>
</tr>
<tr>
<td>Soc 110</td>
<td>Introduction to Sociology</td>
<td>(3)</td>
</tr>
<tr>
<td>PPT 301</td>
<td>Mechanics of Human Physiology</td>
<td>(4)</td>
</tr>
<tr>
<td>OT 200</td>
<td>Introduction to Occupational Therapy</td>
<td>(2)</td>
</tr>
<tr>
<td></td>
<td>Arts and Humanities electives*</td>
<td>(9)</td>
</tr>
</tbody>
</table>

Courses with prerequisites

<table>
<thead>
<tr>
<th>Course ID</th>
<th>Course Title</th>
<th>Prerequisite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engl 120</td>
<td></td>
<td>Engl 110</td>
</tr>
<tr>
<td>Engl 125</td>
<td></td>
<td>Engl 110</td>
</tr>
<tr>
<td>Chem 121/121L</td>
<td></td>
<td>Math 102; (Co-requisite – Math 103)</td>
</tr>
<tr>
<td>Psych 241</td>
<td></td>
<td>Math 103</td>
</tr>
<tr>
<td>Anat 204L</td>
<td></td>
<td>Anat 204 (or co-requisite)</td>
</tr>
<tr>
<td>PPT 301</td>
<td></td>
<td>Anat 204 and either Biol 150/150L or Chem 116/116L or Chem 121/121L</td>
</tr>
</tbody>
</table>

* Essential Studies requirements for Arts & Humanities include at least 3 credits from courses designated as “Fine Arts” and at least 3 credits from courses designated as “Humanities”. In addition, Essential Studies requires 3 credits from a course that satisfies the Special Emphasis component, “Global Diversity”. Refer to the Essential Studies Web site for a listing of courses that meet the Global Diversity requirement. Again, the OT Professional Program requirements meet or exceed the Essential Studies Requirements when the total of prerequisite courses and the courses contained within the professional program are completed.

International Students

For students from outside of the United States who are interested in applying to the OT Program at the University of North Dakota, please contact the UND Office of International Programs for admission requirements and eligibility for attendance at UND. Please note, if you are interested in the Wyoming program, you will need to determine your eligibility for attendance through the U.S. Citizenship and Immigration Service (USCIS) with regard to attendance at a satellite campus and distance instructional formats.
TECHNICAL STANDARDS FOR MATRICULATION, PROGRESSION, AND GRADUATION

University of North Dakota
School of Medicine and Health Sciences

OVERVIEW

The University of North Dakota School of Medicine and Health Sciences has a responsibility to society to graduate the best possible healthcare providers. All graduates of this institution must use professional knowledge, skills, and attitudes to function in a wide variety of health care settings and to render a wide spectrum of patient care. The technical standards are designed to ensure the graduation of capable, well rounded and appropriately trained health care providers. (Each professional program may have additional technical standards specific to the requirements of the program.) In order to fulfill this responsibility, UND SMHS has established six areas of competency that must be sufficiently developed to participate in, and to graduate from a professional program.

Competency Areas:

1. Health Care/Scientific Knowledge
2. Clinical Skills
3. Ethical and Professional Behavior
4. Interpersonal and Communication Skills
5. Lifelong Learning
6. Healthcare Systems-based Practice and Improvement

The educational programs offered at UND SMHS are academically rigorous with the structured broad general training that is intended to produce "undifferentiated healthcare providers." The school's academic standards and technical standards are intended to support that model. Whereas a truly undifferentiated healthcare provider may not be achievable, the standards attempt to ensure that graduates of the school possess the background to pursue virtually any area of specialty. Thus all students must meet the academic standards and the technical standards to matriculate, to progress through the curriculum, and to meet the requirements for graduation.

Academic standards refer to acceptable demonstrations of mastery in various disciplines, before matriculation and after, as judged by faculty members, examinations, and other measurements of performance. Every effort is made to meet the academic needs of the health science student within the professional program. When a student's ability to perform the technical standards is compromised, the student must demonstrate alternative means and/or abilities to perform the specified tasks. The following technical standards describe the basic competencies essential to successful completion of healthcare programs at UND SMHS.

Beyond the stated admissions requirements, students must demonstrate the following technical standards with or without accommodations. It is the student’s responsibility to identify/disclose any disabilities if requesting any needed accommodations.
TECHNICAL STANDARDS AND CAPACITY

In order for a student to adequately address the six competency areas noted earlier, he/she must possess the requisite capacities/abilities in the following broad areas:

1. **Perception/Observation**

   To achieve the required competencies in the classroom setting, in the clinical setting, and in the small group setting, students must be able to perceive, assimilate, and integrate information from a variety of sources. Students must be able to perceive and appropriately interpret nonverbal communications.

2. **Communication**

   Students must be able to skillfully communicate, both orally and in writing (in English) and with faculty members, health care team members, patients, families, and other students in order to elicit, convey, and clarify information; create rapport; and work collaboratively. Students must be able to clearly speak and hear in order to effectively communicate sensitively with patients, including individuals from different cultural and social backgrounds: this includes, but is not limited to the ability to establish rapport with patients and effectively communicate judgments and treatment information.

3. **Functional Activities**

   Students must possess sufficient motor, tactile, and sensory functions in order to attend and participate in activities which are part of the curriculum. This includes production of written and oral communication commensurate with the profession. Depending on the health care profession at the SMHS, students are expected to assess patients using all appropriate evaluation tools, diagnostic maneuvers and procedures, perform basic laboratory procedures and tests, and provide patient care appropriate to the circumstances. Students are expected to function in a wide variety of patient care settings in a reasonably independent and potentially high speed/high demand environment. Motor, tactile, sensory, and proprioceptive abilities are necessary to perform a complete and thorough assessment and intervention plan with the patient. Students must also be able to safely and efficiently utilize equipment and materials necessary to assist patients.

4. **Professional and Ethical Behavior**

   Students must consistently demonstrate the core attributes of professional behavior appropriate to the healthcare field, including commitment to excellence, honesty, and integrity, respect for others, empathy and compassion, professional responsibility, social responsibility, and altruism. Students must exhibit the ability to meet the challenges of any medical situation that requires a readiness for immediate and appropriate response without interference of personal or medical problems.

   It is the student’s responsibility to attend and be able to travel to and from classes and clinical assignments in a timely manner. He/she must possess the organizational skills and stamina for performing required tasks and assignments within allotted time frames.

   Students must adhere to the policies of the State Board of Higher Education, University, School of Medicine and Health Sciences, the healthcare program, and the clinical sites. This includes matters
ranging from professional dress and behavior to attending the program's academic schedule which may differ from the University's academic calendar and be subject to change at any time.

Students need to take the initiative to address and direct their own learning. They are required to work cooperatively and collaboratively with peers on assigned projects, and participate willingly in the supervisory process involving evaluation of abilities and acquisition of skills. The students will take initiative in becoming a contributory member of a health care team as appropriate for their program and level of education.

5. Cognition

Students must demonstrate critical thinking skills so that they can problem solve, understand abstract ideas, and synthesize information presented in the classroom, laboratory and clinical settings. Students must be able to measure, calculate, reason, analyze, process, integrate, synthesize, retain and apply facts, concepts, and data related to the art and science of healthcare. Students must have the cognitive capacity to appropriately utilize technology in the classroom and in the clinical setting. They must also be able to analyze three-dimensional and spatial relationships. Sound judgment and ethical reasoning as well as clinical reasoning are essential. Students must possess the above abilities to reach diagnostic and therapeutic judgments.

6. Behavioral and Social

Students must demonstrate emotional stability and be capable of developing mature and effective interpersonal relationships with other students, faculty, and healthcare workers. Students must be able to tolerate physically and emotionally taxing workloads and function effectively under stress. Students must be able to adapt to changing environments, display flexibility, accept and integrate constructive criticism, and function in the face of uncertainties inherent in the educational and clinical settings. Students must be able to engage in personal reflection and self-awareness as a mechanism of effective personal growth, development and lifelong learning.

Additional or clarifying technical standards may be required of the individual health science program. See individual departmental policies for specific details.

If any health sciences applicants or students have a question about whether he or she can meet these standards due to functional limitations from a disability, he or she should contact Disability Services for Students (DSS), the campus resource for confidential discussion and support regarding reasonable accommodations:

Disability Services for Students
Room 190 McCannel Hall Stop 9040
Grand Forks, ND 58202 – 9040
dss@und.edu
701 – 777-3425 Voice/TDD
Fax 701 – 777 – 4170
OVERVIEW

In addition to the Technical Standards set forth by the UND SMHS, the Department of Occupational Therapy has developed the following technical standards specific to the Occupational Therapy Program.

1. Perception/Observation

Students must be able to perceive, assimilate, and integrate information from a variety of sources including oral presentations, printed materials, visual media, and hands-on demonstrations. Students must demonstrate adequate functional use of visual, tactile, auditory, and other sensory and perceptual modalities to enable such observations and information acquisition necessary for academic and clinical performance. Students must be able to perceive and appropriately interpret nonverbal communications.

2. Communication

Students must demonstrate stability and acceptable communication skills and be capable of developing mature and effective interpersonal relationships with other students and health care workers. Effective communication is critical for students to build relationships with faculty, advisors, fellow students, co-workers, clients and their significant others in the student’s various roles of learner, colleague, consultant and leader. Students must effectively and sensitively communicate with patients and colleagues, including individuals from different cultural and social backgrounds, this includes, but is not limited to, the ability to establish rapport with patients and effectively communicate judgments and treatment information. Students are required to communicate in the English language both verbally and in writing, at a level consistent with competent professional practice. Students are expected to use grammar and vocabulary proficiently.

3. Functional Activities

Students must possess the sensory and motor functions needed to participate effectively in procedures common to occupational therapy practice. Students must be able to exhibit sufficient postural and neuromuscular control, sensory function and coordination to safely and accurately provide assessment and treatment for clients. Students must be able to demonstrate safe use of accepted techniques accurately which includes safety when involved in the use of hand and mechanical tools as well as other treatment materials. Students must be able to gather, comprehend, utilize, and disseminate information effectively, efficiently, and according to professional standards. Students must be able to gather information, and describe findings verbally and in writing (e.g., in a physical examination record and treatment plan). The communication should be comprehensible by patients, professionals, and lay-persons. Students need to be able to participate in physical activity involving lifting of approximately 50 lbs., bending, moving and supporting others. Students must possess functional use of visual, auditory and tactile senses to observe and interpret client signs and symptoms.
4. Professional and Ethical Behavior

Students must demonstrate a commitment to excellence, honesty, integrity, respect for others, compassion, social responsibility, and altruism. Students must demonstrate stability and acceptable communication skills and be capable of developing mature and effective interpersonal relationships with other students, faculty, and health care workers. Students must exhibit the ability to meet the challenges of any medical situation that requires a readiness for immediate and appropriate responses without interference of personal or medical problems. This requires training for medical emergencies (e.g., CPR, infection control). It is each student’s responsibility to attend and be able to travel to and from classes and fieldwork assignments on time and possess the organizational skills and stamina for performing required tasks and assignments within allotted time frames. This involves frequent oral, written, and practical examinations or demonstrations. Students must adhere to policies of the university, the occupational therapy program, and clinical sites. This includes matters ranging from professional dress and behavior to attending to the program’s academic schedule, which may differ from the university’s academic calendar and be subject to change at any time. Students must demonstrate knowledge of and commitment to the code of ethics of their profession as well as behaviors that reflect a sense of right and wrong in the helping environment. Students must develop and exhibit a sense of medical ethics and also recognize and apply pertinent legal and ethical standards including adherence to confidentiality requirements. Students are expected to recognize and act on the need to take initiative to direct their own learning. They are required to work cooperatively, collaboratively, and respectfully with other students on assigned projects and participate willingly in supervisory processes involving evaluation of abilities and reasoning skills. Students must exhibit the ability and commitment to work with individuals in potentially intense settings to meet the needs of diverse cultures, age groups, socioeconomic groups, and challenges without bias. These individuals may be severely injured, may be limited by cognitive, emotional, and functional deficits, and may have behavior that, at times, creates an aversive reaction. The ability to interact with these individuals without being judgmental or prejudiced is critical in establishing one’s professionalism and therapeutic relationships. The professional qualities and expectations outlined herein are critical for successful completion of the program.

5. Cognition

Students must demonstrate critical thinking skills so that they can problem solve efficiently and creatively, master abstract ideas, and synthesize information presented in the classroom, laboratory, and fieldwork settings. Students must be able to integrate and accurately utilize a defined level of required information as presented through educational experiences in both basic arts and sciences. Students must be able to measure, calculate, reason, analyze, process, integrate, synthesize, retain, and apply facts, concepts, and data related to the art and science of health care. This may require comprehension of three-dimensional relationships and an understanding of the spatial relationships of structures. Students must have the cognitive capacity to appropriately utilize technology in the classroom and in clinical or community settings. Sound judgment, ethical reasoning, and clinical reasoning are essential.

6. Behavioral and Social

Students must demonstrate emotional stability and be capable of developing mature, respectful, and effective interpersonal relationships with other students, faculty, and healthcare workers. Students must be able to tolerate physically and emotionally taxing workloads and to function effectively
under stress. Students must be able to adapt to changing environments, display flexibility, and function professionally in the face of the uncertainties inherent in educational, clinical, and community settings. Students must be able to engage in personal reflection and self-awareness as a mechanism of effective personal growth, development, and lifelong learning.

**UND OT DISTANCE TECHNOLOGY AND CLASSES**

To best provide student access to the experience and expertise of all UND OT faculty, courses in the professional program are delivered in a variety of formats, including on-site instruction, videoconferencing courses, and web-based courses. Students will attend classes in a combination of these formats throughout the length of the program. Students may have instruction with a faculty member who teaches through videoconferencing directly to the distance site (instructor to Casper or Grand Forks only). Students may attend classes simultaneously in Casper and Grand Forks with the instructor teaching via videoconferencing (on-site in Grand Forks through video to Casper). Similarly, students may attend classes simultaneously with instructors located at both sites. Video conferencing courses are most common in the first year of the program, but will occur occasionally throughout. Students may also attend web-based courses which are offered to students in Grand Forks and Casper simultaneously. Several courses in the program contain web-based interaction between Grand Forks and Casper students to aide in collaboration and learning between classes on both campuses.

**OPTIONAL BACHELOR DEGREE**

**Requirements:**

The Bachelor of General Studies Degree with Health Studies Option will be available to Occupational Therapy students who:

1. have completed their pre-OT work either at UND or at another institution, and
2. have successfully completed the first two years of the OT professional sequence.

The BGS degree would normally then be awarded at the end of Professional Year Two, prior to beginning the Graduate School career, if the student has completed all general UND graduation requirements, including:

1. 125 total credits,
2. 60 credits from 4-year schools, including at least 30 from UND,
3. 36 upper-level credits,
4. all essential studies requirements.
Academic Honors and Minors:

1. Minors shall consist of a minimum of 20 semester hours of course work with the course distribution established by the appropriate department or departments with the approval of the University Curriculum Committee. Minors may consist of courses associated with a department or a collection of courses which cross disciplines. A minor is not required by the University but may be required in some programs for an undergraduate degree. A student may declare a minor in the office of the dean of the college in which the minor is offered.

2. A program certificate is a specialized course of study requiring at least 16 credit hours at the undergraduate level.

3. Candidates for honors with their baccalaureate degree must have earned at least 50 graded hours at UND. Honors will be awarded on the basis of the student’s UND grade point average. Cum laude 3.5; Magna cum laude 3.7; Summa cum laude 3.9. Honors awards for the commencement ceremony and for publication purposes are made on the basis of UND GPA at the end of the previous semester. Actual honors will be based on the GPA of all completed work at the time the degree is granted.

Honors Students
The Honors Program tries to be flexible and work with students who wish to complete Honors. The Honors Program is willing to work with students and look at some of the OT courses and see if they would be substitutes for any Honors requirements.

TRANSITION TO YEAR THREE AND GRADUATE SCHOOL REQUIREMENTS

The end of the second year in the professional program marks an important transition to graduate level coursework and scholarly activity in the form of a scholarly project.

Acceptance to the Graduate School requires:

1. Successful completion of OT Professional Year I and II.
2. Completion of the Graduate School application forms.
3. Overall GPA of 2.75 or a 3.0 for both junior and senior years.
4. Letter of endorsement from the Chair or Graduate Director of the Department that assures automatic advancement in status from the undergraduate program to the graduate program. The letter of endorsement will be written for students in good academic and professional standing in the program.

Graduate Status Minimum Requirements

1. To maintain graduate student status, the professional level Year III student is required to maintain a GPA of at least 3.0 for all work completed in Year III.

2. Students who were previously on academic or professional probation will be dismissed from the Graduate School if placed on one additional probation within the professional program.
Academic Honors: Minors & Cognates

Some degree programs require or permit academic work outside of the area of concentration (major) in a supporting area, which may be called a minor area, or a cognate area and must consist of at least nine credit hours.

1. A minor is a concentrated study in a specific supporting field at the graduate level. A minor must be titled and identified on the student’s program of study and be approved by a Graduate Faculty member of the minor department/program. The minor will be listed on the student’s transcript. Only the courses approved for graduate credit may be included in a minor.

2. A cognate is a selection of courses providing broad support to the major. All courses number 300 or above listed in the catalog, including those offered by departments or fields that do not offer graduate courses or graduate degrees, may be included in the cognate. Courses should be taken in two or three departments of fields. A cognate area will not be titled and will not be listed on a student’s manuscript.

CURRICULUM

OVERVIEW

The curriculum is based on a liberal arts foundation, with course work designed to address the cognitive, psychosocial and sensory-motor needs of clients and the impact of cultural, social and physical aspects of the environment on the clients adaptive process. Self-reflection is encouraged as students participate in self-evaluation regarding their strengths and vulnerabilities in various practice environments and share that evaluation with faculty. As students transition into the professional role of the occupational therapist, faculty serve as role models and mentors, encouraging high ethical standards, active participation in community service and creative involvement in scholarly pursuits.

CURRICULUM DESIGN

The curriculum design is influenced by a number of factors including the 2006 Standards for an accredited education program for the occupational therapist, and the mission statements of the University of North Dakota, School of Medicine and Health Sciences and the Department of Occupational Therapy, as well as the occupational adaptation model of occupational therapy.

The 2006 Standards are reflected in the guidance provided in the development of the curriculum content, program evaluation and ongoing assessment of program quality.

The curriculum design reflects the mission of the University of North Dakota and the School of Medicine and Health Sciences to serve the public through teaching and preparation of highly skilled entry-level occupational therapists, scholarly and creative activity and service in the development of sequenced learning experiences designed to produce an entry-level occupational therapist who is able to initiate, maintain and manage occupational therapy services to meet the needs of society. The exemplars of self-reflection, client-centeredness and occupation-centered practice driven by
research evidence, as well as skills for lifelong learning and ethical and effective leadership, reflect
the mission of the Occupational Therapy Program.

The model of occupational adaptation’s influence on the curriculum design is presented in the
following discussion of occupational adaptation, skill development, and adaptation and role
transition. A graphic presentation of the curriculum model follows.

**Occupational Adaptation**

Occupational adaptation is a process that allows each person to master and respond adaptively to
the various occupational challenges that are encountered in the course of a lifetime. A
developmental process is presumed where occupation readiness skills in the person subsystems
(sensory, cognitive, and psychosocial) set the stage for interaction in the environmental contexts of
work, play, and leisure (Schkade & McClung, 2001). The intent of the Occupational Therapy
Program is to develop students capable of assisting individuals to both assume the roles appropriate
to their developmental position and to adapt to the challenges inherently present at each point in the
developmental process with the common goal of competence in occupational functioning.

**Skills Development**

Occupational readiness in the UND OT curriculum begins in the first semester of the program when
the students are enrolled in anatomy and group experience. Both courses present foundational
information that helps to ground the student's knowledge in occupational therapy. Other examples
of courses with occupational readiness components include neuroscience, medical sciences,
administration, research, assistive technology and muscle function. The theory and practice courses
present occupational readiness in combination with occupational activities where the students are
provided opportunity to 'try on' skills related to the role of the therapist, adding the element of
therapeutic context (environment) to learning.

The curriculum presents coursework in a sequence addressing occupational development of infants
and young children in the second semester of the curriculum, moving to children, adolescents and
young adults in the third semester and then to adult and aging populations in the fourth and fifth
semesters. Multiple factors influencing the developmental process are simultaneously considered
within each course including the physical, emotional, social, cultural and environmental factors that
impact individual development.

The Level I/II Fieldworks provide the student ample opportunities to integrate knowledge and
actively experience the role of the therapist in the practice setting and further develop occupational
competence. Throughout the occupational therapy curriculum, the student is expected to take
responsibility for learning. This is particularly evident when the student chooses a graduate track to
pursue. As a graduate, the student is expected to integrate clinical experiences with academic
knowledge as would be expected of the reflective practitioner.

**Adaptation and Role Transition**

Students enter the Occupational Therapy Program as active learners with demonstrated academic
achievement and through engagement in occupational learning activities are regularly challenged
toward personal, academic and professional growth.

The role of the educator is to provide learning activities that are representative of the role
expectations of professional practice as an occupational therapist. Adjustments in learning activities
may be made by the educator in response to the students’ mastery of the subject. Examples include
substituting discussion for lecture or using a small group learning activity to reinforce student learning and increase student engagement.

The role of the student is to evaluate engagement, participation level, and mastery of course/subject content. Students are encouraged to take responsibility for learning and become the agent of change in relation to acquisition of professional knowledge. For example, the student may evaluate a preferred method of learning and determine the need for a change in study habits or class participation in order to master course expectations.

The process of student reflection on learning is ongoing and reinforced throughout the curriculum both in required course work and in the student evaluations which occur each semester. Thus, students become reflective practitioners who take responsibility for and actively seek to meet professional learning needs in practice.

**Summary**

The UND Occupational Therapy Program emphasizes occupational skills development across the lifespan with multiple opportunities for students to experience/appreciate the impact of contextual factors on adaptive processes and role transition. Students are expected to acquire the tools to not only assist clients with adaptive processes across the lifespan but also to enable client participation in valued occupations. Through the course of their education, students are expected to develop the knowledge, skills and adaptive capacity needed to address occupational challenges inherent to the role of occupational therapist and the reflective skills needed to sustain life-long learning.

**Figure 1: Curriculum Design**
The UND Occupational Therapy Program has identified the following listing of core curricular threads represented throughout the curriculum and recognized as exceptional qualities of the Program as demonstrated by its graduates.

The first set of curricular threads describes three elements of practice recognized as vital to contemporary occupational therapy practice. The graduate is prepared for practice in a wide variety of practice settings including pediatrics, adult rehabilitation, mental health, community and emerging practice areas.

- **Client-centered practice** – The therapist holds “a philosophy of service committed to respect for and partnership with people receiving services, emphasizing the individual recipient of service and a focus on developing, restoring, or adapting the individual’s skills and organizing and using assistance available in natural supports from family and friends” (Crepeau, Cohn, & Shell, 2009, p. 1155).

- **Occupation-based practice** – The therapist’s intervention planning supports engagement in personal and valued occupations when the occupational therapist and client “collaboratively select and design activities that have specific relevance or meaning to the client and support the client’s interests, needs, health and participation in daily life” (Crepeau, Cohn, & Shell, 2009, p. 1162).

- **Evidence-based practice** – Therapists are prepared to “use… research study findings, client values and practitioner expertise during clinical reasoning to support the process of making wise practice decisions” (Crepeau, Cohn, & Shell, 2009, p. 1158).

The second set of curricular threads represents unique areas of emphasis specific to the UND Occupational Therapy Program. Graduates recognize the importance of therapeutic relationships and therapeutic use of self in practice, use the reflective process to enhance their practice, and are prepared to assume leadership positions early in their careers.

- **Therapeutic Relationship** – Therapists are well-prepared to use “collaborative and client-centered approaches, emphasize caring and empathy, and demonstrate clinical reasoning and use of narrative” in the course of client-therapist relationships to forward successful interaction in therapy (Taylor, 2008, p.14).

- **Reflective practitioners** – The therapist regularly employs the reflective process to benefit everyday practice, as well as to assess continuing competency needs and plans for future learning. Reflection is a “tool in analyzing thoughts and actions that assists practitioners to justify interventions and gives practitioners the ability to learn from experience” (Sladyk, Jacobs, & MacRae, 2010, p. 622); but also a “process of listening to both the verbal and emotional content of a speaker and verbalizing both the feelings and attitudes sensed behind the spoken words to the speaker” (Sladyk, Jacobs, & MacRae, 2010, p. 622).

- **Leadership in practice** – The therapist enters occupational therapy practice with confidence and prepared to serve in a leadership capacity including “the ability to engage and influence
others to facilitate and embrace meaningful change through careful consideration of individual and societal contexts in the embodiment of a shared vision” (Sladyk, Jacobs, & MacRae, 2010, p. 618).

Figure 2: Curriculum Threads
Figure 3: Curriculum Design with Curriculum Threads

References


# CURRICULUM SEQUENCE

## PROFESSIONAL YEAR 1

<table>
<thead>
<tr>
<th>Summer Session</th>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>OT 422 Anatomy for Occupational Therapy</td>
<td>OT 423 Fundamentals of Neuroscience for Occupational Therapy</td>
<td>OT 424 Muscle Function in Health and Disease</td>
</tr>
<tr>
<td>OT 426 Personal/Professional Development</td>
<td>OT 425 Occupational Therapy with Infants and Pre-School Children</td>
<td>OT 429 Occupational therapy w/School Age Children and Young Adults</td>
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<td>OT 427 Orientation to Occupational Therapy Theory</td>
<td>OT 430 Psychosocial Aspects of OT for Children, Adolescents and Young Adults</td>
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<td>OT 428 Quantitative Research Methods for OT</td>
<td>OT 431 Medical Sciences I</td>
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<td></td>
<td>OT 431 Medical Sciences I</td>
<td>OT 432 Medical Sciences II</td>
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<td>OT 433 Group Leadership Skills in OT</td>
</tr>
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<td></td>
<td></td>
<td>OT 438 Practicum: Children and Adolescents</td>
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<td><strong>Total:</strong></td>
<td><strong>Total:</strong> 15 credits</td>
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Total: 6 credits
## PROFESSIONAL YEAR 2

### Summer Session (Elective Only)

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<td>OT 488</td>
<td>Elective Fieldwork in Occupational Therapy</td>
<td>3-9</td>
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<td>OT 497</td>
<td>Cooperative Education: Occupational Therapy</td>
<td>1-6</td>
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<tr>
<td>OT 593</td>
<td>Teaching Experience in OT</td>
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Total 1-9 credits

### Schedule A

#### Fall Semester

<table>
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<th>Course Name</th>
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<tbody>
<tr>
<td>OT 454</td>
<td>Gerontic Occupational Therapy</td>
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</tr>
<tr>
<td>OT 456</td>
<td>Psychosocial Aspects of OT with the Maturing Adult</td>
<td>4</td>
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<td>OT 458</td>
<td>Qualitative Research Methods for OT</td>
<td>3</td>
</tr>
<tr>
<td>OT 460</td>
<td>Introduction to Management and Leadership</td>
<td>2</td>
</tr>
<tr>
<td>OT 463</td>
<td>Psychosocial Dysfunction Seminar and Practicum Integration</td>
<td>3</td>
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<tr>
<td>OT 469</td>
<td>Interprofessional Health Care (IPHC)</td>
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Total 15 credits

#### Spring Semester

<table>
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<tr>
<td>OT 451</td>
<td>Multicultural Competency in OT</td>
<td>3</td>
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<tr>
<td>OT 452</td>
<td>Assistive Technology I</td>
<td>3</td>
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<tr>
<td>OT 453</td>
<td>Physical Aspects of OT with the Maturing Adult</td>
<td>5</td>
</tr>
<tr>
<td>OT 461</td>
<td>Management in the U.S. Healthcare System</td>
<td>2</td>
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<tr>
<td>OT 462</td>
<td>Physical Dysfunction Seminar and Practicum Integration</td>
<td>3</td>
</tr>
<tr>
<td>OT 480</td>
<td>Introduction to Scholarly Writing in OT</td>
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Total 17 credits

### Schedule B

#### Fall Semester

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<tr>
<td>OT 452</td>
<td>Assistive Technology I</td>
<td>3</td>
</tr>
<tr>
<td>OT 453</td>
<td>Physical Aspects of OT with the Maturing Adult</td>
<td>5</td>
</tr>
<tr>
<td>OT 458</td>
<td>Qualitative Research Methods for OT</td>
<td>3</td>
</tr>
<tr>
<td>OT 460</td>
<td>Introduction to Management and Leadership</td>
<td>2</td>
</tr>
<tr>
<td>OT 462</td>
<td>Physical Dysfunction Seminar and Practicum Integration</td>
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Total 16 credits

#### Spring Semester

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>OT 451</td>
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</tr>
<tr>
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<td>Gerontic Occupational Therapy</td>
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<tr>
<td>OT 456</td>
<td>Psychosocial Aspects of OT with the Maturing Adult</td>
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</tr>
<tr>
<td>OT 461</td>
<td>Management in the U.S. Healthcare System</td>
<td>2</td>
</tr>
<tr>
<td>OT 463</td>
<td>Psychosocial Dysfunction Seminar and Practicum Integration</td>
<td>3</td>
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<tr>
<td>OT 469</td>
<td>Interprofessional Health Care (IPHC)</td>
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</tr>
<tr>
<td>OT 480</td>
<td>Introduction to Scholarly Writing in OT</td>
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</tbody>
</table>

Total 16 credits

*Department reserves the right to cancel a track and/or electives courses due to finances or staffing issues, or low enrollment. Electives are scheduled based on student interest and faculty resources. Class size may be limited.

### Fall and Spring Semester Electives:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Credits</th>
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<tbody>
<tr>
<td>OT 489</td>
<td>Independent Projects</td>
<td>1 - 3</td>
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<tr>
<td>OT 490</td>
<td>Occupational Therapy Seminar</td>
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<td>OT 493</td>
<td>Workshop/OT</td>
<td>1 - 6</td>
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<tr>
<td>OT 494</td>
<td>Directed Study in Occupational Therapy</td>
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<td>OT 496</td>
<td>Community Experience in OT</td>
<td>1 - 4</td>
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<tr>
<td>OT 497</td>
<td>Cooperative Education: OT</td>
<td>1 - 6</td>
</tr>
<tr>
<td>OT 593</td>
<td>Teaching Experience in OT</td>
<td>1 - 3</td>
</tr>
</tbody>
</table>

*Optional BGS degree awarded*
PROFESSIONAL YEAR 3 Graduate School – Schedule A

Summer Semester:

OT 585 Fieldwork in Psychosocial Dysfunction  9
OR
OT 587 Fieldwork in Physical Dysfunction  9

Total: 9 Credits

Fall Semester:

Required Core Courses

OT 504 Occupation and Vocation 3
OT 507 Innovative Management and Leadership 3
OT 509 Principles of Education 3
OT 515 Integration of OT Theory 3

Total Credits 12 credits

Spring Semester

OT 585 Fieldwork in Psychosocial Dysfunction  9
OR
OT 587 Fieldwork in Physical Dysfunction  9
OT 995 Scholarly Project 2
OR
OT 997 Independent Study 2
OT 589 Readings in Occupational Therapy 1-2

Total: 12-13 Credits

Electives

OT 493 Workshop/OT 1-12
OT 508 Therapeutic Procedures & Modalities in OT 2
OT 582 Graduate Practicum 1-3
OT 589 Readings in OT 1-2
OT 593 Teaching in OT 1-3
OT 599 Special Topics in OT 1-2
PROFESSIONAL YEAR 3 Graduate School – Schedule B

Summer Semester:

OT 585 Fieldwork in Psychosocial Dysfunction 9
OR
OT 587 Fieldwork in Physical Dysfunction 9

Total: 9 Credits

Fall Semester

OT 585 Fieldwork in Psychosocial Dysfunction 9
OR
OT 587 Fieldwork in Physical Dysfunction 9
OT 995 Scholarly Project 2
OR
OT 997 Independent Study 2
OT 589 Readings in Occupational Therapy 1-2

Total: 12-13 Credits

Spring Semester

Required Core Courses
OT 504 Occupation and Vocation 3
OT 507 Innovative Management and Leadership 3
OT 509 Principles of Education 3
OT 515 Integration of OT Theory 3

Total Credits 12 credits

Electives
OT 493 Workshop/OT 1-12
OT 508 Therapeutic Procedures & Modalities in OT 2
OT 582 Graduate Practicum 1-3
OT 589 Readings in OT 1-2
OT 593 Teaching in OT 1-3
OT 599 Special Topics in OT 1-2
COURSE DESCRIPTIONS

OT 200: Introduction to Occupational Therapy. 2 credits. Prerequisites: None. History, scope, objectives, and functions of Occupational Therapy. F, S

OT 422: Anatomy for Occupational Therapy. 5 credits. Detailed study of human anatomy, with an emphasis on skeletal muscle, its vasculature, and the peripheral nervous system. The laboratory portion of the course allows for a direct study of the human form through dissection of human cadavers. SS

OT 423: Fundamentals of Neuroscience for Occupational Therapy. 3 credits. Survey of the major theories of behavior, cognition, and neurological disorders based on experimental findings in neuroanatomy, neurophysiology, and neurobiology. Laboratory included. F

OT 424: Muscle Function in Health and Disease. 4 credits. The study of musculature acting on the extremities and trunk. Theory and techniques of musculoskeletal evaluation with analysis of normal and pathological human motion. Laboratory included. S

OT 425: Occupational Therapy with Infants and Pre-School Children. 4 credits. Normal and abnormal human development, conception through the pre-school years. Emphasis on reflexes, sensory systems, neurodevelopmental systems, illness and trauma, assessment procedures, treatment techniques, families and intervention teams, and treatment outcomes. Laboratory included. F

OT 426: Personal/Professional Development. 1 credit. Promote self-awareness and interpersonal communication skills including basic listening skills, ability to provide meaningful feedback and appropriate group membership skills. SS

OT 427: Orientation to Occupational Therapy Theory. 3 credits. Orientation to human occupation, occupational performance assessment, theoretical practice models, and core processes in occupational therapy. F

OT 428: Quantitative Research Methods for Occupational Therapy. 3 credits. Design and implementation of quantitative research, the evaluation of quantitative research studies, the interpretation of statistics as applied to occupational therapy, and the process of presentation and publication of quantitative research projects. Laboratory included. F

OT 429: Occupational Therapy with School Age Children and Young Adults. 4 credits. Normal and abnormal human development, disease and disability, school age through young adulthood. Emphasis on assessment, intervention planning and program outcomes for individuals with disabilities in a variety of practice settings including school, community, and medicine. Laboratory included. S

OT 430: Psychosocial Aspects of OT for Children, Adolescents and Young Adults. 4 credits. Psychosocial development and interruptions to development in children, adolescents, and young adults, with emphasis on OT evaluation, treatment planning and implementation, and treatment outcomes. Laboratory included. S
OT 431: Medical Sciences I. 2 credits. First in a two-semester sequence of courses which covers human body systems and disease and disability groups discussed from all aspects of comprehensive rehabilitation. Included are chronic illness, neurological and orthopedic conditions, general medicine and surgery, and sensory disabilities across the lifespan. F

OT 432: Medical Sciences II. 3 credits. Second in a two-semester sequence of courses which covers human body systems and disease and disability groups discussed from all aspects of comprehensive rehabilitation. Included are chronic illness, neurological and orthopedic conditions, general medicine and surgery, and sensory disabilities across the lifespan. Integration included. S

OT 433: Group Leadership Skills in Occupational Therapy. 2 credits. Didactic and experiential learning in a small group setting. Provides students with opportunities to function as group facilitators in a variety of practice settings. S

OT 438: Practicum: Children & Adolescents. 1 credit. Observation and experience in a university-approved pediatric and/or adolescent facility; supervised by occupational therapists, educators, and allied health professionals. S

OT 451: Multicultural Competency in OT. 3 credits. Develop an understanding of and an appreciation for social, cultural, and ethnic diversity and use that understanding to address issues, solve problems, and shape civic, personal, and professional behaviors. To recognize that diversity is intimately tied to the concepts of culture, race, language, identity and inter-group dynamics, as well as its applications to complex situations. These concepts are presented within the context of providing OT services. S

OT 452: Assistive Technology I. 3 credits. Introductory study of assistive technology devices and products, assessment, and application methods. Focuses on adaptations, modifications, and technology systems and services that assist individuals with disabilities in greater independence and accessibility across the lifespan. Laboratory included. F,S

OT 453: Physical Aspects of OT with the Maturing Adult. 5 credits. Study of the OT process as applied to physical dysfunction of the maturing adult. Emphasis is on OT evaluation, planning, implementation of treatment, and treatment outcomes. Laboratory included. F,S

OT 454: Gerontic Occupational Therapy. 2 credits. Occupational perspectives of the elderly, including age-related changes, assessment and intervention strategies and the role of occupational therapy in prevention and wellness programs. Laboratory included. F,S

OT 456: Psychosocial Aspects of OT with the Maturing Adult. 4 credits. Psychosocial development and interruptions to development in the maturing adult with emphasis on OT evaluation, treatment planning and implementation, and treatment outcomes. Laboratory included. F,S

OT 458: Qualitative Research Methods for Occupational Therapy. 3 credits. Design and implementation of qualitative research, evaluation of qualitative research studies, analysis and interpretation of qualitative data, and the process of publication and presentation of qualitative research projects. Laboratory included. F
OT 460: Introduction to Management and Leadership. 2 credits. Introduction to the management practices necessary to direct a quality health service and provide the knowledge and skills needed for entry-level leadership positions in OT practice. Focus is on clinical reasoning and critical analysis in administrative and management functions. Laboratory included. F

OT 461: Management in the U.S. Healthcare System. 2 credits. Provide an overview of the health services system in the US and current trends and issues facing OT within this system. Content includes: federal and state roles, reimbursement of health care services, regulation, community services, health service providers, consultative, non-traditional areas of practice, service delivery models, legalities, and health policy advocacy. S

OT 462. Physical Dysfunction Seminar and Practicum Integration. 3 credits. The student begins to integrate and synthesize the theoretical knowledge of physical function/dysfunction with clinical practice. It requires the application of foundational knowledge, tools and the theory of practice inherent in the role of an OT. Occupational therapy experiences in facilities, supervised by registered occupational therapists, qualified health professionals and university faculty. F,S

OT 463. Psychosocial Dysfunction Seminar and Practicum Integration. 3 credits. Integration and synthesizing of theoretical knowledge with clinical experience toward the application of therapeutic use of self, self-evaluation, and communication skills in professional development. Occupational therapy experiences in mental health field facilities, supervised by registered occupational therapists, qualified health professionals and university faculty. F,S

OT 469: Interprofessional Health Care (IPHC). 1 credit. A process-learning course intended to provide experience in building a team of health professionals from different professions. The focus is on learning to work effectively with an interprofessional health care team. Emphasis is placed on effective teamwork, the unique contributions of different professions, patient or family centered approach in health care delivery and awareness of potential medical errors. S/U Grading F,S

OT 480 Introduction to Scholarly Writing in Occupational Therapy. 1 credit. This course is designed to provide students with an understanding of the expectations and mechanics of scholarly writing. It is the first step for the development of a scholarly paper that is a requirement of the MOT program. The course outcome is the development of a proposal in an area of interest to the student(s) which has been approved and supervised by a faculty advisor to meet the first requirement of OT 995 Scholarly Project in OT, or OT 997: Independent Study. Course content includes the mechanics of writing, development, content, and format of the scholarly paper; the use of appropriate resources; and a review of how to use the Publication Manual of the American Psychological Association and the OT department’s graduate student manual. S

OT 488: Elective Fieldwork in Occupational Therapy. 3-18 credits. Application of occupational therapy in evaluation and treatment in optional areas of student special interest in selected fieldwork facilities. Variable credits, repeatable, with maximal total of 18 credits. F,S,SS

OT 489: Independent Projects. 1-3 credits, repeatable to 12 credits. Individual study and/or research in a particular area of interest for the students with approval of a supervising faculty member. Elective for OT majors.
OT 490: Occupational Therapy Seminar. 1 credit. Foundational knowledge relevant to the preparation of an independent study proposal. Serves as the basis for OT 494: Directed Study in Occupational Therapy. F

OT 493: Workshop/Occupational Therapy. 1-12 credits, repeatable to 12 credits. A workshop course with topics dictated by faculty and student interests primarily for but not confined to continuing education. On demand.

OT 494: Directed Study in Occupational Therapy. 1 credit. Development of a proposal in an area of interest to the student approved and supervised by faculty. F,S,SS

OT 496: Community Experience in OT. 1-4 credits, repeatable to 12 credits. Student initiates and participates in off-campus professional learning activities related to OT under joint faculty and on-site professional supervision. F,S,SS

OT 497: Cooperative Education: Occupational Therapy. 1-6 credits, repeatable to 12 credits. Qualified students are employed by selected facilities to further understanding of occupational therapy and health-related service provision. F,S,SS

OT 504: Occupation and Vocation. 3 credits. Application of assessment and problem-solving skills necessary for remediation/rehabilitation of occupational performance deficits in the work realm. Laboratory included. F,S

OT 507: Innovative Management and Leadership. 3 credits. Develop and demonstrate an understanding of the skills necessary to plan, implement and evaluate programs and materials for education, consultation and private practice. F,S

OT 508: Therapeutic Procedures and Modalities in OT. 2 credits. Occupational therapy theory and application of specific neuromuscular techniques and modalities to promote musculoskeletal function. Laboratory included. F,S

OT 509: Principles of Education in OT. 3 credits. Explores the methods and strategies used to develop, implement and evaluate education programs for students in academia and clinical settings, for patients/clients, businesses and professional staff. Information and discussion focus on the theory and research relevant to education in a variety of settings. F,S

OT 515: Integration of Occupational Therapy Theory. 3 credits. Analysis and applications of theoretical perspectives to occupational therapy process with individuals, groups, and service delivery systems. F,S

OT 582: Graduate Practicum. 1-3 credits, repeatable to 12 credits. Supervised experience in a variety of OT practice settings. Students are afforded the opportunity to gain practical, on-the-job experience working in an area that matches the focus of their graduate study. Students will be supervised by on-site personnel. (One credit hour required as corequisite for OT 502; additional hours optional). F,S,SS

OT 585: Fieldwork in Psychosocial Dysfunction. 9 credits. Application of occupational therapy in evaluation and treatment in psychosocial dysfunction fieldwork facilities. Three months full-time.
OT 587: Fieldwork in Physical Dysfunction. 9 credits. Application of occupational therapy in evaluation and treatment in physical dysfunction fieldwork facilities. Three months full-time.

OT 589: Readings in Occupational Therapy. 1-2 credits, repeatable to 6 credits. Selected readings in the student’s area of interest with oral and/or written reports. Consent of instructor required prior to enrollment. F, S, SS

OT 593: Teaching Experience in OT. 1-3 credits, repeatable to 12. Supervised experience in higher education teaching in OT. Projects in course/curriculum development, writing course objectives, writing and delivering lectures and learning activities, and developing assessment tools for the classroom. F,S,SS

OT 599: Special Topics in Occupational Therapy. 1-2 credits, repeatable to 6 credits. A series of lectures, discussions, and/or laboratory experiences developed around one or more specific topics in occupational therapy. F,S,SS

OT 995: Scholarly Project in OT. 2 credits. A collaborative investigation of a relevant professional topic and production of a scholarly report with approval of the major faculty advisor. F,S,SS

OT 996: Continuing Enrollment/Occupational Therapy. 1-12 credits. Credits and hours arranged. F,S,SS

OT 997: Independent Study. 2 credits. Independent investigation of a relevant professional topic and production of an independent scholarly report with approval of the major faculty advisor. F,S,SS
FIELDWORK DESCRIPTIONS

Level I Fieldwork
The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients. Level I fieldwork is integral to the program’s curriculum design and includes experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process. The focus of these experiences is not intended to be independent performance. Students are supervised by qualified competent personnel, who may or may not be occupational therapy personnel. Students are assigned for a five (5) day period; if they need to miss a day for any reason, they need to contact the department and their fieldwork educator as soon as possible.

Due to the geographical location of UND, in a rural area, the opportunity for Level I fieldwork in the immediate area is limited. The unpredictable climate creates difficulties in assigning students off campus, especially for half-day or one day experience. Therefore, block assignments of one week periods have been organized for students.

Because the curriculum design emphasizes the importance of application of readiness skills in context, students have Level I fieldwork experiences in role-established, role-exploring, and role-emerging sites in educational, medical, and community-based settings emphasizing both physical and psychosocial factors impacting participation in occupations and have the opportunity to observe, evaluate and treat children, adolescents and adults.

In role-established placements, students are supervised by an occupational therapist with an established role within the work environment and have opportunity to follow the occupational therapist’s example and learn from his/her role.

Role-exploring placements are defined as Level I fieldwork experiences where the student is supervised by an on-site non-occupational therapist. The off-site therapist (a designated faculty member of the professional program) acts as supporter, mentor and guide for processing the potential role of occupational therapy in this setting. Students have opportunity to interact with a variety of professional and clients, observe various functions of the client setting, and explore the potential responsibilities of an occupational therapist.

In role-emerging placements, there is not an established occupational therapy program or an identified occupational therapy role. Students at these sites will function under the direction of a non-occupational therapy supervisor and will work collaboratively with the designated on-site supervisor and an off-site occupational therapy supervisor to create and establish an occupational therapy role. The off-site supervisor will have at least 3 years of professional experience and will provide supervision a minimum of 8 hours per week. In addition the occupational therapy supervisor will be available via a variety of contact measures to the student during all working hours.

NOTE: Prior to accepting fieldwork students, some centers require drug testing, criminal background checks and/or particular immunizations. It is the responsibility of the student to check facility information and fulfill specific requirements.
The following Level I fieldwork experiences are provided in the professional program:

**Year I: OT 438: Practicum Children and Adolescent**
1. Observation and experience in a university-approved pediatric and/or adolescent facility; supervised by occupational therapists, educators, and allied health professionals (Total 40 hours)

**Year II: OT 462: Practicum-Physical Dysfunction**
1. Observe and evaluate patients with physical disabilities. (Total 40 hours)
2. Observe, evaluate and treat patients with physical disabilities. (Total 40 hours)

**Year II: OT 463: Practicum-Psychosocial Dysfunction**
1. Observe and evaluate patients with psychosocial disabilities (Total 40 hours)
2. Observe, evaluate and treat patients with psychosocial disabilities (Total 40 hours)

**Optional Fieldwork Learning Opportunities**

The fieldwork options described below provide opportunity for students to expand their learning. They are typically offered each academic semester and are dependent on student initiative and self-directed learning with instructor oversight.

**OT 489: Independent Projects**
Individual study/research in a particular area of interest for the student with approval of a supervising faculty member.

**OT 496: Community Experience in Occupational Therapy:**
Student initiates and participates in off-campus professional learning activities related to OT under joint faculty and on-site professional supervision.

**OT 497: Cooperative Education: Occupational Therapy:**
Qualified students are employed by selected facilities to further understanding of occupational therapy and health-related service provision.

**OT 582: Graduate Practicum, Assistive Technology:**
Student spends 16 – 20 hours with an assistive technology provider in order to have a hands on experience in the provision of AT services. Experiences vary according to site placement.

**Level II Fieldwork**
The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork is integral to the program’s curriculum design and includes in-depth experiences in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and/or research, administration and management of occupational therapy services. At minimum, the equivalent of 24 weeks of full time Level II fieldwork is required. This may be completed on a full time or part time basis, but may not be less than half time as defined by the fieldwork site. At UND, the equivalent of 12 weeks in physical dysfunction and 12 weeks in psychosocial dysfunction is required. Elective fieldwork is also available in areas of the student’s special interests.

Generally, required fieldworks are scheduled for a twelve (12) week rotation. Students who miss a day of work for any number of reasons (sickness, job interviews, funeral, wedding, etc) are required
to make up absences during the 13\textsuperscript{th} week, or make arrangements with their supervisor to make-up the time equivalent in the 12 week time frame. Any special arrangements to make up time must be approved by the site fieldwork educator, and reported to the academic fieldwork coordinator.

Students must complete all required fieldwork within 18 months of completion of academic course work. If a student is unable to complete the fieldwork within this time frame, the student must re-take pertinent academic course work prior to fieldwork assignment.

Optional (elective) fieldworks are scheduled according to the availability of the student and the interest of the student and may be completed for three to twelve week time frames. The UND Occupational Therapy Department policy regarding credits earned for OT 488: Elective Fieldwork in Occupational Therapy is as follows:

- 3-5 week full-time learning experience – 3 credits
- 6-9 week full-time learning experience – 6 credits
- 10-12 week full-time learning experience – 9 credits
STUDENT LEARNING GOALS: OCCUPATIONAL THERAPY STUDENT COMPETENCIES

Relationship to the Curriculum Design
The program competencies are outcomes of the UND occupational therapy educational program. Mastery of these competencies makes it possible for a graduate of the program to assume the role of an entry-level occupational therapist. The student is guided through the learning process using the Occupational Adaptation model. This progression is reflected in the curriculum design and sequence, course expectations, and the semester student self-evaluation process. As a student progresses through the program, each semester he/she is asked to reflect on his/her adaptive capacity, adaptive responses and relative mastery in relationship to the program competencies and objectives. The final outcome of the occupation adaptation process is for the student to be a self-directed and self-initiating lifelong learner with a balanced approach to sensorimotor, cognitive, and psychosocial aspects of occupations.

Theory/Foundational Knowledge for Occupational Therapy
Goal 1: Students will be able to analyze and apply the occupation-based theories, models of practice and frames of reference used to guide occupational therapy evaluation and intervention.

Objective 1.1: Students will demonstrate an understanding of the terminology, concepts of occupation, and occupational science.

Objective 1.2: Students will demonstrate an ability to apply occupation-based theories, models of practice and/or frames of reference and the Occupational Therapy Framework: Domain and Practice to selected case scenarios.

Objective 1.3: Students will be able to demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society and the impact of these factors on the occupational therapy process.

Objective 1.4: Students will be able to articulate an understanding of the philosophical and historical base of the profession of occupational therapy.

Objective 1.5: Students will be able to articulate an understanding of theory development and its importance to occupational therapy.

Evaluation Process for Occupational Therapy
Goal 2: Students will be able to demonstrate an understanding of the use of screening and evaluation tools used to evaluate occupational performance and determine the need for occupational therapy intervention.

Objective 2.1: Students will have the ability to select appropriate assessment tools based on client need, contextual factors, and psychometric properties of tests including considerations of factors
that might bias assessment results, such as culture and disability status.

Objective 2.2: Students will demonstrate the ability to administer a variety of assessment tools according to appropriate procedures and protocols (standardized and non-standardized) in the classroom and clinic setting.

Objective 2.3: Students will demonstrate the ability to interpret criterion referenced and norm referenced standardized test scores based on an understanding of sampling, normative data, standard and criterion scores, reliability, and validity in both an oral and written format.

Objective 2.4: Students will demonstrate the ability to interpret and document evaluation data in relation to the professional and theoretical frameworks.

Objective 2.5: Students will demonstrate the ability to document assessment results to effectively communicate the need for, effectiveness of, and rational for occupational therapy services.

**Intervention Process for Occupational Therapy**

Goal 3: Students will be able to formulate and implement the therapeutic intervention plan to facilitate occupational performance.

Objective 3.1: Students will be able to formulate and implement interventions that are culturally and contextually relevant.

Objective 3.2: Students will have the ability to formulate and implement interventions that are reflective of current occupational therapy practice.

Objective 3.3: Students will demonstrate the ability to utilize available evidence when formulating intervention plans.

Objective 3.4: Students will be able to incorporate theoretical perspectives, models of practice, and frames of reference into intervention plans.

Objective 3.5: Students will have the ability to selectively apply preparatory methods, purposeful, and occupation-based activities appropriate to a treatment context to promote safe occupational performance, health, and wellness.

Objective 3.6: Students will be able to monitor, document, and modify intervention plans or initiate discharge planning based on client response to support optimal occupational participation.

**Management Process for Occupational Therapy**

Goal 4: Students will be able to apply principles of management and systems in the provision of occupational therapy services to individuals and organizations.

Objective 4.1: Students will recognize how legislation, credentialing, and reimbursement affect occupational therapy practice.

Objective 4.2: Students will explain how contextual factors and various practice settings affect the delivery of occupational therapy services.
Objective 4.3: Students will describe the mechanisms, systems, and techniques need to maintain, organize, and prioritize workloads and intervention settings.

Objective 4.4: Students will be able to plan, develop, organize, and market the delivery of services to include the determination of programmatic needs, service delivery options, and formulation and management of staffing for effective service provision and quality improvement.

Objective 4.5: Students will have the ability to compare and contrast occupational therapist and occupational therapist assistant roles within the process of occupational therapy evaluation, intervention, and outcome.

**Research and Scholarship Process for Occupational Therapy**

Goal 5: Students will organize, collect, analyze and evaluate clinical data, research evidence, professional literature, and measures of outcome in order to make informed, evidence-based decisions in occupational therapy practice, including improving practice outcomes.

Objective 5.1: Students will articulate an understanding of the types of research and levels of evidence necessary for decision-making within practice and important to the continued development of the profession of occupational therapy.

Objective 5.2: Students will locate, read, understand, analyze and critique research studies’ validity for applicability to occupational therapy practice.

Objective 5.3: Students will understand and use basic research analysis: descriptive statistics, correlational, and inferential quantitative statistics and coding, analysis, and synthesis of qualitative data.

Objective 5.4: Students will design a research proposal and implement at least 1 aspect of research in both quantitative and qualitative research methodologies: instrument design, data gathering, analysis and synthesis of data collected.

Objective 5.5: Students will articulate the value and importance of their participation in OT research and scholarship.

**Ethics, Values, and Responsibilities for Occupational Therapy Practice**

Goal 6: Students will demonstrate knowledge and understanding of the AOTA Code of Ethics, Core Values and Attitudes of Occupational Therapy, and AOTA-Standards of Practice as guides for professional interactions in academic and practice settings.

Objective 6.1: Students will demonstrate an understanding of personal and professional abilities and competencies as they relate to the practice of occupational therapy; including professional responsibilities related to liability concerns under current models of service provision.

Objective 6.2: Students will be able to justify and discuss how the role of a professional is enhanced by continued learning, involvement in professional organizations at all levels, and through promotion of the profession and advocating for the profession and for clients.

Objective 6.3: Students will be able to explain strategies for making decisions to resolve personal and organizational ethical conflicts, and be able to explain a variety of informal and formal ethical
dispute-resolution systems that have jurisdiction over occupational therapy practice.

Objective 6.4: Students will understand how chronic disease, social injustice, occupational deprivation, and healthcare disparity influence health and wellness of individuals and populations.

**Communication for Occupational Therapy Practice**

Goal 7: Students will demonstrate professional behaviors and effective communication skills, both oral and written, across multiple contexts important to the practice of occupational therapy.

Objective 7.1: Students will articulate the unique nature and value of occupation to multiple audiences to explain the role of occupation in the promotion of health and prevention of disease and disability.

Objective 7.2: Students will demonstrate the ability to use effective verbal communication skills to establish and maintain therapeutic use of self in both individual and group interactions within the therapeutic process.

Objective 7.3: Students will effectively document and communicate the need and rationale for occupational therapy services, demonstrating professional accountability and understanding of multiple reimbursement standards.

Objective 7.4: Students will demonstrate the ability to use effective written, oral, nonverbal, and technological communication to establish positive working relationships with client/family/significant others, colleagues and other health care providers, and the public in a professionally acceptable manner.
DEPARTMENTAL POLICIES

APPOINTMENTS WITH FACULTY MEMBERS

If you wish to see a faculty member, even on a minor matter requiring only a few minutes, make an appointment by signing up on the schedule posted on the faculty member’s door, emailing the faculty member directly, or calling 777-2209 and request to leave a message on his/her voice mail.

ACADEMIC ADVISOR

Every professional level student has an occupational therapy faculty member assigned as his/her advisor. Faculty expects each student to schedule a meeting with his/her academic advisor at least one time per semester to ensure satisfactory completion of all requisite course work. Professional level students will be notified by the department of missing pre-requisite coursework upon completion of the student’s Professional Status Sheet. The student must consult with his/her professional level advisor(s) about completion of the necessary credits, and where required, obtain the advisor’s signature for approval of course work. Once the student is admitted to Year III in the Graduate School, his/her advisor becomes the faculty member who is working with him/her on his/her Scholarly Project. All forms, etc., must be signed by this current advisor.

ADDRESSING FACULTY

In keeping with the standards of both the School of Medicine and Health Sciences and professional work environments, students will address faculty by title, rather than by first name. Faculty will be referred to as Dr., unless indicated otherwise by the individual faculty member. Where the faculty member does not yet have the doctoral title, the faculty member will be referred to as “Professor”. This policy extends to classroom, email, mail, phone and personal contact.

ATTENDANCE

Attendance and participation in class activities are considered integral parts of a university education. It is the policy of UND that attendance is expected of all students. Note grading policies related to attendance and participation on individual course syllabi.

Students are required to attend all classes and to be on time. It is expected that the department will be notified by 8:00 a.m. of absences. Students are expected to call and leave a message with the department staff at 701-777-2209. In addition, students may contact faculty via email. Upon returning to classes following an absence, students must present an acceptable reason for absence to the instructor.

If a student enrolled in any occupational therapy fieldwork course is ill, he/she must inform the supervisor at the facility by 8 a.m. In addition, he/she is to notify the OT Department at 701-777-2209.
This is a professional program. You need to plan on attending all classes and not expect the program to be customized to fit vacations and other personal commitments. Any student expecting to be absent from campus for family or personal reasons or who is called away in an emergency, should notify the Occupational Therapy Department.

A student with an excessive number of absences that jeopardizes her/his own grade, and/or is having an adverse effect on the class by those absences, may be advised to drop the course, and therefore jeopardize his/her position in the professional program. Excessive absences or lateness may result in professional probation.

**CONDUCT**

Occupational therapy students are expected to conduct themselves in a professional manner in the classroom, attending curriculum-related activities, and in fieldwork experience at all levels. Professionalism encompasses a number of related areas and concerns the conduct, aims and practices of an individual.

Aspects of professionalism to be considered within the professional program include **attitude**, **judgment**, and **performance**.

**Attitude** will be reflected in:

- **Learning in the classroom:** Students are expected to read assignments prior to class, and all class related activities, and to participate in lecture sessions in a positive manner. Talking with other students, passing notes and distracting non-verbal behaviors are not acceptable. It is expected that cell phones/pagers will be turned off during class time.

- **Day-to-day relationships with instructor and students:** The expectation is that students will be respectful towards others. Any criticisms should be constructive in nature; students should demonstrate an awareness of and sensitivity to the needs of others. Courtesy, respect, and consideration should be observed at all times.

- **Response to guest speakers:** Students are expected to demonstrate an interest in the lecture topic as evidenced by asking questions and showing appreciation in an appropriate manner (applause, thanking the speaker, no eating or side conversations and be on time). Dress appropriately for both on and off campus presentations/tours.

- **Relationship with Level I Fieldwork Supervisors:** It will be responsibility of students to take the initiative in the relationship; asking questions, but not making demands on the supervisor’s time. Students will demonstrate respectfulness in communication and will demonstrate appreciation through written thank you letters at the conclusion of the experience.

**Judgment** will be reflected in:

- **Working with clients:** Students should utilize his/her background knowledge and apply it when determining where to draw the line between sympathy and empathy and/or involvement versus enmeshment in patient-related issues.
• Personal and professional relationships: Comments and behaviors acceptable in some settings will not be appropriate in others. Appropriate dress code, hygiene and use of personal jewelry will also vary from classroom to fieldwork settings. Perfume/aftershave cause respiratory difficulty or headaches, these are not to be used in the classroom or fieldwork setting.

• Confidentiality: It is very poor judgment to breach confidentiality in any way, either in oral or written format. Breach of confidentiality can be considered grounds for professional probation or dismissal from the OT Professional Program.

Performance will be considered in:

• Class assignments: Coursework needs to be completed thoroughly and on time. When working in groups or pairs, students need to take equal responsibility for completing the assignment. If the assignment is not understood, it is the student’s responsibility to seek out information or clarification from the instructor.

• Plagiarism will not be tolerated and may be grounds for dismissal from the OT Program. (See Code of Student Life for definition/description of plagiarism.)

• Communication skills: Demonstration of respectful and professional communication skills in working with faculty, community supervisors (e.g., setting up meeting, making professional phone calls, returning calls/requests for information, timeliness of contacts, etc.) and peers.

• Respect for classroom: Students are expected to leave classrooms/work areas as they found it (or better) as others will also be using this area/resource.

• Punctuality for classes: Students know in advance when the class meets, and those who come late can be asked to leave. It is distracting to have students entering the classroom during lecture, and also reflects negatively upon the student’s attitude toward learning.

The occupational therapy faculty reserves the right to place on professional probation, cancel the registration and/or dismiss from the program any student in occupational therapy whose performance in relation to patient/client treatment is unsatisfactory or whose non-professional behavior jeopardizes not only his/her education, but also the education of other students. Please refer to the policies on probation and termination.

SOCIAL NETWORKING

As a healthcare professional, you are held to a higher standard when it comes to presentation of self in the community and on social media sites. The faculty recognize the role social media plays in today’s society and that many find this to be a valued occupation. As you start your professional career (as a student in the program, on level II fieldwork, and as entry level professionals) it is important that you consider carefully what you are posting on social media sites, who you are asking to network with you, and how you respond to others. Even with strong privacy settings, it is
important that you avoid posts or photos about your classroom and fieldwork experiences. Here are some specifics:

1. Do not ask your faculty or fieldwork supervisor to “friend” you during the program. This puts you, your faculty, and your fieldwork supervisors in an awkward situation by sharing personal information. If you mutually decide to do this after you graduate, this is your personal choice.

2. Consider what you post on any social networking site. Many potential employers go to these sites to see what you have posted and often determine if they are interested in having you as an employee. Consider Googling your name to discover what is in cyberspace that others can see about you.

3. Names of peers, faculty members, supervisors, comments or criticism about sites or information about what is happening at sites are not appropriate on public social network sites.

4. It is critical that you protect classmates and not disclose specific information regarding performance or your perceptions of their personalities.

5. It is a HIPPA violation if you mention a client/patient with enough information that the person might be identified, even if you avoid protected health care information. The consequences for violations are severe. Violations could result in professional probation or dismissal from the program.

6. Stating where you are on FW is up to you, but make sure to follow any facility’s policies on social networking while you are on fieldwork. There may be policies or problems with you being identified. Consider if you want privacy from clients, patients and staff.

7. If you have any posts that are even questionable, please remove them immediately.

8. If you are unsure of whether or not to pursue some aspect of social networking, you are advised to obtain advice from a professional source, such as your advisor, fieldwork educator, the Academic Fieldwork Coordinator or another faculty member of the occupational therapy department.

9. Use your official School of Medicine and Health Sciences e-mail address for all professional correspondence needed via e-mail for all academic and fieldwork related issues. Know that you are a representative of the program and you are expected to act professionally in all correspondence. Please review your emails for tone and professionalism before sending.

**DRESS CODE**

The UND Occupational Therapy Department has enacted a dress code developed by and for UND occupational therapy students. As students enrolled in a professional program of study in occupational therapy, you are held to a somewhat higher standard of personal presentation than that of your counterparts across the university campus. The guidelines provided here will help you to cultivate your professional wardrobe in anticipation of required fieldwork experiences and future employment. It is expected that you will develop a desire to represent your chosen profession and academic department in a positive manner as you complete your studies in occupational therapy. Students who fail to meet expectations may be asked to leave and return in appropriate attire.

**Personal/professional attire in the academic classroom:**
Clean blue jeans with no tears, no sweatpants or pajamas; casual tops including shirts, sweaters or sweatshirts, excluding low-cut or midriff tops, baggy, oversized sweatshirts or shirts with offensive
or questionable graphics/messages; shorts need to be mid-thigh or longer, no gym shorts; tunic top/legging combinations are acceptable provided the tunic is mid-thigh or longer; appropriate footwear including flip-flops, sandals, dress shoes, boots, clean athletic shoes, excluding shoes with holes, or tears; hats are acceptable provided the brim is worn high enough to see the individual’s eyes.

**Personal/professional attire in the academic classroom when you are giving a student presentation:**

**Business Casual:**

- **Women:** Reasonable length skirt (knee length preferred), capri pants, knee-length dress shorts, or full-length pants, all of non-jeans materials; dress shirt, polo, or sweater, excluding low-cut or midriff tops; informal dress with appropriate skirt length. Tunic/legging combinations are not acceptable. Appropriate footwear including sandals, dress shoes, or boots.
- **Men:** Combination of collared shirt or sweater, dress pants or dress shorts, both of a non-jeans material, and appropriate footwear including sandals, boots or dress shoes.
- **Both Genders:** No flip flops, hats, or gym clothes.

**Personal/professional attire when you are representing the department to other professions in the classrooms (guest speakers, for example):**

Same as business casual with the exception that clean, dark jeans are acceptable. No hats, sweatshirts, or sweatpants.

**Personal/professional attire when you are representing the department at a professional conference or class-arranged site visit:**

Business Casual (see above) plus school name tags. No t-shirts, jeans, sweatpants, sweatshirts, hats, or flip flops.

**STUDENT WITH DISABILITIES: ACCOMMODATION REQUEST**

Students in Grand Forks who are seeking accommodations for their courses are expected to register with the Disability Support Services (DSS) office (190 McCannel Hall), 701-777-3425. Students on the Casper campus are expected to contact the professional program coordinator at Casper College at 307-268-2223 for assistance. After meeting with Disability Support Services on either campus, and based on whether DSS determines a need for accommodations, students are encouraged to meet with their instructors or fieldwork supervisors to disclose learning needs and needed accommodations.

Should DSS determine that accommodations are necessary, the student is encouraged to provide proof of documentation from DSS to his/her course instructor(s) early in the course to ensure accommodations can be made in a timely fashion.

Students receiving test-taking accommodations will schedule their exam times through DSS in Grand Forks and the Testing Center at Casper College. Students are advised to schedule test-taking appointments well in advance of the scheduled test.
EXAMINATIONS

- Examinations will be given in the class period at times set by the instructors.
- A student who misses a regularly scheduled exam due to an excused absence will be scheduled to make up that exam at a specific time. Make up exams for eligible students are scheduled 2 times per week. Faculty reserve the right to develop an alternative exam.
- Any special arrangements for accommodations must be arranged by the student.
- Drop quizzes are not permitted to be made up. The student scores a “zero” for that quiz.
- Final examinations are to be held on the date and the time listed in the course syllabus.
- An individual student wishing to request a change of time or date may request such a change by:
  1. submitting a request stating exact change requested and giving the reason(s) for the requested change.
  2. forwarding the request to the class instructor for signature indicating approval or disapproval.
  3. forwarding the request to the Department Chairperson for signature indicating approval or disapproval. The chairperson will inform the instructor who will inform the students.
- A class wishing to request a change of time or date is to follow the same procedure and, in addition, securing signatures from all students enrolled in the course.

TESTING ETIQUETTE

To provide the most conducive testing environment in the UND OT program, and to prepare students for the certification exam experience, the following testing policies will be observed:

1. Students are to turn off cell phones and other electronic devices and store in backpacks, purses, etc. Please attend to this before entering the exam location.
2. Students are to remove caps and hats with brims during exams.
3. Professors will not answer last minute questions pertaining to subject matter (i.e. as the class is gathering for the exam). Students are encouraged to contact their professors with questions well in advance.
4. Desks are to be clear of all objects with the exception of testing materials and writing tools, unless otherwise instructed. Students may have a drink (coffee cup, water bottle), if the classroom allows for food/drink.
5. When completing the exam and leaving the room, students will make every effort to limit noise and distraction for those still completing the exam. If students need materials (cell phones, books, etc.) from backpacks or bags, please take the bag into the hall before removing items.
6. Students will not ask content questions during the exam. Questions related to the exam format should be addressed to the instructor directly and with limited distraction to other students.
7. Students will not leave the room and return during an exam, except in the case of an emergency (i.e. sudden illness, etc.).
8. Failure to follow this policy may be grounds for review of the incident by faculty. Outcomes from this review may range from an advisement meeting with the student’s department advisor and a note in the student’s file up to faculty review of professional probation standing.

COURSE ASSIGNMENTS

- Students will be informed in advance of dates that assignments are due.
- The UND Occupational Therapy Department requires APA (American Psychological Association) format for selected written assignments and it is the responsibility of the student to be familiar with this format.
- Assignments rarely are accepted in handwritten form (check with instructor). Grammar, spelling, sentence structure and neatness are important and will be included as part of the grading process in addition to the content of the assignment.
- Assignments not turned in at the time/date specified in the course syllabus will receive a lower grade according to the following:
  1. 1 calendar day late - lowered 1 grade
  2. 2 calendar days late - lowered 2 grades
  3. 3-4 calendar days late - lowered 3 grades
  4. 5 or more calendar days late a grade of 0 will be recorded
- Any student earning less than 78% on a given assignment will be required to re-do that assignment until he/she achieves competency. Following completion of the assignment at the level of competency, the original grade will be recorded in the grade book. (Assignments with failing grades due to late submission are excluded; late assignments will be reviewed for competency.)
- If a student scores less than 78% on any assignment or exam it is highly recommended that the student schedule an appointment with his/her instructor or advisor.

ETIQUETTE FOR VIDEOCONFERENCING IN CLASSES AND MEETINGS

Microphones:
1. Verify that there are no obstructions in front of the microphones. Adjust volume to an appropriate level that does not cause echo or feedback at either site.
2. Assume that participants at other sites can hear you, even when muted. Avoid unintentionally sharing personal or inappropriate information across the video system.
3. Avoid wearing jewelry that makes noise (i.e. jangling bracelets or earrings) as microphone systems are sensitive and noise will be heard by participants at other sites.
4. Avoid paper rustling, pen tapping or other distracting behaviors to limit noise transference. Similarly, food bags, pop cans, Velcro fastenings on backpacks can be highly distracting. Mute the microphone when these activities are happening.
5. Limit side conversations and whispering as these will be picked up by the microphone.
6. Avoid moving microphones without first muting. Moving microphones creates loud scraping sounds that are heard by distance sites.
7. Do not place laptops, cell phones directly next to microphones to avoid “start-up sounds”, notification chimes.

Cameras:
1. Verify with remote sites that all participants are in the picture.
2. When speaking, make eye contact with the camera, not the monitor. This is “face to face” for viewers at distance sites.
3. Avoid wearing overly bright colors, distracting patterns, or colors that match the background.
4. Limited excessive movement. This prevents break-up of the picture and distraction to participants at other sites.

Presentation:
1. When using multiple technologies (i.e. PowerPoint, projectors, Breeze), set up and test prior to starting, when possible.
2. Speak clearly and without shouting. The microphones are sensitive, and will capture your normal speaking volume, as long as you are not mumbling.
3. Do not over-exaggerate hand gestures or facial expressions.
4. When needing to capture the attention of a participant at a remote site, say the name of the person, or “excuse me”, and then wait for them to acknowledge you. You may also choose to raise your hand for the instructor’s attention. Ask the instructor at the start of a course which method he/she prefers.
5. When speaking, identify yourself by name before asking your questions or making comments.
6. If you interrupt a speaker at a remote site, say “excuse me”, and give them the opportunity to continue, or pause for your question or comment.
7. Display the same attentiveness you would if all participants were in the same room. Even though it is a distance format, disinterested posture, fidgeting, and inappropriate technology use (i.e. cell phone, texting, IM) can still be seen.

The occupational therapy faculty reserves the right to place on professional probation, cancel the registration and/or dismiss from the program any student in occupational therapy whose performance in relation to patient/client treatment is unsatisfactory or whose non-professional behavior jeopardizes not only his/her education, but also the education of other students. Please refer to the policies on probation and termination.
GRADING AND EVALUATIONS

Courses taught in the department will utilize the following grading system

- 100 - 94% = A - Marked Excellence
- 93 - 86% = B - Superior
- 85 - 78% = C - Average
- 77 - 70% = D - Low (Not passing in courses in O.T. major)
- Below 70% = F

In courses with S - U grading, S is at least a C. Any student earning less than 78% on a given assignment will be required to re-do that assignment until he/she achieves competency. Following completion of the assignment at the level of competency, the original grade will be recorded in the grade book. (Assignments with failing grades due to late submission are excluded; late assignments will be reviewed for competency.) Students with 77% or less at midterm will be given a deficiency with notice by the UND Registrar.

If a student scores less than 78% on any assignment or exam it is highly recommended that the student schedule an appointment with their instructor or advisor.

Consequences of not receiving a passing course grade

A student who does not pass (D or F or U grade) a professional level course is subject to termination from the professional program. The student has the right to petition to remain in the program, and, upon unanimous affirmation by the faculty, the student is allowed to remain in the program on academic probation. However, this means repeating the course while progressing through the regular course work of the professional program. This may cause the student to be behind his/her class and graduate later. Please refer to the policies on probation and termination.

Guidelines utilized by the Occupational Therapy faculty to assist in making their decisions regarding these types of petitions might include:

- Student’s successful completion of concurrent coursework
- Test-taking proficiency vs. class work and written assignments
- Professional behavior and active participation in the program
- Extenuating circumstances (such as death of a family member, illness, pregnancy)

If this unanimous affirmation is not received, the student will be dismissed from the professional program and his/her registration cancelled. This final departmental decision may be appealed by the student according to the appeal policies of the School of Medicine and Health Sciences and the University of North Dakota.

Fieldwork Evaluations

During the course of the professional program students will participate in a series of Level I fieldwork experiences. The student must have a minimum passing score of 70% for successful completion of each.
Each student is expected to complete six months of Level II fieldwork; three months in physical
dysfunction and three months in psychosocial dysfunction. In order to successfully complete
fieldwork, the student must have a minimum passing score on the Fieldwork Performance
Evaluation for the Occupational Therapist provided by AOTA.
(Please see page 51 for a complete description of the evaluation.)

Student Evaluations
The purpose of the student evaluation process is to create an interactive environment between the
student and faculty - and the learner and learning. Each student enrolled in the professional
program completes the self-evaluation and is provided feedback by faculty each semester of the
program. (Please see page 54 for further explanation of the process and pages 72-78 in the
appendix for semester forms with guided questions for reflection.)

Fieldwork Readiness Evaluation
An additional student evaluation is conducted by all faculty members in the middle of the spring
semester to determine the readiness skills for Level II fieldwork. Students will be evaluated on the
Occupational Adaptation elements of Response Mechanism, Occupational Adaptation, and Relative
Mastery. Students who require additional remediation with regard to these elements in the judgment
of the faculty, will receive written notice and will not be permitted to register for fieldwork credits
until such remediation has occurred. (Please see Appendix page 79 for the Fieldwork Readiness
form.)

STUDENT PROBATION AND DISMISSAL

Unsatisfactory performance by a student within the professional program may result in his/her
being placed on probation or dismissed from the program.

Probation
There are two forms of probation:

- **Academic Probation:** Academic probation is automatically in effect for any student whose
cumulative GPA is less than 2.75. Academic probation also results when a student earns less
than a “C” or an “Unsatisfactory” in a course within the professional program and
successfully petitions the faculty to be placed on probation. The student remains on
academic probation until the class is repeated with a passing grade and/or the cumulative
GPA is at a minimum of 2.75.

- **Professional Probation** When a student exhibits a pattern of inappropriate behavior
regarding conduct, judgment or honesty, faculty meet and discusses the student’s
problematic behavior. The student may then be notified in writing of the concern and be
asked to meet with the faculty to discuss the issues. During that meeting with the student,
faculty will ascertain whether the student should be allowed to continue in the professional
program while on probation or be dismissed from the program. If there is unanimous
affirmation, the student is allowed to remain in the professional program. The student will
then be asked to develop individualized goals for remediation and deadlines for completion
of each goal. Faculty will review and either accept the goals or ask for modification.
Once placed on either probation status, the student is not permitted to complete Level I placement unless special permission from faculty is granted. The student must formally request permission in writing. Students on academic probation must have a 78% or higher in all courses to petition to be scheduled for Level I fieldwork.

**Termination**

- If a student fails to meet the established objectives by the deadline for remediation of professional and/or academic probation, he/she may be terminated from the professional program.

- During the professional program, a student who is placed on probationary status twice, whether it is professional and/or academic, will be terminated from the professional program.

- If a student is on academic probation and earns less than a “C” or an “Unsatisfactory” in a professional level course, he/she will be terminated from the professional program.

- Egregious and unprofessional behavior by a student that, in the judgment of the faculty, is not remediable will result in termination from the professional program.

**FORMAL STUDENT APPEALS**

All students have access to the appeal process as stated in the policies of the School of Medicine and Health Sciences, Graduate School, and the UND Code of Student Life. The Occupational Therapy Department abides by the established guidelines regarding student appeals as delineated in the School of Medicine and Health Sciences Rules of Governance and the UND Code of Student Life. A student may initially appeal the Occupational Therapy Department decision through the appeals process as defined in the School of Medicine and Health Sciences Rules of Governance. Time lines for all grievances must be adhered to: academic grievances with respect to grades must be initiated by the student within ten (10) calendar days after receipt of the grade. Grievances regarding decisions of admissions, probationary status or dismissal must be initiated by the student within ten (10) days after receipt of the academic program/departmental decision. If the student and/or department is not satisfied with the decision from the School of Medicine and Health Science Appeals Committee, he/she must follow the guidelines as published in the University of North Dakota Code of Student Life.

**SCHOLASTIC DISHONESTY**

All instances of student dishonesty will be dealt with by either the occupational therapy faculty or the Dean of Students as detailed in the Code of Student Life. The OT faculty requires a signed written statement from a student who is alleging academic dishonesty of a classmate.
**STUDENT LEAVE OF ABSENCE**

A student may request a leave of absence by submitting to the chair of the department a written request which lists the reasons for the leave, how the time will be spent and date for planned return. All faculty will review the request and after discussion, vote on the request. If unanimous affirmation is not received by faculty, the student will not be granted the leave. The faculty and/or the School of Medicine and Health Sciences dean may specify conditions that must be met during the leave of absence period.

**STUDENT CLASS REPRESENTATIVES AND FACULTY CLASS ADVISOR**

At the beginning of each school year (fall semester) one Year I class member and two Year II class members (one from each section of the Year II class) will be elected by their class members to serve as class representatives. A faculty member will volunteer to serve as class advisor each year.

**Class Representatives Responsibilities:**

- Be available to give the class the opportunity to express concerns.
- Communicate written or verbal information to the class from the faculty or others involved in the Occupational Therapy Program
- Arrange class meetings as opportunities or needs arise
- Communicate to class advisor any concerns
- Be available for faculty meeting or other meetings upon request of faculty
- Initiate class related activities and delegate responsibilities to class members when appropriate

**Class Advisor Responsibilities:**

- Be available to attend meetings when requested by the class.
- Act as a liaison between the class and faculty.
- Request class representative’s attendance at a faculty meeting when appropriate.
- Communicate written or verbal information to the class regarding any general concerns which affects the class involvement in the professional OT program.
FIELDWORK POLICIES AND PROCEDURES

ESTABLISHMENT OF NEW FIELDWORK EXPERIENCES

Within the Geographic Region

Fieldwork experiences may be initiated by the facility or the UND Occupational Therapy Department. Each facility is evaluated to determine whether the setting is equipped to provide application of principles learned in the academic program appropriate to the learning needs of the student, and that all aspects of the fieldwork program are consistent with the curriculum design of the UND occupational therapy program. Once contact has been made, the process is as follows:

1. The academic fieldwork coordinator at the Occupational Therapy Department at UND sends two copies of the fieldwork contract and copies of the fieldwork evaluation form, AOTA annual report form (fieldwork data form) and supervisor curriculum vitae form to the supervisor of Occupational Therapy at the Facility. Data will be gathered in the areas of primary treatment conditions, evaluations, interventions, client participation, student resources for learning, supervision available, and consistency with the UND OT department curriculum design and objectives for fieldwork courses.

2. Upon receipt of the information, it is reviewed by the academic fieldwork coordinator to determine whether the facility meets the UND Occupational Therapy Department established criteria for fieldwork settings. This information may also be reviewed by other occupational therapy department faculty, and further information may be requested or the facility may be requested to modify some aspects of the experience to meet the criteria.

3. Once the facility has been approved as a fieldwork site, information from the site is added to UND fieldwork information on Blackboard. The site is then listed as a possible choice for students when choosing fieldwork.

4. Facilities not approved as fieldwork sites will be provided specific rationale as to the decision made, and will be provided with suggestions should they wish to pursue approval as a fieldwork site in the future. If a fieldwork facility chooses to withdraw from offering fieldwork experiences to UND students, they are also expected to notify the UND OT department of the decision and the reasoning behind it. The information concerning that facility will then be removed from the fieldwork information on Blackboard.

Outside the Geographic Region

The Occupational Therapy Department at the University of North Dakota schedules students for fieldwork experience within a fourteen (14) state geographical area, including Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, Nevada, North Dakota, South Dakota, Utah, Washington, Wisconsin, and Wyoming. Additional contracts are established only upon approval of the Fieldwork Petition Committee.

The student who wishes to arrange for a fieldwork experience outside the geographical
region must follow this procedure:

1. It is the student’s responsibility to contact an agency which will meet the criteria of the American Occupational Therapy Association and that of the Department of Occupational Therapy, and which will agree to accommodate the student during the specific time frame requested.

2. The student, after securing a commitment by the facility to reserve a space, must petition the fieldwork committee to be allowed to complete the fieldwork out of the geographic region. This petition should include information about the facility and should outline how the education experiences offered by this particular facility meet the student’s educational and career goals.

3. The fieldwork committee, which consists of the chairperson of the Occupational Therapy Department along with up to two (2) representatives from the fieldwork agencies, will consider the request and inform the student in writing of their decision.

4. If the petition is approved, the student is directed to meet with the UND academic fieldwork coordinator and provide to the coordinator all information regarding the facility. The academic fieldwork coordinator then follows the process as developed by the department for establishing fieldwork education experiences. Because of the costs and time involved in establishing these unique fieldwork experiences, students pursuing this option will not be allowed to petition for changes once the fieldwork contract has been established.

5. If the petition is not approved, it is the student’s responsibility to contact the facility and inform them of the committee’s decision, so that the facility does not continue to hold the reservation. If the student is not satisfied with the decision made by the fieldwork committee, he/she may request to appeal the decision and meet with the departmental faculty in person. Other appeals follow the normal UND School of Medicine and Health Sciences channels.

**Changing Level II Fieldwork Experiences**

Once the student has signed a fieldwork request form indicating his/her willingness to complete Level II fieldwork at a specific facility, this agreement is binding and exceptions are only made in rare cases due to the impact of these changes on the program and fieldwork facilities. The student may make changes only by petitioning the fieldwork committee in the following manner:

1. Students will write a letter to the committee outlining the reasons for the requested change. The student should indicate the scope of the occupational therapy program at the scheduled facility and should discuss why this program does not meet his/her educational goals. The student should also provide information as to the process he/she used to come to this conclusion. The letter should conclude with a short description of the type of program or learning experience that the student is seeking to better meet his/her educational goals.

All requests for change must be received by the fieldwork committee no later than three months prior to the scheduled level II fieldwork experience. Requests received
after this deadline will be considered on a case by case basis. Faculty or the fieldwork committee will review both the student’s past performance in the OT program as well as any extenuating circumstances surrounding the request.

2. The fieldwork committee, which consists of the chairperson of the Occupational Therapy Department along with up to two representatives from the fieldwork agencies, will consider the request and inform the student in writing of their decision.

3. If the petition is approved, the student is directed to contact the academic fieldwork coordinator, who will take responsibility for canceling the original contract and will work with the student to find a fieldwork experience matching his/her educational goals. If the student is requesting a fieldwork outside of the geographic region, all policies and procedures involved in establishing such fieldwork will be observed.

**STUDENT PLACEMENT PROCESS AND POLICIES**

**Choosing Required Fieldwork Placements**

The academic fieldwork coordinator meets with all the Year I students in the late or early spring semester of their first year. At that time, the coordinator describes the purposes of the fieldwork experience and presents guidelines to assist students in making their fieldwork choices. Year III students who have completed fieldwork or students who complete a pediatric fieldwork experience between their Year I and Year II may also be invited to talk about their experience.

At this time, students will be given a handout that lists the facilities where the Occupational Therapy Department presently sends students for fieldwork experiences in psychiatry, physical disabilities and pediatrics. Students are given a listing of those fieldwork settings with current reservations and the specific dates.

A second meeting with the Year I OT students is scheduled to plan the process for selecting Level II fieldwork experiences. A lottery method is used to give equal opportunity for all students to choose fieldwork experiences. At this meeting, each student’s name will be drawn; the student who is number one will have first choice of the facility he/she selected and so forth, down the list of students.

Questions regarding the process of choosing fieldworks are once again addressed. Students are advised that they will have the opportunity to sign up with the academic fieldwork coordinator for a two hour time period, to be shared among six students. During this time period, students will have an opportunity to read fieldwork information and to ask the coordinator pertinent questions. Fieldwork information on Blackboard contains specific information regarding the types of learning experiences available at each facility. Before putting fieldwork choices in writing, all students are expected to view the fieldwork computer program and access fieldwork information located in Blackboard regarding chosen centers.

Once all students have had an opportunity to meet with the academic fieldwork coordinator and have read the fieldwork resources available to them, the students will sign up, in order of their lottery number, to meet with the academic fieldwork coordinator for a 15 minute time period. The student needs to bring two (2) completed request forms for both the psychosocial and physical
disability fieldworks and should have filled out the form with the top three choices for each experience. In addition, the student should bring a typed copy of his/her personal data sheet. The academic fieldwork coordinator will periodically post the fieldwork choices that are made, so that students with higher numbers are aware of which fieldwork centers are open and which are taken.

After all the students have met individually with the academic fieldwork coordinator and have made their choices, the academic fieldwork coordinator sends a signed official Fieldwork Request Form to the fieldwork educator in a given center. If the educator can accommodate the student, the form is returned to UND bearing the signature of that supervisor. Once the form is signed by both the UND academic fieldwork coordinator and the facilities fieldwork educator, the agreement is binding. Changes requested by the student can be made only by appeal to the fieldwork committee as described in the previous section. This must be completed at least three months prior to the Level II experience.

It should be noted that although students may commit themselves to a fieldwork site at this time, they also may elect to delay making a choice. This will allow them to complete more advanced study at a facility, or complete a Level I at a site prior to commitment. Many centers also have reservations about accepting students until the student completes an interview or Level I experience. Through this process the OT personnel at the facility can determine whether the student can meet facility expectations. Any student already scheduled for a Level II fieldwork might also determine, through completing a Level I fieldwork, that a particular site does not meet his/her educational goals and initiate the process to initiate a change, if desired.

Currently, many fieldwork facilities are requiring proof of immunizations, drug testing, fingerprints, and/or criminal background checks. It is the responsibility of the student to check facility information (in the fieldwork binders) to ensure that requirements for both Level I and Level II fieldwork have been met. In addition, each student will review site contracts for his/her assigned facility to ensure that he/she is aware of and responsible to meet all facility pre-requisites. The University of North Dakota Occupational Therapy Department is not responsible for ensuring that students meet facility requirements nor is the department a clearing house for these records.

As part of the UND student assessment process, faculty completes the fieldwork readiness form (see appendix) for each student prior to Level II fieldwork placement. Student must be approved by faculty for Level II fieldwork prior to placement.

**Placement Restrictions**

1. No student may do both physical and psychosocial dysfunction fieldwork placements in the same facility unless the two fieldwork programs are structurally and/or administratively separate.

2. Students desiring to complete a psychiatric fieldwork in or near their permanent residence/hometown may do so if one or more of the following criteria are met:
   a. The permanent residence/hometown has a population of over 100,000.
   b. The radius from permanent residence/hometown and choice of psychiatric fieldwork is more than 75 miles.
   c. The patient population being served by the psychiatric fieldwork is designated as chronic patient population (long-term care facility) versus acute patient population (short-term care facility).
Policy and Process for Choosing Optional Fieldwork Placements at UND

All students wishing to complete a pediatric Level II fieldwork during the summer session after Year I will participate in a lottery. The student whose name is chosen first will have first choice of fieldwork settings and so on. This lottery will take place at the same time as numbers are chosen for required fieldworks. During regular sign-up times for viewing manuals, the student is requested to view the information for pediatric fieldworks and to ask the academic fieldwork coordinator any questions he/she might have.

Students will then sign up for a 15 minute time period to meet with the academic fieldwork coordinator. These time periods will be arranged according to the lottery number. Students are expected to bring complete copies of the request form listing three (3) choices for the pediatric experience. After all students wishing to complete a pediatric fieldwork have met individually with the academic fieldwork coordinator, signed official Fieldwork Request Forms are sent to the fieldwork educator in the chosen center. If the fieldwork educator is able to accommodate the student, the form is returned to UND bearing the signature of that educator. Once the form is signed by both the UND academic fieldwork coordinator and the facilities educator, the agreement is binding. Changes requested by the student are made only by appeal to the fieldwork committee.

Students wishing to complete an optional fieldwork experience (pediatrics, cardiac, hand therapy, geriatrics, assistive technology, etc.) following successful completion of the physical dysfunction and psychosocial dysfunction Level II fieldwork experience should notify the academic fieldwork coordinator of this decision at least 60 days prior to the starting date for the optional fieldwork. These optional fieldwork placements will be processed in the order they are received, i.e., written correspondence, verbal contracts, appointments, etc.

The Process of Scheduling Students for Repeat Fieldwork Placements

1. Once the student has made his/her choices for repeat fieldwork sites, the academic fieldwork coordinator will contact the fieldwork site and investigate availability of placement.

2. The academic fieldwork coordinator will advise the student to contact the fieldwork site to discuss the circumstances/difficulties surrounding the previous fieldwork.

3. When a verbal agreement is reached between the student and a fieldwork site, the academic fieldwork coordinator will negotiate the fieldwork contract and arrange the necessary paperwork for the student’s fieldwork experience.

Students must complete all required fieldwork within 18 months of completion of academic coursework. If a student is unable to complete the fieldwork within this time frame, the student must re-take pertinent academic course work prior to fieldwork assignment.

FIELDWORK EVALUATION AND GRADES

Each student is expected to complete six (6) months of fieldwork, three (3) months in physical dysfunction and three (3) months in psychosocial dysfunction. In order to successfully complete fieldwork, the student must have a minimum passing score on the Fieldwork Performance
Evaluation for the Occupational Therapist provided by AOTA.
Students are enrolled in fieldwork for credit. In order for a student to complete the requirements for a grade, the student and his/her fieldwork supervisor must ensure that both the Fieldwork Evaluation (FEW) and Student Evaluation of Fieldwork (SEFW) are sent to the University of North Dakota Occupational Therapy Department Academic Fieldwork Coordinator. The Academic Fieldwork Coordinator assigns a grade for the course and the Registrar’s Office updates the student’s transcript.

It is the Occupational Therapy Department’s expectation that students will not experience major difficulties and will successfully complete all fieldwork requirements. However, should the student experience difficulty leading to the discontinuation of fieldwork, the following categories for termination apply as described below:

**Student Initiated Withdrawal:** Students are able to take an incomplete in the course only if withdrawal occurs within the first three weeks of the course.

**Terminated Passing:** In this situation, the student, fieldwork educator and University of North Dakota academic fieldwork coordinator agree that the student is unable to perform to his/her potential due to a mismatch of student and facility. Students may choose to withdraw from the fieldwork site at any point up until midterm. If they withdraw within three weeks of the fieldwork start date, they may take an incomplete in the course and be re-scheduled at another facility when available. After three weeks the withdrawal will be reflected on the student transcript as a withdrawal (w) for the course and the student must re-register and pay tuition for the course.

**Terminated for Medical Reasons:** This may occur at any time during the fieldwork experience in which the student is currently meeting competencies. The student is allowed to withdraw or take an incomplete for the course and complete it when he/she is medically stable, upon recommendation by the referring medical professional.

**Terminated Failing:** The student is not meeting competencies and receives a non-satisfactory (failing) mid-term evaluation (passing is 90 points). At this point, the fieldwork facility may enter into an agreement of remediation with the student to rectify the deficiencies identified. However, the fieldwork facility may terminate, at any time, a student whose performance is not meeting competency or threatens the patients’ treatment or safety.

If a student is terminated and/or receives a failing evaluation, the student is subject to termination from the professional program, and must petition the faculty to remain in the program. Upon unanimous affirmation by the faculty, the student is allowed to remain in the program on academic probation. If unanimous affirmation through a formal vote by the faculty is not received, the student will be terminated from the professional program and his/her registration cancelled. This decision may be appealed by the student according to the appeal policies of the School of Medicine and Health Sciences and/or the University. (Also see page 44 “Student Probation and Dismissal”.)

**FINANCIAL OBLIGATIONS AND FIELDWORK**

The professional program at the University of North Dakota can be completed in six semesters and two summer sessions including six months of fieldwork experience. Students enroll and pay tuition for both of the required fieldwork experiences for a total of 18 credits. Although students are not
on campus during the fieldwork period, the cost to the University for the fieldwork experience portion of the Occupational Therapy Program includes faculty time, secretarial help, liability insurance, telephone, paper and mailing costs, travel expenses for faculty to visit the facilities regularly and for attendance at regional and national occupational therapy meetings pertaining to education.

Students are responsible for travel expenses associated with Level I and Level II fieldwork experiences; this may include travel to Level I sites up to 8 hours away from the campus, so students should plan their budgets accordingly. Students are required to be away for 5 days of Year I, and 5 days twice each semester in Year II and during this time are responsible for their own accommodations and travel expenses.

**STUDENT WITH DISABILITIES: ACCOMMODATION REQUEST FOR FIELDWORK**

Students in Grand Forks who are seeking accommodations for their fieldwork courses are expected to register with the Disability Support Services (DSS) office (190 McCannel Hall), 701-777-3425. Students on the Casper campus are expected to contact the professional program administrator at Casper College at 307-268-2223 for assistance. After meeting with Disability Support Services on either campus, and based on whether DSS determines a need for accommodations, students are encouraged to meet with their instructors of fieldwork coursework and disclose learning needs and needed accommodations.

- The OT academic fieldwork coordinator will contact the fieldwork facility and provide information as to accommodations needed. The facility will determine whether accommodations desired are reasonable given the resources available to the site. If accommodations are available, the student will be placed for fieldwork at the site. If the site is not able to provide the requested accommodations, the academic fieldwork coordinator will assist the student in choosing an alternative placement site. Students are encouraged to identify their needs as soon as possible so that appropriate placements can be secured in a timely manner.

- The academic fieldwork coordinator is available to consult with the student and advise the student as he/she plans for a successful fieldwork experience and during the course of the Level I or Level II placement. Expectations should be the same for students regardless of abilities; however, strategies to achieve entry-level competency may differ.

**STUDENT HEALTH RECORDS**

The University of North Dakota Occupational Therapy Department does not routinely maintain health records for students. If a fieldwork site requires that the school maintain student health records, the student is responsible for providing his/her health information to the fieldwork office. A folder is then maintained for student information for the academic year reflective of the student’s fieldwork rotation dates. The record is retained according to the School of Medicine and Health Sciences records retention schedule.
STUDENT EVALUATION IN THE OCCUPATIONAL THERAPY PROGRAM

WHY IS STUDENT EVALUATION IMPORTANT?

The Occupational Therapy Program faculty would like you to become an active participant in your learning. One of the strategies employed to encourage more active involvement in the educational process is to have you write self-reflective essays on your learning. The essays reflect the Program’s desire to produce self-reflective practitioners who are able to reflect on their learning as they transition from the role of a student to that of a therapist, and demonstrate the competencies necessary for practice.

Writing a self-evaluation may seem relatively foreign to you at first, but to be able to evaluate yourself fairly, candidly, and in way that is helpful to you is a valuable life skill that will be an asset to you long after you leave this campus. Self-reflective learners have the potential to become self-reflective practitioners. The self-reflective practitioner is aware of his/her skills, strengths and areas of weaknesses and is able to use that self-knowledge to develop expertise, as well as engage in life-long independent learning.

Similar to the way the curriculum design is influenced by the Occupational Adaptation (OA) theory, the student evaluation process also incorporates elements of the theory. At various points on your journey through the OT curriculum, you will be asked to reflect on your person (knowledge, sensorimotor and psychosocial aspects), the occupation of being an OT student, and the contextual aspects of your learning experience here at UND. Your transition from the role of a student to that of a novice therapist will be of particular interest to you and the faculty.

The OT Program has identified seven primary competencies necessary to OT practice. Each student is expected to successfully acquire the skills and abilities associated with the competencies. You can expect to see evidence of the competency statements in the questions you are asked to address throughout the student evaluation process.

WRITING THE SELF-EVALUATION

How do I go about writing my paper?

There is no single way to write a good self-evaluation. Try to write in a way that communicates information about your perception of your learning. Do not just speak in abstractions and personal feelings, such as:

“My classes are extremely important to me because through the discussion and readings, my thinking as developed immensely”.

What classes? What subject? Which discussion? What did you read? Think about what? Developed from where to where? Even a reader who does not intimately know the class(s) you are enrolled in should be able to form some judgment about how well you understand your studies and/or yourself from what you say about it, not merely that you claim to have full understanding. In other words, be specific, be specific, be specific, and finally, be concrete.
Consider this………
Writing for university faculty sometimes freezes the words inside you so you can’t write at all or else turns them to plastic so they come out all fake, bureaucratic, and untrustworthy. The expectation is that you will be genuine and real; it may help to write as though you were writing a letter to a friend, loved one, teacher or even to yourself. This will not only help you to write more easily, it will also help your writing have some voice and sound like it comes from a real person.

Illustrate your generalizations with brief examples by using phrases like “such as when I….”

When you finally type it, be sure to proofread your writing carefully and get someone else who is a good proofreader if you need to. A sloppy, careless self-evaluation filled with misspellings, incomplete sentences, and half-thoughts leaves a poor final impression even if you are doing very well in the Program. Regarding length, the general expectation is for 3-4 pages, although longer than that is not unusual. If faculty feels your writing has been superficial and/or you failed to address all of the questions, you may be asked to resubmit your paper.

THE EVALUATION PROCESS

“My paper’s done, now what?”
Writing your paper is the first step in the student evaluation process. You will also need to sign up for a 20-minute meeting time with faculty. Here’s what you can expect will take place when you meet with the assigned faculty member:

a. The faculty member and you will likely engage in a short conversation to get to know you; part of the conversation will include orienting you to what will be taking place during the interview/discussion.

b. You can expect the faculty member to ask you questions about your paper and engage you in a discussion; content of the discussion will come from your writing and the faculty member’s desire to hear more about your thinking. You will be expected to share your perceptions regarding your learning and the responses you have provided in the paper.

c. You and the faculty member will review the faculty comments regarding your performance in the Program thus far in the semester and again engage you in a brief discussion regarding the comments provided (see forms specific to each semester in the appendix, pages 72-78). Expect to provide your thoughts regarding the faculty comments.

d. The faculty member will provide an opportunity for you to share – a wide range of concerns can be addressed at this time including aspects of the Program you have particularly enjoyed, things that have frustrated you, etc; essentially, anything that is not in your paper or in the faculty comments can be covered at this time.

e. To conclude the time, the faculty member will compose a narrative statement summarizing the meeting; you may be asked to provide your thoughts, as well. Both parties will sign the form and a copy will be provided to you.

Clearly, the 20-minute appointment will go by quickly. If needed, the faculty member or the student may request a follow-up meeting to further discuss parts of the interview.

This is part of your educational experience, use it to your best advantage as a tool to learn more about yourself and your learning in the OT Program at UND.
PROFESSIONAL ORGANIZATIONS

THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION (AOTA)

Organized in 1917, AOTA is the national organization of occupational therapists. The purpose of the Association is to enhance the profession of occupational therapy through establishing and maintaining high standards of education, practice and research.

AOTA holds annual meetings that are announced in the American Journal of Occupational Therapy (AJOT) and the OT Practice. Students are required to become student members and active in the Association.

THE NORTH DAKOTA OCCUPATIONAL THERAPY ASSOCIATION (NDOTA)

NDOTA is the state occupational therapy association and it holds two meetings per year, district meetings are held a minimum of four times per year. Students are encouraged to become student members and participate at both the district and state level.

THE WYOMING OCCUPATIONAL THERAPY ASSOCIATION (WYOTA)

The Wyoming Occupational Therapy Association provides its members the opportunity to gain knowledge in a variety of ways. WyOTA sponsors varied educational experiences designed to provide you with the professional edge you need to advance your career goals and assure your visibility in the health care community. We provide our members with ongoing networking opportunities through posting on the website, email communications, and mentoring programs. Students are encouraged to become student members and participate at both the district and state level.

PI THETA EPSILON

PTE is the occupational therapy honor society. Students eligible for membership must have completed the second semester of Year I in the professional program and must be in the top 20% of the class, calculated from the students’ cumulative scholastic record. The purposes of PTE are to recognize and encourage scholastic excellence of occupational therapy students, to contribute to the advancement of the field of occupational therapy through the scholarly activities of student and alumni members, and to provide a vehicle for students enrolled in accredited programs in occupational therapy to exchange information and to collaborate regarding scholarly activities.

OCCUPATIONAL THERAPY CLUB (AKA UND SOTA)

The OT club is an approved UND student organization open to all occupational therapy students and holds meetings on campus throughout the school year. Students are expected to participate in educational, advocacy and social activities promoting occupational therapy.
APPENDIX
OCCUPATIONAL THERAPY CODE OF ETHICS AND ETHICS STANDARDS (2010)

PREAMBLE

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

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

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

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

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

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

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

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

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

**DEFINITIONS**

**Recipient of service:** Individuals or groups receiving occupational therapy.

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

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

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

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

**Public:** The community of people at large.
BENEFICENCE

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

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

Occupational therapy personnel shall

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

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

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

Occupational therapy personnel shall

A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.
B. Make every effort to ensure continuity of services or options for transition to appropriate services to avoid abandoning the service recipient if the current provider is unavailable due to medical or other absence or loss of employment.
C. Avoid relationships that exploit the recipient of services, students, research participants, or employees physically, emotionally, psychologically, financially, socially, or in any other manner that conflicts or interferes with professional judgment and objectivity.
D. Avoid engaging in any sexual relationship or activity, whether consensual or nonconsensual, with any recipient of service, including family or significant other, student, research participant, or employee, while a relationship exists as an occupational therapy practitioner, educator, researcher, supervisor, or employer.
E. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues, students, research participants, or others.
F. Avoid any undue influences, such as alcohol or drugs, that may compromise the provision of occupational therapy services, education, or research.
G. Avoid situations in which a practitioner, educator, researcher, or employer is unable to maintain clear professional boundaries or objectivity to ensure the safety and well-being of recipients of service, students, research participants, and employees.
H. Maintain awareness of and adherence to the Code and Ethics Standards when participating in volunteer roles.
I. Avoid compromising client rights or well-being based on arbitrary administrative directives by exercising professional judgment and critical analysis.
J. Avoid exploiting any relationship established as an occupational therapist or occupational therapy assistant to further one’s own physical, emotional, financial, political, or business interests at the expense of the best interests of recipients of services, students, research participants, employees, or colleagues.
K. Avoid participating in bartering for services because of the potential for exploitation and conflict of interest unless there are clearly no contraindications or bartering is a culturally appropriate custom.
L. Determine the proportion of risk to benefit for participants in research prior to implementing a study.
AUTONOMY AND CONFIDENTIALITY

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

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

Occupational therapy personnel shall

A. Establish a collaborative relationship with recipients of service including families, significant others, and caregivers in setting goals and priorities throughout the intervention process. This includes full disclosure of the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention(s); and/or any reasonable alternatives to the proposed intervention.
B. Obtain consent before administering any occupational therapy service, including evaluation, and ensure that recipients of service (or their legal representatives) are kept informed of the progress in meeting goals specified in the plan of intervention/care. If the service recipient cannot give consent, the practitioner must be sure that consent has been obtained from the person who is legally responsible for that recipient.
C. Respect the recipient of service’s right to refuse occupational therapy services temporarily or permanently without negative consequences.
D. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program/educational institution.
E. Obtain informed consent from participants involved in research activities, and ensure that they understand the benefits, risks, and potential outcomes as a result of their participation as research subjects.
F. Respect research participant’s right to withdraw from a research study without consequences.
G. Ensure that confidentiality and the right to privacy are respected and maintained regarding all information obtained about recipients of service, students, research participants, colleagues, or employees. The only exceptions are when a practitioner or staff member believes that an individual is in serious foreseeable or imminent harm. Laws and regulations may require disclosure to appropriate authorities without consent.
H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and non-verbal communications, including compliance with HIPAA regulations.
I. Take appropriate steps to facilitate meaningful communication and comprehension in cases in which the recipient of service, student, or research participant has limited ability to communicate (e.g., aphasia or differences in language, literacy, culture).
J. Make every effort to facilitate open and collaborative dialogue with clients and/or responsible parties to facilitate comprehension of services and their potential risks/benefits.

**SOCIAL JUSTICE**

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

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

**Occupational therapy personnel shall**

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

**PROCEDURAL JUSTICE**

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

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

**Occupational therapy personnel shall**

A. Be familiar with and apply the Code and Ethics Standards to the work setting, and share them with employers, other employees, colleagues, students, and researchers.

B. Be familiar with and seek to understand and abide by institutional rules, and when those rules conflict with ethical practice, take steps to resolve the conflict.

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

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

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

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

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

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

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

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

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

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

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

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

O. Collect fees legally. Fees shall be fair, reasonable, and commensurate with services delivered. Fee schedules must be available and equitable regardless of actual payer reimbursements/contracts.

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

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

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

Occupational therapy personnel shall

A. Represent the credentials, qualifications, education, experience, training, roles, duties, competence, views, contributions, and findings accurately in all forms of communication about recipients of service, students, employees, research participants, and colleagues.
B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.
C. Record and report in an accurate and timely manner, and in accordance with applicable regulations, all information related to professional activities.
D. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.
E. Accept responsibility for any action that reduces the public’s trust in occupational therapy.
F. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, students, research participants, or the public.
G. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.
H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.
I. Give credit and recognition when using the work of others in written, oral, or electronic media.
J. Not plagiarize the work of others.

FIDELITY

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

The principle of fidelity comes from the Latin root fidelis meaning loyal. Fidelity refers to being faithful, which includes obligations of loyalty and the keeping of promises and commitments.
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**


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FIELDWORK RESPONSIBILITIES:
DEPARTMENT, FIELDWORK FACILITIES, AND STUDENT

This document is consistent with the American Occupational Therapy Association’s Code of Ethics, the University of North Dakota Occupational Therapy Affiliation Agreements and the University of North Dakota Code of Student Life.

UND OCCUPATIONAL THERAPY DEPARTMENT RESPONSIBILITIES

To assume responsibility for assuring continuing compliance with the educational standards as established in the Standards for an Accredited Educational Program for the Occupational Therapist.

1. To maintain the complete set of syllabi for all occupational therapy courses in the Occupational Therapy Department, to be available for students, fieldwork supervisors and others for review in the Department.

2. To maintain files of current information on fieldwork in the Occupational Therapy Department. This is the information provided by the fieldwork facilities annually and/or when major changes occur.

3. To follow due process on working with students and fieldwork facilities.

4. To comply with affirmative action.

5. To establish and maintain on-going honest communication with fieldwork facilities and students.

6. To schedule students for occupational therapy fieldwork and to assign only those students who have satisfactorily completed the required academic work. There will be close planning between faculty, students and fieldwork supervisors.

7. To collaborate with fieldwork facilities in defining measurable objectives for fieldwork education.

8. To counsel students in fieldwork in collaboration with fieldwork supervisors.

9. To communicate with fieldwork educators regularly (through mailings, electronic communication and fieldwork visits).

10. To evaluate the total Occupational Therapy Program regularly, including the fieldwork experiences. Fieldwork facilities are to be evaluated as described in the fieldwork facility evaluation format.

11. To provide liability insurance for occupational therapy students in assigned fieldwork placements.
RESPONSIBILITIES OF FIELDWORK FACILITIES

1. To maintain competency in practice, keeping abreast of current theories and techniques.

2. To provide the Occupational Therapy Department with current information on the educational program for occupational therapy students in fieldwork. This includes philosophy, purpose, types of patients/clients, evaluation and treatment theories and techniques, learning experiences available, measurable objectives, policies and procedures of the facility and method(s) of evaluating students.

3. To maintain honest communication with students and with UND faculty to improve practice, assist in improving academic course content and learning experiences and identify trends in occupational therapy health care and rehabilitation.

4. To provide meaningful learning experiences for students in fieldwork.

5. To make available to students at the beginning of fieldwork and throughout the fieldwork experience, the policies and procedures of the facility.

6. To provide supervision of students by qualified personnel.

7. To clearly define to students the channels of communication within the facility.

8. To evaluate students by midterm, if not on a monthly basis. If there appears to be a problem, this should be discussed with the students as soon as possible, documenting the evidence of the problem. The academic fieldwork coordinator should be notified as soon as possible so that arrangements can be made for remediation. Consultation with the O.T. Department and/or University should be maintained until the problem is resolved. If a student’s performance in relation to patient treatment is unsatisfactory, and/or the student is unable to function satisfactorily to meet the measurable objectives of the fieldwork experience, the student’s fieldwork may be terminated by the facility and the Occupational Therapy Department. Due process must be adhered to throughout the proceedings.

9. To notify the Occupational Therapy Department as soon as possible of major changes in program, scheduling, etc.
STUDENT RESPONSIBILITIES

1. Professional behavior begins in the classroom. The student will demonstrate professional judgment in all didactic activities by:

   (a) being prepared for class, paying attention and participating with relevant material in class discussion
   (b) showing respect for the instructor and guest lecturers

These characteristics carry over into the clinical situation. The individual with professional behavior is respected by patients, family, other members of the health care team and society. The professional person’s behavior reflects the credibility of the profession.

2. The student is expected to adhere to the Occupational Therapy Code of Ethics as adopted by the American Occupational Therapy Association.

3. Students are expected to know and to adhere to the regulations within the agencies in which they are assigned fieldwork. Such regulations may involve dress, behavior and attendance.

4. Students are expected to maintain respect and courtesy toward their own colleagues as well as toward their faculty, fieldwork supervisors, patients/clients and others with whom they come in contact.

5. Students are expected to assist in promoting honest and harmonious working relationships in the classroom and fieldwork facilities.

6. Students are expected to maintain good health habits and regular physical examinations during both academic and fieldwork experiences. Students are expected to maintain appropriate health insurance during academic and fieldwork education.

7. Students are expected to engage in only those procedures in which they have achieved an appropriate level of competence.

8. Students are expected to integrate material from previous courses as they progress through the academic and fieldwork program.

9. Students are expected to take the initiative for their own learning in addition to required course content.

10. Students are expected to analyze the information in fieldwork manuals and to review appropriate material necessary for their assigned placement.

11. Students are expected to take the initiative in regard to analyzing and synthesizing their perceptions of the learning experiences in both the academic and fieldwork phase of their education. If a student has a concern about any phase of the learning experience, he/she will follow the appropriate channels of communication in the facility/agency. These channels are:
**Academic**: Student, Instructor, Departmental Chairperson, School of Medicine and Health Sciences Dean. The student is encouraged to seek counsel throughout the process.

**Fieldwork Experience**: Immediate supervisor, then through the established channels of communication at the facility/agency. Both the student and facility must communicate with the UND academic fieldwork coordinator in Occupational Therapy throughout the process.

12. Students are expected to complete candid and constructive written evaluations of each course in which they are enrolled, including fieldwork.

Students who are in non-compliance with the above may be placed on professional probation or may have his/her enrollment in either coursework or fieldwork canceled.

Revised: 2010
FORMS

STUDENT EVALUATION FORMS

Current Student Status:

_____ Satisfactory

_____ Academic Probation

_____ Professional Probation

OCCUPATIONAL THERAPY DEPARTMENT
UNIVERSITY OF NORTH DAKOTA

Student Evaluation - Year 1, Semester 2 (Fall)

Transition to the Role of the Occupational Therapy Student

Student Self-Evaluation: The student is asked to provide a typed summary in response to the following questions, in preparation for faculty-student review and discussion.

1. Compare how you have changed personally and professionally from your pre-professional courses, such as study skills and habits, etc.

2. What has been going well for you as you transition into the role of the occupational therapy student? In what areas do you struggle?

3. Identify strategies and/or supports which assist you in dealing with these challenges.

4. What have you learned about yourself relative to your written and verbal communication skills?

5. Describe elements of the physical and social contexts of the program that have facilitated your learning and elements that have detracted from your learning.

Faculty Evaluation: Faculty members’ feedback will be solicited following general observation of the OT student’s academic and pre-professional skills in the context of the transition to the role of the occupational therapy student.

Faculty Interviewer

Signature of Faculty ____________________ Date ________

Signature of Student ____________________ Date ________

*A student who receives an unsatisfactory professional evaluation and/or academic probation for two (2) semesters may be terminated from the professional program.*
Student Self-Evaluation: The student is asked to provide a typed summary in response to the following questions, in preparation for faculty-student review and discussion.

Knowledge:
1. As you reflect on your learning about pediatric/adolescent practice, describe your strengths and areas of needed growth regarding:
   a. Planning and administering pediatric/adolescent assessments
   b. Developing occupation-based interventions for children and adolescents
   c. Using theory, frames of reference and models of practice suitable for children and adolescents
   d. Finding and applying evidence based literature for pediatric/adolescent practice settings

2. What do you predict you will need to review prior to working in a pediatric/adolescent practice setting? What strategies will you use to accomplish this task?

Sensorimotor:
As you reflect on your experiences in the classroom and laboratory activities, what manual skills/techniques (i.e., manipulating assessment materials, positioning and handling children, manipulation of therapeutic modalities) have you learned or had the opportunity to use? Evaluate your experience. What skills do you need to develop next?

Psychosocial:
Based on your experiences in small group learning activities this semester, evaluate your ability to interact as a team member in a clinical setting.

Contexts:
Describe elements of the physical and social contexts of the program that have facilitated your learning and elements that have detracted from your learning.

Faculty Evaluation: Faculty members’ feedback will be solicited following general observation of the OT student’s academic and pre-professional skills in the context of the pediatric/adolescent OT practice environment.

Signature of Faculty | Date | Signature of Student | Date

*A student who receives an unsatisfactory professional evaluation and/or academic probation for two (2) semesters may be terminated from the professional program.*
Student Self-Evaluation: The student is asked to provide a typed summary in response to the following questions, in preparation for faculty-student review and discussion.

Knowledge:
3. As you reflect on your learning about physical disabilities, describe your strengths and areas of needed growth regarding:
   a. Planning and administering assessments suitable for clients with physical disabilities
   b. Developing occupation based interventions for practice in physical disability settings
   c. Using theory, frames of reference and models of practice suitable for physical disability practice
   d. Finding and applying evidence based literature for physical disabilities practice settings

4. What do you predict you will need to review prior to your Level II Fieldwork in Physical Disabilities? What strategies will you use to accomplish this task?

Sensorimotor:
As you reflect on your recent Level I Fieldwork experience, what manual skill/techniques (i.e. presentation of therapeutic media, splinting, ROM) have you learned or had the opportunity to use? Evaluate your experience. What skills do you need to develop next?

Psychosocial:
In preparation for your Level II Fieldwork, evaluate your psychosocial readiness to address the demands of a physical disability setting. Describe your comfort level and ability to:
   a. Handle the privacy and intimacy issues associated with personal care and activities of daily living
   b. Communicate with others on an interdisciplinary team
   c. Effectively manage your time and handle the scheduling demands of physical disability settings

Contexts:
Describe elements of the physical and social contexts of the program that have facilitated your learning and elements that have detracted from your learning.

Faculty Evaluation: Faculty members’ feedback will be solicited following general observation of the OT student’s academic and pre-professional skills in the context of the Physical Disabilities OT practice environment.

Faculty Interviewer:

Signature of Faculty                          Date                          Signature of Student                          Date

*A student who receives an unsatisfactory professional evaluation and/or academic probation for two (2) semesters may be terminated from the professional program.*
Current Student Status:

_____ Satisfactory
_____ Academic Probation
_____ Professional Probation

OCCUPATIONAL THERAPY DEPARTMENT
UNIVERSITY OF NORTH DAKOTA
Student Evaluation - Year 2, Semester 1 (Fall)
Personal/Professional Learning: Psychosocial Dysfunction

Student Self-Evaluation: The student is asked to provide a typed summary in response to the following questions, in preparation for faculty-student review and discussion.

Knowledge:

5. As you reflect on your learning about psychosocial practice, describe your strengths and areas of needed growth regarding:
   a. Planning and administering psychosocial assessments
   b. Developing occupation based interventions for psychosocial practice
   c. Using theory, frames of reference and models of practice suitable for psychosocial practice
   d. Finding and applying evidence based literature for psychosocial practice

6. What do you predict you will need to review prior to your Level II Fieldwork in psychosocial dysfunction? What strategies will you use to accomplish this task?

Sensorimotor:
As you reflect on your recent Level I Fieldwork experience, what manual skills/techniques (i.e. physical handling of assessment materials and utilization of crafts) have you learned or had the opportunity to use? Evaluate your experience. What skills do you need to develop next?

Psychosocial:
In preparation for your Level II Fieldwork, describe your ability to:
   a. Use communication skills effectively in professional contexts
   b. Establish rapport and apply principles of therapeutic use of self
   c. Plan and lead group based interventions

Contexts:
Describe elements of the physical and social contexts of the program that have facilitated your learning and elements that have detracted from your learning.

Faculty Evaluation: Faculty members’ feedback will be solicited following general observation of the OT student’s academic and pre-professional skills in the context of the psychosocial OT practice environment.

Faculty Interviewer:

Signature of Faculty Date Signature of Student Date

*A student who receives an unsatisfactory professional evaluation and/or academic probation for two (2) semesters may be terminated from the professional program.
Student Self-Evaluation: The student is asked to provide a typed summary in response to the following questions, in preparation for faculty-student review and discussion.

Knowledge:
7. As you reflect on your learning about physical disabilities, describe your strengths and areas of needed growth regarding:
   a. Planning and administering assessments suitable for clients with physical disabilities
   b. Developing occupation based interventions for practice in physical disability settings
   c. Using theory, frames of reference and models of practice suitable for physical disability practice
   d. Finding and applying evidence based literature for physical disabilities practice settings

8. What do you predict you will need to review prior to your Level II Fieldwork in Physical Disabilities? What strategies will you use to accomplish this task?

Sensorimotor:
As you reflect on your recent Level I Fieldwork experience, what manual skill/techniques (i.e. presentation of therapeutic media, splinting, ROM) have you learned or had the opportunity to use? Evaluate your experience. What skills do you need to develop next?

Psychosocial:
In preparation for your Level II Fieldwork, evaluate your psychosocial readiness to address the demands of a physical disability setting. Describe your comfort level and ability to:
   a. Handle the privacy and intimacy issues associated with personal care and activities of daily living
   b. Communicate with others on an interdisciplinary team
   c. Effectively manage your time and handle the scheduling demands of physical disability settings

Contexts:
Describe elements of the physical and social contexts of the program that have facilitated your learning and elements that have detracted from your learning.

Faculty Evaluation: Faculty members’ feedback will be solicited following general observation of the OT student’s academic and pre-professional skills in the context of the Physical Disabilities OT practice environment.

Faculty Interviewer:

Signature of Faculty Date Signature of Student Date

* A student who receives an unsatisfactory professional evaluation and/or academic probation for two (2) semesters may be terminated from the professional program.
Current Student Status:

_____ Satisfactory
_____ Academic Probation
_____ Professional Probation

OCCUPATIONAL THERAPY DEPARTMENT
UNIVERSITY OF NORTH DAKOTA
Student Evaluation - Year 2, Semester 2 (Spring)
Personal/Professional Learning: Psychosocial Dysfunction

Student Self-Evaluation: The student is asked to provide a typed summary in response to the following questions, in preparation for faculty-student review and discussion.

Knowledge:
9. As you reflect on your learning about psychosocial practice, describe your strengths and areas of needed growth regarding:
   a. Planning and administering psychosocial assessments
   b. Developing occupation based interventions for psychosocial practice
   c. Using theory, frames of reference and models of practice suitable for psychosocial practice
   d. Finding and applying evidence based literature for psychosocial practice

10. What do you predict you will need to review prior to your Level II Fieldwork in psychosocial dysfunction? What strategies will you use to accomplish this task?

Sensorimotor:
As you reflect on your recent Level I Fieldwork experience, what manual skills/techniques (i.e. physical handling of assessment materials and utilization of crafts) have you learned or had the opportunity to use? Evaluate your experience. What skills do you need to develop next?

Psychosocial:
In preparation for your Level II Fieldwork, describe your ability to:
   a. Use communication skills effectively in professional contexts
   b. Establish rapport and apply principles of therapeutic use of self
   c. Plan and lead group based interventions

Contexts:
Describe elements of the physical and social contexts of the program that have facilitated your learning and elements that have detracted from your learning.

Faculty Evaluation: Faculty members’ feedback will be solicited following general observation of the OT student’s academic and pre-professional skills in the context of the psychosocial OT practice environment.

Faculty Interviewer:

Signature of Faculty                      Date                     Signature of Student                      Date

*A student who receives an unsatisfactory professional evaluation and/or academic probation for two (2) semesters may be terminated from the professional program.*
Current Student Status:
- Satisfactory
- Academic Probation
- Professional Probation

OCCUPATIONAL THERAPY DEPARTMENT
UNIVERSITY OF NORTH DAKOTA
Student Evaluation – Year 3
Adaptation to the Therapist Role and Future learning

Student Self-Evaluation: The student is asked to provide a typed summary in response to the following questions in preparation for faculty-student review and discussion.

1. As you reflect on your graduate course work this semester, what knowledge and skills have you gained that will be helpful to you as a professional?

2. Describe your ability to represent your profession in an interdisciplinary team. What skills will you need to further develop?

3. As you consider your background in the three management classes, discuss how you might apply this information to entry-level practice.

4. Evaluate the impact of the overall culture and expectations of the OT Department and curriculum on your learning. What was helpful, what could be changed to further support your learning processes?

5. What have you learned about taking charge of your learning and your future?

Faculty Evaluation: Faculty member’s feedback will be solicited following general observation of the OT student’s academic and professional skills in the context of adaptation to the therapist role and future learning.

Advisor Comments:

Signature of Faculty                                    Date  Signature of Student                         Date

*A student who receives an unsatisfactory professional evaluation and/or academic probation for two (2) semesters may be terminated from the professional program.
FACULTY EVALUATION OF STUDENT READINESS FOR FIELDWORK IN THE PROFESSION OF OCCUPATIONAL THERAPY

Date: ____________________________

Rating Scale:  2 = acceptable level
1 = there is some concern
0 = unacceptable level

Name: ____________________________

Observations of the student in academic and field experience settings:

*Psychosocial Readiness*

1. _____ Is sincere, respectful and courteous of others
2. _____ Is a self-starter, self-motivated and initiates work independently
3. _____ Has a positive self-concept and personal presentation
4. _____ Assumes responsibilities with positive attitude
5. _____ Is aware of own strengths and vulnerabilities
6. _____ Is able to give and receive feedback appropriately
7. _____ Demonstrates good interpersonal/communication skills

*Cognitive Readiness*

1. _____ Is able to integrate knowledge and use of theory
2. _____ Demonstrates awareness of client needs (ie safety)
3. _____ Recognizes and upholds importance of confidentiality and ethical practice
4. _____ Demonstrates effective skills in documentation and professional writing
5. _____ Demonstrates skills in organization and time management
6. _____ Demonstrates ability to use research in support of evidence-based practice
7. _____ Recognizes principles of management used in provision of OT services
8. _____ Is able to develop treatment plans which incorporate appropriate preparatory, purposeful and occupation-based activities
9. _____ Demonstrates ability to select and interpret results of evaluation tools
10. _____ Understands and demonstrates use of ethical behavior in academic and practice settings

*Sensory-motor Readiness*

1. _____ Manipulates splinting materials and adaptive equipment at beginning level
2. _____ Demonstrates beginning level skill in use of arts and crafts media
3. _____ Is able to use technology to support therapy interventions
4. _____ Is able to apply ergonomic principles in positioning and transfers
5. _____ Demonstrates ability to administer evaluation tools

Additional Comments: ___________________________________________________________

BASED ON THE ABOVE, THE FACULTY:

do/do not believe this student demonstrates readiness for Level II fieldwork placement

___________________________________________
Faculty Representative

Revised 2010
REQUEST FOR EXAMINATION DATE CHANGE

TO: Janet S. Jedlicka, Chair
    Occupational Therapy Department

FROM:

DATE:

RE: REQUEST TO TAKE EXAMINATION AT OTHER THAN THE REGULARLY SCHEDULED TIME

************************************************************************
(I) (The class) request permission to take the (final, regularly scheduled) exam in

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Instructor</th>
</tr>
</thead>
</table>

at the following ____________________________ instead of

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Hour(s)</th>
</tr>
</thead>
</table>

__________________________
Date Day Hour(s)

(I) (we) understand the make-up exam may be longer and part of it may be oral and may be recorded.

REASON:

SIGNATURE(S):

APPROVAL  DISAPPROVAL

________________________________________________________________________

______________________________ _____________ ____YES ____NO
Instructor of Course Date

______________________________ _____________ ____YES ____NO
Chairperson, O.T. Dept. Date
I. Introduction and Rationale:

The University of North Dakota School of Medicine and Health Sciences and College of Arts and Sciences (here and after referred to as the “University”) have developed a policy on Criminal Background checks for students who have contact in the course of their educational experience with vulnerable populations. The goal is to protect the safety of patients at settings where University of North Dakota students perform educational experiences.

The policy rationale follows:
A. Health care providers are entrusted with the health, safety, and welfare of patients, have access to controlled substances and confidential information, and operate in settings that require the exercise of good judgment and ethical behavior. Thus, an assessment of a student or applicant’s suitability to function in such a setting is imperative to promote the highest level of integrity in health care services.

B. Clinical facilities are increasingly required by accreditation agencies, such as the Joint Commission of Healthcare Organization (JCAHO), to conduct background checks for security purposes on individuals who provide services within the facility and especially those who supervise care and render treatment. To facilitate this requirement, educational institutions have been asked to conduct these background checks for students.

C. Clinical rotations are an essential element in certain educational programs. Students who cannot participate in clinical rotations due to criminal or other adverse activities that are revealed in a background check are unable to fulfill the requirements of the program. Additionally, many healthcare licensing agencies require individuals to pass a criminal background check as a condition of licensure or employment. Therefore, it is in everyone’s interest to resolve these issues prior to a commitment of resources by, the applicant, student, or the University.

D. The various programs at the School of Medicine and Health Sciences, the College of Arts and Sciences, and the College of Nursing are obligated to meet the contractual requirements contained in affiliation agreements between the university and the various healthcare facilities.
II. Applicability

This policy applies to accepted applicants to or students enrolled in an educational program that includes, or may include at a future date, assignment to a clinical health care facility. Visiting students who enroll in courses with such an assignment also are subject to the policy. Presently, programs that require a background check include:

A. Clinical Laboratory Sciences
B. Communication Sciences & Disorders
C. Cytology
D. Histology
E. M.D. (Medicine Program)
F. Nursing
G. Nutrition and Dietetics
H. Occupational Therapy
I. Physical Therapy
J. Physician Assistant Program
K. Clinical Psychology?

III. Policy

A. Individuals to whom this policy applies will be required to have a criminal background check performed with results deemed favorable by the University as a condition of their admission or initial enrollment and/or continued enrollment. An offer of admission will not be final and enrollment will not be permitted until the completion of a favorable background check. Admission may be denied or rescinded, or enrollment terminated, or a visiting student refused based upon the results of the criminal background check.

B. Individuals to whom this policy applies must sign a form authorizing the University to have a criminal background check performed on them by a company engaged by the University to conduct such checks.

C. The background check shall include a Social Security Number trace to confirm past residencies and a criminal background search based on all areas of past residence. The search shall involve all levels of criminal offense, all types of adjudications, all legal processes not yet resolved, and all types of offenses, extending back a minimum of seven years.

D. Omission of required information, or false or misleading information provided by the individual in any communication with the University may result in denial or rescission of admission, disciplinary action, or dismissal.

E. Individuals who refuse to submit to a background check or who do not pass the background check may be dismissed from the program.

F. Individuals who are denied admission to or are dismissed from a program may seek admission into another educational program that does not have a clinical component requirement in its curriculum.
G. Each program will inform potential applicants, enrolled students, and visiting students that criminal background checks are required. The program will use appropriate means such as inclusion in the catalog, student handbook, admissions pamphlet or correspondence to convey this information.

H. The cost of the required criminal background check is the responsibility of the individual applicant or enrolled student.

IV. Criminal Background Check Report

A. Scope - Criminal background checks include the following and cover a minimum of the past seven years:
   - Social Security Report (address locator)
   - County Criminal Record History (unlimited jurisdictions)
   - National Sex Offender Public Registry Search
   - National Criminal Database Search, includes but not limited to:
     - Sexual/Violent Offender Registries
     - Federal Bureau of Investigation Terrorist List
     - Federal/State/Local fugitive (wanted persons) lists
   - FACIS Level 1 includes, but not limited to:
     - (OIG) Office of Inspector General List of Excluded Individuals
     - (GSA) General Services Administration Excluded Parties Listing
     - (OFAC) Office of Foreign Assets Control SDN Search
     - (ORA/FDA) Office of Regulatory Affairs/Food & Drug Administration Department List
     - (ORI) Office of Research Integrity Administration Action List

B. Rights - Students and accepted applicants have the right to review the information reported by the designated company for accuracy and completeness and to request that the designated company verify that background information provided is correct. Prior to making a final determination that will adversely affect the accepted applicant or enrolled student, the educational program will verify that the student or accepted applicant has received a copy of the report from the designated company. If the background check report reveals information of concern which the University may deem unfavorable, the individual student or accepted applicant will be given the opportunity to provide a detailed written description and explanation of the information contained in the report along with appropriate documentation. This information must be returned to the educational program within 10 working days of the date the communication is sent to the individual or another date specified by the educational program in its communication with the individual. The University also may independently seek to obtain additional information about the information of concern.
V. Procedure

A. Applicants must complete the required criminal background check following the offer of admission but prior to enrollment.

B. Enrolled students who did not have a criminal background check at the time of admission into the educational program may be required to complete a background check prior to commencement of an assignment at a health care facility.

C. If the criminal background check has no findings of concern, the individual applicant or student will be allowed to enroll and participate in clinical rotations.

D. Each educational program will designate an appropriate committee to review any criminal background checks with reported findings. The committee may request that the individual submit additional information such as a written explanation, court document and/or police reports. The committee will review all available information and determine if an offer of admission should be withdrawn.

E. Issues to be considered when assessing a criminal history. The applicant/student:
   • May pose a threat to individual patients
   • May pose a threat to university, medical school, college, or community-at-large
   • May not be permitted to complete certain clinical rotations
   • May not be able to develop into an appropriate member of the profession

F. Indicators of concern include but are not limited to:
   • Abuse of at-risk populations
   • Homicide
   • Child pornography – related offenses
   • Sexual assault, rape
   • Repeated “disturbing the peace” violations
   • Aggravated assault
   • Domestic violence
   • Drug charges
   • Sexual harassment
   • Repeated alcohol – related offenses
   • Fraud, including offenses involving Medicare or Medicaid
   • Possession of an unlicensed deadly weapon

G. Factors to consider when reviewing criminal background checks. Information may include, but not necessarily be limited to:
   • The relationship between the offense committed and the student’s participation in the basic science or clinical education components of the educational program
   • The nature and seriousness of the offense
   • The circumstances under which the offense occurred
   • The age of the person when the offense was committed
   • Whether the offense was an isolated event or part of a pattern of similar offenses
   • The length of time since the offense was committed
   • Past employment history
- Past history of academic or non-academic misconduct at prior institutions
- Evidence of successful rehabilitation
- Forthrightness of the information provided by the applicant in opportunities provided for self-report on application-related forms
- Ability to be licensed in the professional discipline.

VI. Confidentiality and Recordkeeping

A. Criminal background check reports and other submitted information are confidential and may only be reviewed by university officials and affiliated clinical facilities in accordance with the Family Educational Records and Privacy Act (FERPA).

B. Criminal background check reports will be maintained securely, confidentially and separately from an admission file or a student’s academic file. Criminal background check reports will be maintained for a period of six years following graduation or date of last attendance for enrolled students and then destroyed. Reports on students denied matriculation or enrollment based on the findings of the Criminal Background Check will be maintained for the current fiscal year plus three years and then destroyed.

C. Ordinarily, agreements with clinical facilities will specify that the facility will accept the University’s criminal background check or if the facility wants to conduct a different background check, it will be done at the facility’s expense.
SAFETY POLICIES AND PROCEDURES

GENERAL LAB SAFETY POLICY AND PROCEDURES

The following serve as a guide when using any of the lab spaces and the lab equipment and supplies:

- Know the hazards associated with the use of all equipment.
- Be sure you are fully educated on the proper use and operation of all equipment before beginning to use. Review the direction manuals before beginning.
- Wear appropriate foot wear and clothing: loose, baggy or flowing clothing may be accidentally caught on tools/equipment causing equipment and you to fall.
- When using tools and manipulating parts of the equipment make sure to use pay attention to prevent injuring fingers or hands.
- Follow the principals of good body mechanics when lifting/moving objects, equipment, and people.
- Maintain good housekeeping standards:
  - Make sure the work area is free from slipping/tripping hazards (pay attention where you place equipment to prevent blocking a walkway.)
  - Make sure tools are appropriately positioned on your working space to avoid catching on clothing or other objects.
  - Make sure you have ample working space that allows for easy access of equipment and supplies.
  - Keep your work space as clean as possible during a lab, and clean the space when you are finished.
  - Return extra equipment/supplies to their original location when you have finished using them.
- Faculty periodically checks equipment to ensure that it is in good condition. If you have a problem with a piece of equipment or notice that it is not in good condition, report the problem to the faculty member in charge of the lab.
- All equipment/supplies are stored in a secure location in the department. Following completion of a task, sharps and tools must be counted and returned to their original storage place.

In the event of an emergency:

- Notify the faculty member present in the lab as soon as possible. Injuries need to be reported in order to complete an incident report as per university guidelines.
- If immediate medical attention is required, injured or ill persons should be transported to the nearest emergency health care facility. This can be accomplished by arranging for emergency transport by calling 911.
- For injuries that do not require immediate medical attention but do warrant medical consultation, the following options are available:
  - A visit to your personal medical provider.
  - A visit to student health services located in McCannel Hall (GF) or the College Center (CC)
  - A visit to a medical provider at one of the local health facilities.
WHEEL CHAIR SAFETY POLICIES AND PROCEDURES

The following serve as a guide when positioning and maintaining wheelchairs and other mobility equipment:

- Know the hazards associated with the use of all equipment.
- Be sure you are fully educated on the proper use and operation of all equipment before beginning to use. Review the direction manuals before beginning.
- Wear appropriate foot wear and clothing: loose, baggy or flowing clothing may be accidentally caught on tools/equipment causing equipment and you to fall.
- When using tools and manipulating parts of the equipment make sure to use pay attention to prevent injuring fingers or hands.
- Follow the principals of good body mechanics when lifting/moving objects, equipment, and people.
- Maintain good housekeeping standards:
  - Make sure the work area is free from slipping/tripping hazards (pay attention where you place equipment to prevent blocking a walkway.)
  - Make sure tools are appropriately positioned on your working space to avoid catching on clothing or other objects
  - Make sure you have ample working space that allows for easy access of equipment and supplies.
  - Keep your work space as clean as possible during a lab, and clean the space when you are finished
  - Return extra equipment/supplies to their original location when you have finished using them.
- Guidelines for using wheelchairs
  - Insure the seating system is complete with all removable pieces properly positioned and attached.
  - Make sure locks are in good working repair and adequately work.
  - Check tires to make sure they are properly inflated.

In the event of an emergency:

- Notify the faculty member present in the lab as soon as possible. Injuries need to be reported in order to complete an incident report as per university guidelines.
- If immediate medical attention is required, injured or ill persons should be transported to the nearest emergency health care facility. This can be accomplished by arranging for emergency transport by calling 911.
- For injuries that do not require immediate medical attention but do warrant medical consultation, the following options are available:
  - A visit to your personal medical provider.
  - A visit to student health services located in McCannel Hall (GF) or the College Center (CC)
  - A visit to a medical provider at one of the local health facilities.
ASSISTIVE TECHNOLOGY LAB SAFETY POLICIES AND PROCEDURES

The following serve as a guide when using assistive technology equipment:

- Know the hazards associated with the use of all equipment.
- Be sure you are fully educated on the proper use and operation of all equipment before beginning to use. Review the direction manuals before beginning.
- Wear appropriate foot wear and clothing: loose, baggy or flowing clothing may be accidentally caught on tools/equipment causing equipment and you to fall.
- When using tools and manipulating parts of the equipment make sure to use pay attention to prevent injuring fingers or hands.
- Follow the principals of good body mechanics when lifting/moving objects, equipment, and people.
- Maintain good housekeeping standards:
  - Make sure the work area is free from slipping/tripping hazards (pay attention where you place equipment to prevent blocking a walkway.)
  - Make sure tools are appropriately positioned on your working space to avoid catching on clothing or other objects
  - Make sure you have ample working space that allows for easy access of equipment and supplies.
  - Keep your work space as clean as possible during a lab, and clean the space when you are finished
  - Return extra equipment/supplies to their original location when you have finished using them.
- Guidelines for use of soldering irons:
  - Work stations with the soldering irons are to be kept clear of clutter – no papers, books, backpacks etc.
  - Keep hands and fingers a minimum of 4 inches away from the heated tip of the soldering iron.
  - Always use a clip holder or pliers to hold the solder because it will become hot enough to cause a burn.
  - All soldering should be done on the wood blocks provided and not on the table – soldering irons must be placed in the holder when plugged in and not in use.
  - After using the soldering irons, allow them to completely cool before cleaning and returning to their original location.
  - Clear your work area of all wire and materials scraps.
- Faculty periodically checks equipment to ensure that it is in good condition (no loose pieces, no frayed cords, etc.). If you have a problem with a piece of equipment or notice that it is not in good condition, report the problem to a faculty member.
- Equipment/supplies are stored in secure locations in the department. Following completion of the task, sharps and tools must be counted and returned to their original storage place in the department.

In the event of an emergency:
- Notify the faculty member present in the lab as soon as possible. Injuries need to be reported in order to complete an incident report as per university guidelines.
• If immediate medical attention is required, injured or ill persons should be transported to the nearest emergency health care facility. This can be accomplished by arranging for emergency transport by calling 911.

• For injuries that do not require immediate medical attention but do warrant medical consultation, the following options are available:
  o A visit to your personal medical provider.
  o A visit to student health services located in McCannel Hall (GF) or the College Center (CC)
  o A visit to a medical provider at one of the local health facilities.
The following serve as a guide when using splinting equipment:

- Know the hazards associated with the use of all equipment.
- Be sure you are fully educated on the proper use and operation of all equipment before beginning to use. Review the direction manuals before beginning.
- Wear appropriate foot wear and clothing: loose, baggy or flowing clothing may be accidentally caught on tools/equipment causing equipment and you to fall.
- When using tools and manipulating parts of the equipment make sure to use pay attention to prevent injuring fingers or hands.
- Follow the principals of good body mechanics when lifting/moving objects, equipment, and people.
- Maintain good housekeeping standards:
  - Make sure the work area is free from slipping/tripping hazards (pay attention where you place equipment to prevent blocking a walkway.)
  - Make sure tools are appropriately positioned on your working space to avoid catching on clothing or other objects
  - Make sure you have ample working space that allows for easy access of equipment and supplies.
  - Keep your work space as clean as possible during a lab, and clean the space when you are finished
  - Return extra equipment/supplies to their original location when you have finished using them.
- Guidelines for use of splinting pans:
  - Work stations with splinting pans are to be kept clear of clutter – no papers, books, backpacks, etc.
  - Use care when heating water to avoid burns through splashing or coming in contact with the heated pan.
  - Use tongs to place and remove splinting materials from the pan to prevent burning fingers or hands.
  - Allow splint materials to cool before fitting on client
  - After completing the splint, turn off splint pans, remove water, and allow pan to cool before returning to storage area.
  - Clear work area of material scraps
- Guidelines for using scissors/utility knives/leather punch:
  - Use care when cutting splinting materials to avoid cutting self or damaging splinting materials
  - Make sure scissors/utility knives/leather punches are used for cutting splinting materials only and sharpened as needed.
- Guidelines for use of heat guns:
  - Work stations with heat guns are to be kept clear of clutter – no papers, books, backpacks, etc.
  - Use care when using heat gun to avoid burns by touching the heated tip or splinting materials.
  - Allow splint materials to cool before fitting on client or manipulating the object
  - After completing the splint, turn off splint pans, remove water, and allow pan to cool before returning to storage area
Guidelines for sewing machine usage:
- When sewing make sure to keep hands and fingers a minimum of 4 inches away from the sewing machine needle.
- Use the sewing machine seam guide as a way to manipulate the fabric and still maintain your personal safety.
- While operating the machine, make sure to sit upright with your face a minimum of 12 inches away from the needle.
- Change needles frequently in order to prevent breaking or damaging the needles and/or machine.

In the event of an emergency:
- Notify the faculty member present in the lab as soon as possible. Injuries need to be reported in order to complete an incident report as per university guidelines.
- If immediate medical attention is required, injured or ill persons should be transported to the nearest emergency health care facility. This can be accomplished by arranging for emergency transport by calling 911.
- For injuries that do not require immediate medical attention but do warrant medical consultation, the following options are available:
  - A visit to your personal medical provider.
  - A visit to student health services located in McCannel Hall (GF) or the College Center (CC)
  - A visit to a medical provider at one of the local health facilities.
GROSS MOTOR ACTIVITY LABS SAFETY POLICIES AND PROCEDURES

The following serve as a guide when participating in lab activities that require gross motor activity. Remember that many of these lab activities require a great deal of movement:

General Guidelines:

- If you have any physical limitations it is your responsibility to notify the faculty member who is in charge of the lab in order for modifications to be made.
- Follow the principals of good body mechanics when lifting/moving objects, equipment, and people.
- Be sure you are fully educated on the proper use of the equipment before beginning.
- Wear appropriate foot wear and clothing: loose, baggy or flowing clothing can make it difficult for someone to spot for you and assist in the event that your balance is compromised.
- Know the hazards associated with the use of therapy balls, bolsters, rocker boards, etc.
  - Only use the equipment on an absorbent, mat surface.
  - Always have at least one person close by to serve as a ‘spotter’ and watch for loss of balance and possible falls.
  - Check the equipment to ensure that the surface is clean and free of any substances that would cause a user to slip/slide.
- Faculty periodically checks equipment to ensure that it is in good condition. If you have a problem with a piece of equipment or notice that it is not in good condition, report the problem to the faculty member in charge of the lab.
- All equipment/supplies are stored in a secure location in the department. Following completion of a task, sharps and tools must be counted and returned to their original storage place.
- Guidelines specific to the sensory integration lab
  - This is an active lab and it is your responsibility to notify the faculty member in charge of the lab of any physical restrictions or sensory issues (i.e. problems tolerating vestibular movements) in order to have the activities modified for you.
  - It is important that you follow the directions for the individual activities.
  - If you are bothered by any of the sensory activities (dizziness, nausea, etc.), stop what you are doing and notify the instructor.

In the event of an emergency:

- Notify the faculty member present in the lab as soon as possible. Injuries need to be reported in order to complete an incident report as per university guidelines.
- If immediate medical attention is required, injured or ill persons should be transported to the nearest emergency health care facility. This can be accomplished by arranging for emergency transport by calling 911.
- For injuries that do not require immediate medical attention but do warrant medical consultation, the following options are available:
  - A visit to your personal medical provider.
  - A visit to student health services located in McCannel Hall (GF) or the College Center (CC)
  - A visit to a medical provider at one of the local health facilities.
The following serve as a guide when using physical agent modalities equipment:

- Know the hazards associated with the use of all equipment.
- Be sure you are fully educated on the proper use and operation of all equipment before beginning to use. Review the direction manuals before beginning.
- Wear appropriate foot wear and clothing: loose, baggy or flowing clothing may be accidentally caught on tools/equipment causing equipment and you to fall.
- When using tools and manipulating parts of the equipment make sure to use pay attention to prevent injuring fingers or hands.
- Follow the principals of good body mechanics when lifting/moving objects, equipment, and people.
- Maintain good housekeeping standards:
  - Make sure the work area is free from slipping/tripping or burn hazards (pay attention where you place equipment to prevent blocking a walkway.)
  - Make sure tools are appropriately positioned on your working space to avoid catching on clothing or other objects.
  - Make sure you have ample working space that allows for easy access of equipment and supplies.
  - Keep your work space as clean as possible during a lab, and clean the space when you are finished, following infection control procedures.
  - Return equipment/supplies to their original location when you have finished using them.
- Faculty periodically checks equipment to ensure that it is in good condition. If you have a problem with a piece of equipment or notice that it is not in good condition, report the problem to the faculty member in charge of the lab.
- All equipment/supplies are stored in a secure location in the department. Following completion of a task, sharps and tools must be counted and returned to their original storage place. Supplies consumed must be counted and documented.
- Guidelines for safe use of specific physical agent modalities (PAMS):
  - Know and demonstrate use of proper infection control procedures, such as use of sterile gloves and equipment.
  - Demonstrate use of wound care supplies appropriate to the processes and stages of tissue healing, such as cleansers and dressings.
  - Demonstrate the knowledge of light, water, temperature, sound, or electricity properties relevant to specific PAMs through safe application technique, such as towel layers to prevent hot pack burns to the skin.
  - Follow specific protocols and verbalize indications and contraindications/precautions for the selection and therapeutic application of specific physical agent modalities, such as electrical stimulation being contraindicated for use with persons who have cardiac pacemakers.
In the event of an emergency:

- Notify the faculty member present in the lab as soon as possible. Injuries need to be reported in order to complete an incident report as per university guidelines.
- If immediate medical attention is required, injured or ill persons should be transported to the nearest emergency health care facility. This can be accomplished by arranging for emergency transport by calling 911.
- For injuries that do not require immediate medical attention but do warrant medical consultation, the following options are available:
  - A visit to your personal medical provider.
  - A visit to student health services located in McCannel Hall (GF) or the College Center (CC)
  - A visit to a medical provider at one of the local health facilities.
EMERGENCY, EVACUATION, AND UNIVERSITY CLOSURES

If the University of North Dakota is closed due to severe weather or other reasons, the occupational therapy department will be closed. This information is communicated to students, staff, faculty, and the public through a variety of methods including the UND website, email system, NotiFind, and mass media radio and television stations. Additional information regarding emergency preparedness can be found by calling 701-777-6700 or on the following website: http://und.edu/preparedness/

If Casper College is closed for severe weather or other reasons the UND occupational therapy Department at Casper College will be closed. This information is communicated to students, staff, faculty, and the public through a variety of methods including the Casper College website and mass media radio and television stations. Additional information regarding emergency preparedness can be found at: http://www.caspercollege.edu/alert/index.html

Faculty will work with students on both campus sites to ensure appropriate make up classes are scheduled or comparable learning activities are developed. Students are expected to use good judgment in evaluating personal safety in traveling to classes or fieldwork placements. Students are expected to notify faculty/staff at the campus of enrollment of any absences.

RESEARCH INVOLVING HUMAN SUBJECTS

In accordance with Federal Regulations and Guidelines and the University of North Dakota (UND) policies regarding “the protection of the rights and welfare of human subjects” (UND, 2011, ¶1), occupational therapy students must acquire approval from the UND Institutional Review Board (IRB) prior to engaging in any research projects involving human subjects or biomedical research. Students must complete human subject education to acquire IRB certification prior to submitting proposals to the UND IRB and be supervised by a full-time faculty member throughout the research process.

Human subject education resources, IRB forms for all levels of human subjects research, federal regulations and guidelines, and detailed policies and procedures regarding research can be found at: http://www.und.nodak.edu/dept/rdc/regucomm/IRB/index.html

GRIEVANCE POLICY

For the Departments/Programs of: Medical Laboratory Science; Cytotechnology; Histotechnician; Occupational Therapy; Physical Therapy; Physician Assistant Studies; and Sports Medicine

As stated in the University of North Dakota Code of Student Life, each undergraduate, graduate, and professional school or college should have written procedures for academic grievances. The following describes the SMHS’s Health Sciences Professional Programs grievance policy related to probation, suspension, and/or dismissal. This policy addresses both academic and professional behavior grievances initiated by students in the health science professional programs.

It is the responsibility of each student in the School of Medicine and Health Sciences to abide by the rules and regulations of the University of North Dakota as well as those described in the appropriate department or program. These department/program guidelines will individually describe the standards and expectations of their professional-level students.

The Graduate Committee hears grievances brought by Graduate Students seeking redress on academic decisions made by the Graduate Dean/School.

The term “academic grievance” is defined as: A statement expressing a complaint, resentment, or accusation lodged by a student about an academic circumstance (such as grading, testing, quality of instruction), which is thought by the student to be unfair (UND Code of Student Life).

The term “professional behavior grievance” is defined as: A statement expressing a complaint, resentment or accusation lodged by a student regarding a program’s decision regarding a student’s professional behavior. Professional behavior includes maintaining patient confidentiality, high standards of ethics, creating a positive learning environment, honesty in interactions, etc. The expectation for professional behavior is further defined by the code of ethics within each professional program.

All grievances must be initiated by the student within thirty (30) calendar days after notification of the grade or faculty decision related to probation, suspension, and/or dismissal. Each step of the grievance process must be initiated by the student within thirty (30) calendar days after a previous step has been completed. Response time by the student at each step shall be thirty (30) calendar days unless otherwise stated.

Any person who believes that he or she is a victim of discrimination, either individually or as a member of a class as defined by the university’s equal opportunity policy, may initiate grievance procedures as outlined in the UND Code of Student Life. If a person brings a grievance in which discrimination is alleged, along with an academic grievance, the discrimination complaint will be dealt with simultaneously.

I. Process:
   A. Any student with an academic grievance shall discuss the grievance and the requested resolution with the faculty person involved.
   B. If the grievance is not resolved at the faculty level, the student shall discuss it with the appropriate department or program chairperson and request resolution.
C. If the grievance is not resolved at the department and/or program level, the student may file the grievance with the chair of the Health Science Grievance Committee. Written documentation should include:
   1. The disputed academic decision;
   2. The person that made the decision;
   3. The date the decision was made;
   4. All efforts made to resolve the dispute informally and formally;
   5. Information directly relevant to the Committee’s review of the grievance;
   6. Relevant witnesses or individuals whom the grievant may call during the hearing;
   7. Any other relevant pertinent evidence or documents and;
   8. The desired outcome the student is seeking as a result of a grievance hearing.

Documentation should be filed to: Health Sciences Grievance Committee; C/O Academic Affairs, UND School of Medicine and Health Sciences, 501 North Columbia Road, Stop 9037, Grand Forks, ND, 58202. The committee will consult with all parties significantly involved in the grievance through the hearing procedures, document its finding, and make a decision. Copies of the decision will be forwarded to all principal parties within thirty (30) calendar days of the hearing.

D. If the grievance is not resolved to the student’s satisfaction by the Health Sciences Grievance Committee, the student may request resolution from the dean of the School of Medicine and Health Sciences or the dean’s designee. Copies of the decision by the Dean will be forwarded to all principal parties within thirty (30) calendar days.

E. In some instances, grievances not resolved by the dean’s office may be brought by any of the parties to the university’s Student Academic Standards Committee. Refer to the UND Code of Student Life for procedures.

F. In all stages of the grievance process, it is the responsibility of the student to initiate and advance the grievance to the appropriate stage of the process.

II. Grievance Pre-Hearing Procedures

A. Composition of Committee:

By August 1st of each year, the programs of Laboratory Sciences (including Cytotechnology Histotechnician and Medical Laboratory Science) shall as a group submit two names of faculty members and one student from within their programs to the Chief of Staff, Office of the Dean, School of Medicine and Health Sciences. By August 1st of each year, each of the following programs shall individually submit two names of faculty members and one student from within their program/department: Sports Medicine, Physician Assistant, and the departments of Occupational Therapy and Physical Therapy. The Health Science Grievance Committee pool will be comprised of ten (10) faculty and five (5) students.

The selection of members of a Health Sciences Grievance Committee will be made by drawing names from the pool—excluding the department/program from which the grievance arose. The Chief of Staff, School of Medicine and Health Sciences, will draw four faculty names for each grievance and one student for each grievant. The Committee chair will be selected by the members prior to the hearing. The Committee members will be asked if they have any conflict regarding the parties to the grievance. If the Committee determines one of its members has a conflict, the Chief of Staff will draw another name.
A copy of all papers/documents to be considered by the committee in the grievance will be made available to the grievant, program and Committee at least ten (10) calendar days before the hearing. The grievance must be specifically stated and submitted to the chair of the Health Sciences Grievance Committee. For the integrity of the hearing, electronic means may be used to hold the hearing. At the beginning of the hearing, the Chair will ask the grievant and the department to state for the record whether the hearing is to be open or closed. If both parties agree to an open hearing, the grievant will sign a written statement to that effect. The entire hearing will be recorded.

B. Hearing Procedures:

1. The Committee will:
   a. Consider only the information relevant to the grievance. The discussion will be regarding the specific grievance listed in the written request for the hearing; and
   b. restrict its determination to the specific grievance cited in the written request for the hearing;

2. The grievant(s) requesting the hearing will:
   a. be present during the entire hearing;
   b. begin the discussion by stating the grievance, rationale for such position and remedy sought;
   c. limiting the statement to thirty (30) minutes; and
   d. respond to questions of the Committee.

3. The person or departmental representative against whom the grievance is filed will:
   a. be present during the entire hearing;
   b. give his/her account of the grievance and is limited to an opening statement of thirty (30) minutes; and
   c. respond to questions of the Committee.

4. An attorney may be present; however, he/she may not speak for the student. The grievant must notify the Chief of Staff at least ten (10) calendar days before the hearing that an attorney will be present.

5. The persons involved in the grievance will not address questions/comments to each other. However, they may address their questions to the Chair of the Committee who may ask the questions on their behalf.

6. Within thirty (30) calendar days, the Committee will meet and produce a written report of the Committee’s findings, conclusions, and determination. The determination will be based on the testimony heard and the documentation received from the parties. The Chair is responsible for creating the final report, which all members of the Committee will sign and date. If any members do not agree with the final report, the signature block must have a column specifying whether or not they are in agreement with the report’s determination.

7. A copy of the recommendation will be sent to the student, and faculty (department or program) involved.
INFORMATION AVAILABLE IN THE UND ACADEMIC CATALOG

Refer to the University of North Dakota Academic Catalog, 2013-2015 (available online from the UND Web site) that includes but is not limited to information on the following:

### GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Calendar</td>
<td>iv</td>
</tr>
<tr>
<td>Policy on Equal Opportunity</td>
<td>vi</td>
</tr>
<tr>
<td>Mission of the University</td>
<td>2</td>
</tr>
<tr>
<td>Accreditation</td>
<td>2</td>
</tr>
<tr>
<td>Student Records</td>
<td>4</td>
</tr>
<tr>
<td>Public Directory Information</td>
<td>4</td>
</tr>
</tbody>
</table>

### NEW STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Records</td>
<td>4</td>
</tr>
<tr>
<td>Fees and Expenses</td>
<td>8</td>
</tr>
<tr>
<td>Student Financial Aid</td>
<td>10</td>
</tr>
<tr>
<td>Housing</td>
<td>21</td>
</tr>
<tr>
<td>Enrollment</td>
<td>28</td>
</tr>
<tr>
<td>Admission of the Students</td>
<td>28</td>
</tr>
<tr>
<td>Admission of Transfer Student</td>
<td>29</td>
</tr>
</tbody>
</table>

### ACADEMIC INFORMATION

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Graduation Requirements</td>
<td>33</td>
</tr>
<tr>
<td>Special Examination for Credit</td>
<td>34</td>
</tr>
<tr>
<td>CLEP</td>
<td>34</td>
</tr>
<tr>
<td>Registration and Change of Registration</td>
<td>35</td>
</tr>
<tr>
<td>Withdrawal for the University</td>
<td>35</td>
</tr>
<tr>
<td>Student Load</td>
<td>35</td>
</tr>
<tr>
<td>The Grading System</td>
<td>35</td>
</tr>
<tr>
<td>Transcript</td>
<td>37</td>
</tr>
<tr>
<td>University Attendance, Policy and Procedure</td>
<td>37</td>
</tr>
<tr>
<td>Final Examination - Policy</td>
<td>37</td>
</tr>
<tr>
<td>Undergraduate Probation - Dismissal Policy</td>
<td>38</td>
</tr>
<tr>
<td>Conduct in General</td>
<td>38</td>
</tr>
<tr>
<td>Scholastic Honesty</td>
<td>38</td>
</tr>
<tr>
<td>UNIVERSITY SERVICES</td>
<td>PAGE</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Affirmative Action Office</td>
<td>13</td>
</tr>
<tr>
<td>Career Services</td>
<td>14</td>
</tr>
<tr>
<td>Counseling Center</td>
<td>15</td>
</tr>
<tr>
<td>Libraries</td>
<td>18</td>
</tr>
<tr>
<td>Student Financial Aid</td>
<td>22</td>
</tr>
<tr>
<td>Student Health</td>
<td>23</td>
</tr>
<tr>
<td>School of Medicine &amp; Health Sciences</td>
<td>66</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>67</td>
</tr>
</tbody>
</table>
SUPPLEMENTS
EXPOSURE MANAGEMENT POLICY

School of Medicine and Health Sciences

Student Bloodborne & Biological Pathogen Exposure Management

Section:
Policy number:
Responsible Office: Vice President for Health Affairs/Dean
Issued:
Latest Review: N/A

POLICY STATEMENT

In the event of a bloodborne or biological pathogen exposure, the School of Medicine and Health Sciences (SMHS) students will follow the SMHS Student Bloodborne and Biological Pathogen Exposure Management Plan. The student's responsibility is to immediately inform their instructor, clinical site supervisor and/or preceptor. Students are required to comply with the reporting requirements, incur the charges of their bloodborne or biological pathogen exposure testing, and complete follow-up recommendations given by their health care provider.

REASON for POLICY

To provide a clear and concise guide for managing students exposed to bloodborne or biological pathogens during educational activities administered by the University of North Dakota School of Medicine and Health Sciences.

SCOPE of POLICY

This policy applies to:
- Deans, Directors, and Department Heads
- Faculty
- Managers and supervisors
- Staff
- Students
- Others:

WEB SITE REFERENCES

This policy: TBD
Vice President for Health Affairs and Dean: http://www.med.UND.edu/administration/deans-office/index.cfm

Page 1 of 11
CONTENTS
Policy Statement ........................................................................................................... 1
Reason for Policy ............................................................................................................. 1
Scope of Policy ................................................................................................................ 1
Web Site References ....................................................................................................... 1
Related Information ....................................................................................................... 3
Contacts .......................................................................................................................... 3
Definitions ..................................................................................................................... 3-4
Principles ....................................................................................................................... 4
Procedures ..................................................................................................................... 5-7
Forms ............................................................................................................................... 8-12
RELATED INFORMATION

| UND Incident Reporting & Investigation Instructions | http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm |
| SMHS Policy Page | http://www.med.und.edu/internal-resources/policies.cfm |
| The National Clinicians' Post Exposure Prophylaxis Hotline | http://www.nccc.ucsf.edu/about_nccc/pepline/ |
| Occupational Safety & Health Administration | https://www.osha.gov/ |
| Center for Disease Control and Prevention | http://www.cdc.gov/ |

CONTACTS

Specific questions should be directed to the following:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Contact</th>
<th>Telephone/FAX</th>
<th>Office/Dept Email/Web</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy clarification</td>
<td>Dean's Office</td>
<td>(701)777.2514/777.3527</td>
<td><a href="mailto:judy.solberg@med.und.edu">judy.solberg@med.und.edu</a></td>
</tr>
<tr>
<td>SMHS Student Injury</td>
<td>Dean's Office</td>
<td>(701)777.2514/777.3527</td>
<td><a href="mailto:judy.solberg@med.und.edu">judy.solberg@med.und.edu</a></td>
</tr>
<tr>
<td>Investigation Report</td>
<td>Office of Safety</td>
<td>(701)777.3341</td>
<td><a href="mailto:und.safety@email.und.edu">und.safety@email.und.edu</a></td>
</tr>
<tr>
<td>Sample Transportation</td>
<td>Student Health Services (701)777.3988</td>
<td><a href="mailto:und.shslab@und.edu">und.shslab@und.edu</a></td>
<td></td>
</tr>
</tbody>
</table>

DEFINITIONS

<p>| Bloodborne Pathogens | Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV). |
| Other potentially Infectious materials/biological pathogens | Include but are not limited to: (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV. (4) Airborne pathogens such as tuberculosis (TB). |</p>
<table>
<thead>
<tr>
<th>Exposure Incident</th>
<th>A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of practice requirements.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contaminated</td>
<td>The presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface.</td>
</tr>
<tr>
<td>Contaminated Sharps</td>
<td>Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.</td>
</tr>
<tr>
<td>Immediate supervisor</td>
<td>The instructor, clinical site supervisor and/or preceptor with the direct responsibility for the student at the site and time of the incident.</td>
</tr>
<tr>
<td>UND SMHS Program of Enrollment/ Program Director</td>
<td>UND SMHS Program Director: Medical Student – Associate Dean of for Student Affairs Health Sciences-Program Directors Graduate Students- Basic Sciences Education Director Undergraduate Students-SMHS Assistant Dean for Education</td>
</tr>
</tbody>
</table>

**PRINCIPLES**

OVERVIEW—The Student Bloodborne & Biological Pathogen Exposure procedure provides management for University of North Dakota SMHS students with occupational blood exposures according to currently recommended guidelines by the US Public Health Services. The procedures below describe the action that must be taken in the event that bloodborne or biological pathogen exposure has occurred. In accordance of UND Section 1: General Safety, incident Reporting policy, incident reporting of all injuries is required within 24 hours.

Academic instructors who witness the incident, or are immediate supervisors for the student, are responsible for completing UND & SMHS incident reporting forms. This allows for complete reporting and appropriate follow up of any occurrence involving the health and safety of University students.
PROCEDURES

Management of Exposure Incidents
1. Immediate Care
2. Post-Exposure Risk Determination & Medical Evaluation
3. Post-Exposure Mandatory Reporting
4. Incident Investigation & Report Routing

Immediately
Complete within 2 hours
Complete within 24 hours

In accordance with UND Policy, mandatory reporting of incidents is required within 24 hours. The student’s health and safety is of utmost importance in this circumstance and the student must not return to activities until this is complete.

Protocol

1. Post-Exposure - Immediate Care
   If you experienced a needle-stick or sharps injury, or are exposed to the blood or other body fluid of a patient during the course of your work, **immediately follow these steps** (as applicable):
   - Wash needle-stick injuries and cuts with soap and water.
   - Flush splashes to the nose, mouth, or skin with water for 10 minutes.
   - Eyes - remove contact lenses, irrigate eyes with clean water, saline, or sterile irrigants (be aware of the nearest eyewash station).
   - Report the incident to your immediate supervisor.
   - Immediately seek medical treatment for evaluation and recommended follow up procedures.

2. Post-Exposure - Risk Determination & Medical Evaluation
   - Contact the immediate supervisor (or clinical site education coordinator) to obtain the procedure and forms for appropriate risk assessment and reporting.
   - UND SMHS Program of enrollment must also be contacted as soon as feasible to oversee this evaluation process.
   - The student and immediate supervisor must complete the UND SMHS Bloodborne & Biological Exposure “Student Quick Form 1” & “UND Incident Reporting Form 2” within 24 hours. These forms must include signatures of the student, immediate supervisor, and medical provider.

   The following information is required for risk determination; document “Student Quick Form 1”
   - Type and amount of fluid (e.g., blood, visibly bloody fluid, other potentially infectious fluid or tissue, and concentrated virus).
   - Type of device causing injury, if applicable.
   - Type and description of exposure (percutaneous, splash, non-intact skin, and bites etc.).

Incident Occurrence on the UND Campus
Medical Evaluation: UND Student Health Hours: Mon-Fri 8am-4:30pm, Tuesday 8am-6pm
After Hours: Altru Emergency Department or Urgent Care

Incident Occurrence at Clinical Affiliation Site
Note: Students must also follow the individual clinical sites guidelines, and the appropriate clinical personnel should be informed of the injury. All follow-up documentation is required.
Medical Evaluation by Primary Care Provider or Emergency Facility

**Step One - Evaluate Exposure Source**
The student's immediate supervisor where the incident occurred will take the necessary action to request a source patient (donor of the blood or body fluid exposure) lab test workup for bloodborne or biological pathogens.

<table>
<thead>
<tr>
<th>Bloodborne Pathogen</th>
<th>Airborne Pathogen</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assess exposure source status, if applicable.</td>
<td>• Assess exposure source status for tuberculosis (TB)</td>
</tr>
<tr>
<td>• Obtain consent to test blood. If deceased, no consent</td>
<td>• or other potential biological pathogen, if applicable.</td>
</tr>
<tr>
<td>necessary.</td>
<td></td>
</tr>
<tr>
<td>• Order an exposure work-up in accordance with state</td>
<td></td>
</tr>
<tr>
<td>statutes, to include but not limited to rapid</td>
<td></td>
</tr>
<tr>
<td>HIV, Hepatitis B surface Antigen (HBsAg), and</td>
<td></td>
</tr>
<tr>
<td>antibodies to HCV (anti-HCV).</td>
<td></td>
</tr>
<tr>
<td>• Unknown Source: assess risk of exposed student</td>
<td></td>
</tr>
<tr>
<td>to HBV, HCV and HIV infection.</td>
<td></td>
</tr>
</tbody>
</table>

**Step Two - Evaluate Exposed Person**

<table>
<thead>
<tr>
<th>Bloodborne Pathogen</th>
<th>Airborne Pathogen</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assess current immunization status.</td>
<td>• Assess current immunization status.</td>
</tr>
<tr>
<td>• Assess Hepatitis B vaccine and vaccine response status.</td>
<td>• Assess for Tetanus-Diphtheria vaccination (Td)</td>
</tr>
<tr>
<td>• Assess HBV, HCV, and HIV immune status.</td>
<td>or other airborne pathogen, if applicable.</td>
</tr>
<tr>
<td>• Order baseline testing for HIV, HCV, anti-HBs (if</td>
<td>• Assess for current tuberculosis screening status,</td>
</tr>
<tr>
<td>applicable).</td>
<td>if applicable.</td>
</tr>
<tr>
<td>• Draw a 10 mL clot tube of blood, spun and separated.</td>
<td>• Order TB testing, if applicable.</td>
</tr>
<tr>
<td>Transport serum on ice to UND Student Health Services</td>
<td></td>
</tr>
<tr>
<td>for storage. (Address available on Quick Form 1)</td>
<td></td>
</tr>
</tbody>
</table>

**Step Three - Determine Need for Post Exposure Prophylaxis**

<table>
<thead>
<tr>
<th>Bloodborne Pathogen</th>
<th>Airborne Pathogen</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Factors to consider for post-exposure prophylaxis</td>
<td>• Follow appropriate prophylactic treatment, if</td>
</tr>
<tr>
<td>include the type of exposure, type and amount of</td>
<td>applicable.</td>
</tr>
<tr>
<td>fluid/tissue, infectious state of the source, and</td>
<td></td>
</tr>
<tr>
<td>susceptibility of the exposed student.</td>
<td></td>
</tr>
<tr>
<td>• Prophylaxis should be started as soon as possible</td>
<td></td>
</tr>
<tr>
<td>after HIV exposure, preferably within the first hour.</td>
<td></td>
</tr>
<tr>
<td>• Hotline for Medical Providers</td>
<td></td>
</tr>
<tr>
<td>The National Clinicians' Post Exposure</td>
<td></td>
</tr>
<tr>
<td>Prophylaxis Hotline.</td>
<td></td>
</tr>
<tr>
<td>PEPLine: 1-888-448-4911 (9am-2am EST)</td>
<td></td>
</tr>
<tr>
<td>Warmline: 1-800-933-3413</td>
<td></td>
</tr>
<tr>
<td>Perinatal HIV Hotline: 1-888-448-8765</td>
<td></td>
</tr>
<tr>
<td>Website:</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.nccpea.ucsf.edu/about_nccpea/">http://www.nccpea.ucsf.edu/about_nccpea/</a></td>
<td></td>
</tr>
</tbody>
</table>

**Step Four - Follow-up Care**
The student is responsible for obtaining follow-up care from their personal physician as recommended during their evaluation.
3. Post-Exposure Mandatory Reporting

Completion and routing of SMHS Bloodborne & Biological Pathogen Exposure Incident Evaluation & Reporting (Form 1 & 2) are required within 24 hours of the exposure event.

Report Routing

<table>
<thead>
<tr>
<th>Student Quick Form 1</th>
<th>Student Office</th>
<th><a href="mailto:judy.solberg@med.und.edu">judy.solberg@med.und.edu</a></th>
</tr>
</thead>
</table>

UND Incident Reporting Form 2
The student’s immediate supervisor must electronically submit this form within 24 hours.
Form 2 is located at UND Campus Safety website: http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm.
Click the [SMHS only] button on the bottom of the form to notify appropriate UND contacts.

4. Incident Investigation & Report Routing

The SMHS Program Directors will be required to:
- Investigate the incident (UND Incident Investigation Form 3), verify completion of Forms 1 & 2, verify Student Health has received the student’s blood sample, and route appropriate incident reports to UND Environmental Health & Safety.
- UND SMHS Programs are required to retain a record of the exposure incident for 30 years post-graduation.

RESPONSIBILITIES

| Student | • Report the exposure incident  
|         | • Seek immediate and follow-up care.  
|         | • Complete required reports.  
|         | • Route to appropriate contacts.  
| Immediate Supervisor | Provide assistance to the exposed student to:  
| (Clinical Site Supervisor and/or Preceptor) | • Obtain immediate care and medical evaluation.  
| | • Complete reports within 24 hours.  
| | • Transport the student’s blood sample to UND Student Health Services.  
| Program Director | • Investigate the exposure incident.  
| | • Verify completion of reports and appropriate routing.  
| | • Verify blood sample arrival at UND Student Health.  
| | • Retain record of the incident.  
| Chief of Staff, SMHS | • Notify appropriate program directors of incident exposure.  
| | • Forward reports to the appropriate program director for the incident investigation.  
| Student Health Services | • Receive exposed student’s sample and store for 90 days.  

Page 7 of 11
<table>
<thead>
<tr>
<th>FORMS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Form 1)</td>
<td></td>
</tr>
<tr>
<td>UND Incident Reporting Form (Form 2)</td>
<td><a href="http://und.edu/finance:operations/environmental-health-and-safety/forms.cfm">http://und.edu/finance:operations/environmental-health-and-safety/forms.cfm</a></td>
</tr>
<tr>
<td>UND Incident Investigation Form (Form 3)</td>
<td><a href="http://und.edu/finance:operations/environmental-health-and-safety/forms.cfm">http://und.edu/finance:operations/environmental-health-and-safety/forms.cfm</a></td>
</tr>
<tr>
<td>(Refusal of Care) (Form 4)</td>
<td></td>
</tr>
</tbody>
</table>

REVISION RECORD
**Student Bloodborne & Biological Pathogen Exposure**

Quick Form 1

Page 1 of 2

**Step One – Immediate Care (within 1 hour of incident)**

- Exposure through a puncture/wound, cleaned with soap and water for 15 minutes.
- Exposure through eye or mucous membrane, flushed with water or saline for 15 minutes.
- Student reports incident to immediate supervisor.
- Student obtains a copy of “Bloodborne & Biological Pathogen Exposure Quick Form 1”.
- Transport to appropriate health care provider is discussed and facilitated with the student’s immediate supervisor.

| Exposed Student Name and Contact Information |
| Source Patient Name or Identification |
| Incident Description |
| Include type and amount of fluid, type of device if puncture or wound, type and severity of exposure. |
| Geographical Location of the Exposure Incident |
| Student’s Immediate Supervisor where incident occurred. |
| Contact Information |

Upon Completion of Page 1

Route to SMHS Dean’s Office, Judy Solberg. judy.solberg@med.und.edu
Step Two - Post Exposure Risk Determination & Medical Evaluation within 2 hours

Student has obtained a medical evaluation.
Exposure incident has been communicated to UND SMHS.

Step Three - Mandatory Reporting within 24 hours

UND Report Form (Form 2) completed and electronically submitted by the immediate supervisor.
Link to Form 2 (Click [SMHS only] button)
UND Campus Safety Incident Report:
http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm

Lab testing/workup of source patient ordered by immediate supervisor.
- Lab tests ordered on source: HBsAg, anti-HCV, rapid HIV, or TB.

Testing/workup results on source serum reported to the student’s health care provider.

Bloodborne Exposure:
Sample of student serum is drawn, separated, frozen and shipped by the student’s health care provider for storage at UND Student Health Services for 90 days.
Address: UND Student Health
Attention: Laboratory Supervisor
100 McCannel Hall
2891 2nd Ave. N Stop 9038
Grand Forks, ND 58202

SMHS Bloodborne & Biological Pathogen Exposure Release Form (Refusal of Care) (Form 4) completed by the student, if applicable.

Date of Exposure ___________________________  Student can assume normal tasks.
Time of Exposure ___________________________  Student unable to assume normal tasks.
Immediate Supervisor Signature/Date Specify:  Student requires restrictions.

(Verifying the Incident)

Student Signature/Date  Health Care Provider Signature/Date

(Verifying the Incident)  (Verifying the Consult)

Upon completion of Page 2, Route to SMHS Dean’s Office, Judy Solberg, judy.solberg@med.und.edu

Page 10 of 11
Student Bloodborne & Biological Pathogen Exposure- RELEASE FORM (Refusal of Care) Form 4

I understand that due to my bloodborne or other potential infectious material exposure I may be at risk of acquiring HIV, HBV, and HCV, or other potential infectious pathogens.

I have been informed that it is the standard procedure after a bloodborne exposure incident to be tested for HIV, HBV, and HCV infection immediately. However, I decline to be tested for HIV, HBV, and HCV. I am signing this release form in full recognition and appreciation of the dangers, hazards and risks of not being tested for bloodborne pathogens or other biological infections.

I understand by signing this release, I am releasing and holding harmless the clinical affiliation site ___________________ and the University of North Dakota, their governing boards, officers, employees and agents from any and all liability, claims and actions arising out of this incident.

I recognize that this release means that I am giving up, among other things, the right to take legal action against the clinical affiliation site ___________________ or the University of North Dakota, their governing boards, officers, employees and agents for injuries, damages or losses I may incur. I also understand that this release bind my heirs, executors, administrator, and assigns, as well as myself.

I understand that I may be potentially exposed to a communicable pathogen, I may be a potential hazard to patients, and I may be suspended from a clinical affiliation and/or program.

Student Signature ___________________ Date ___________________

Student Name (print) ___________________

Witness Signature ___________________ Date ___________________

Witness Name (print) ___________________

Route to SMHS Dean's Office, Judy Solberg, judy.solberg@med.und.edu

Page 11 of 11