



College of Health Professions

Student Handbook
Master of Science in Occupational Therapy
2023-2024

TABLE OF CONTENTS
STUDENT HANDBOOK SIGNATURE PAGE 5

WELCOME FROM DEAN OF COLLEGE OF HEALTH PROFESSIONS	6
WELCOME FROM PROGRAM DIRECTOR	7
INTRODUCTION TO MSOT PROGRAM	8
MISSION AND VISION STATEMENTS	8
MSOT PROGRAM	8
HEALTH PROFESSIONS (CHP)	8
COLLEGE OF HEALTH PROFESSIONS (CHP)	8
PACE UNIVERSITY	9
OT ACCREDITATION	9
MSOT PROGRAM AND EDUCATIONAL PHILOSOPHY	10
CURRICULUM DESIGN	11
OT STUDENTS' LEARNING OUTCOMES	14
OT STUDENT ESSENTIAL SKILLS AND PROFESSIONAL STANDARDS	14
OT CURRICULUM AND COURSE SEQUENCE	15
OT COURSE DESCRIPTIONS	16
PACE MSOT PROGRAM LOCATION	22
CORE FACULTY	23
ACADEMIC POLICIES	23
ACADEMIC PROGRESSION POLICY	23
ACADEMIC PROBATION AND DISMISSAL	24
APPEAL OF ACADEMIC DISMISSAL POLICY	24
LEAVE OF ABSENCE, MEDICAL LEAVE OF ABSENCE AND RESUMPTION OF STUDIES POLICIES	26
GRADUATION REQUIREMENTS	26
CERTIFICATION AND CREDENTIALING REQUIREMENTS	27
CLINICAL EXPERIENCE	27
CRIMINAL BACKGROUND CHECKS AND DRUG SCREENING	28
LIABILITY INSURANCE	28
CHP RISK OF EXPOSURE POLICY.....	29
ADVISEMENT.....	29
APPOINTMENTS WITH FACULTY MEMBERS	30
ADDRESSING FACULTY	30
STUDENT'S RESPONSIBILITIES AND EXPECTATIONS	30
DRESS CODE	31
ATTENDANCE/PUNCTUALITY	31
ABSENCES WHILE ON FIELDWORK	32
MISSED EXAMINATIONS DUE TO ABSENCE	32

PREPARING FOR CLASS	32
LAB SAFETY POLICY AND PROCEDURES	33
WRITTEN WORK/ASSIGNMENT.....	34 LATE
WORK DEDUCTIONS	34
USE OF ELECTRONIC DEVICES IN CLASS	34
EMAIL COMMUNICATION	34
ZOOM CLASSES/MEETINGS	35
NETIQUETTE	35
TECHNOLOGY AND REQUIRED COMPETENCIES	35
ACADEMIC INTEGRITY	36
GRADING SCALE	37
INCOMPLETE GRADE	37
PACE UNIVERSITY GRADE APPEAL PROCESS	37
UNIVERSITY GRIEVANCE PROCEDURES	38
EDUCATION RECORDS	41
HEALTH INSURANCE	41
IMMUNIZATION COMPLIANCE POLICY	41
INFECTION CONTROL POLICY	41
WEB BROWSER FOR QUIZZES/EXAMS	43
COLLEGE OF HEALTH PROFESSIONS RESOURCES	45 CENTER
FOR EXCELLENCE IN HEALTHCARE SIMULATION	45
CENTER OF EXCELLENCE, LEADERSHIP, PARTNERSHIPS, AND SCHOLARSHIP	45
OTHER ACADEMIC SUPPORT SERVICES AND RESOURCES	46
COUNSELING CENTER	46
THE WRITING CENTER	46
COMPUTER RESOURCE CENTERS	46
FINANCIAL AID/ASSISTANCE	46
CAREER SERVICES	47
UNIVERSITY HEALTH CARE	47
LIBRARIES	47
OFFICE OF REGISTRAR	47
ADDITIONAL INFORMATION	48
REASONABLE ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES	48
SAFETY AND SECURITY DEPARTMENT	48
EVACUATION PROCEDURES	49

PACE POLICIES PROHIBITING DISCRIMINATION	49
PACE UNIVERSITY POLICY AND PROCEDURE – DISCRIMINATION, NON SEXBASED HARASSMENT AND RETALIATION	49
APPENDIX A	50
OT STUDENT ESSENTIAL SKILLS STANDARDS	50
APPENDIX B	56
OT CODE OF ETHICS	56
APPENDIX C	69
STANDARDS OF PRACTICE FOR OCCUPATIONAL THERAPY .. Error! Bookmark not defined.	
APPENDIX D	76
PROFESSIONAL BEHAVIOR RATING FORM	76
APPENDIX E	77
HONOR PLEDGE FOR COMPUTER-BASED EXAMINATION	77

This Handbook provides you with information about the program, curriculum, policies and procedures. It is your responsibility to read and familiarize yourself with all the policies and procedures contained in this Handbook. This Handbook; however, is not the only source of policies and procedures that you are required to be knowledgeable about and comply with. For example, course syllabi may contain policy statements, and there are many university policies and procedures that are applicable to students in the MS in Occupational therapy program. In the event that a University policy or procedure conflicts with the provisions of this Handbook, the provision of this Handbook will apply and govern.

The Handbook may be changed from time to time at the sole discretion of the

OCCUPATIONAL THERAPY DEPARTMENT, and such changes may be with or without prior notice. Sometimes it is necessary or desirable to change a policy, or repeal it, or to create a new one. Generally, this Handbook will be reissued each year effective September 1, and you are responsible for remaining current with any changes as well as changes in policies from other sources,

The Handbook is not intended as, and SHALL NOT be construed as a contract.

STUDENT HANDBOOK SIGNATURE PAGE

To be signed and submitted online through Community Classes by the due date.

I, _____, Class of _____, acknowledge that I have reviewed the MSOT Student Handbook of Pace University and accept the student expectations explained in the Handbook. As an OT student, I agree to follow and abide by all policies and procedures while in the Pace University MSOT program for both oncampus and off-campus classes, laboratory experiences and clinical experiences.

Signature: _____

Date: _____

WELCOME FROM DEAN OF COLLEGE OF HEALTH PROFESSIONS

Dear Master of Science in Occupational Therapy Students,

As Dean, it is my privilege to welcome you to the Master of Science in Occupational Therapy Program at Pace University, College of Health Professions. We are committed to providing quality education in preparing competent and ethical OT practitioners who maximize clients' quality of life and occupation engagement through technology, evidence-based, client-centered, and interprofessional practice. Our program integrates a blended/hybrid model, helping you complete your degree in as few as 28 months and a successful career as an Occupational Therapist.

Professionally and personally, I try to adhere to the "platinum rule": Treat others as they wish to be treated, not assuming that how you wish to be treated is necessarily how others wish to be treated. I urge you, as a student, to learn from the wisdom and experience of your professors while advocating for yourself and having agency over your education and the responsibilities you have both to your profession and your studies. The handbook guides students through the standards, policies and practices set forth by the faculty and your responsibilities as a student.

We have worked hard to provide relevant, comprehensive programs, and we periodically need to hear your perspective about how we are doing. Your feedback is important to us so we will ask for your input through various formal and informal evaluation methods.

Increasingly we seek to incorporate interprofessional education and collaboration in our programs, both required and optional, as effective clinical care and health equity require an integrated approach across professions and disciplines. I encourage you to avail yourself of these opportunities when they arise.

On behalf of our faculty and staff, I wish you the very best in your studies!

Marcus C. Tye, Ph.D. *pronouns: he/him*

Dean, College of Health Professions, Pace University

[Contact CHP](#)

Email: mtye@pace.edu

WELCOME FROM PROGRAM DIRECTOR

Dear MSOT Students,

It is with great pleasure to welcome you to the Master of Science in Occupational Therapy Program at Pace University, College of Health Professions. We are committed to providing quality education in preparing competent and ethical OT practitioners who maximize clients' quality of life and occupation engagement through technology, evidence-based, client-centered, and inter-professional practice. As a graduate OT student at Pace, you will have interprofessional opportunities to learn from, and collaborate with, other disciplines and develop innovative projects. Our state-of-the-art laboratories, including a model OT apartment and the College of Health Professions Center for Excellence in Healthcare Simulation, provide you hands-on simulated living and valuable learning experiences. You will learn from faculty experts and have opportunities to be engaged in fieldwork education in both traditional and non-traditional practice settings.

We are pleased you have entrusted us with your educational goals and look forward to working with you as you matriculate through the program. We wish you all the best!

Sincerely,

John Damiao, Ph.D., MS, OTR/L
Occupational Therapy Program Chairperson

INTRODUCTION TO MSOT PROGRAM

MISSION AND VISION STATEMENTS

MSOT PROGRAM

PROGRAM MISSION STATEMENT:

The Mission of the Pace University MSOT program is to prepare competent and ethical OT practitioners who maximize clients' quality of life and occupation engagement through technology, evidence-based, client-centered, and inter-professional practice.

PROGRAM VISION STATEMENT:

The program's vision is to empower its graduates to become life-long learners and influential leaders in the profession locally, nationally, and globally.

COLLEGE OF HEALTH PROFESSIONS (CHP)

CHP MISSION

The College's mission is to educate and challenge diverse students for the health professions to be leaders, innovators and lifelong learners who will positively impact local, national, and global health.

CHP VISION

The College is recognized for its innovative leadership in education, practice, scholarship, and service to improve health and the health professions.

The Core Values of the College of Health Professions

- Commitment to quality care
- Cultural competence
- Innovation
- Integrity
- Interprofessional Collaboration
- Scholarship

PACE UNIVERSITY

PACE MISSION

Our mission is *Opportunitas*. Pace University provides to its undergraduates a powerful combination of knowledge in the professions, real-world experience, and a rigorous liberal arts curriculum, giving them the skills and habits of mind to realize their full potential. We impart to our graduate students a deep knowledge of their discipline and connection to its community. This unique approach has been firmly rooted since our founding and is essential to preparing our graduates to be innovative thinkers who will make positive contributions to the world of the future.

PACE VISION

We educate those who aspire to excellence and leadership in their professions, their lives, and their communities. Through teaching, scholarship, and creative pursuits, our faculty foster a vibrant environment of knowledge creation and application. Faculty engage students in shared discovery and are committed to guiding students in their education, providing them with a strong foundation for leading meaningful and productive lives.

We embrace a culture of quality improvement and shared values to ensure an informed, responsive, caring, and effective community empowered to build and sustain a great University. Together, faculty, administrators, and staff pursue innovation in academic programs and administrative services. We operate with integrity, following through on our commitments to students and each other, holding ourselves accountable for our decisions and actions. We embody an ethos of respect for, and celebration of, our diversity, creating an inclusive and welcoming environment where every person is encouraged to freely and respectfully contribute to the life of the University.

OT ACCREDITATION

The Accreditation Council for Occupational Therapy Education (ACOTE) is an accrediting body for occupational therapy education.

THE MSOT PROGRAM'S ACCREDITATION STATUS

The MSOT Program has been registered by the New York State Education Department (NYSED) and has been granted full accreditation by the Accreditation Council for Occupational Therapy Education (ACOTE). The MSOT program received 7-year initial accreditation in August 2021. The next onsite visit from ACOTE will be scheduled within academic year 2027/2028.

The entry-level occupational therapy master's degree program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 6116 Executive Boulevard, Suite 200, North Bethesda, MD 20852-4929. ACOTE's telephone number c/o AOTA is (301) 652-AOTA and its Web address is <https://acoteonline.org>. Graduates of the program will be eligible to sit for the national certification examination for the occupational therapist administered by the National Board for Certification in Occupational Therapy (NBCOT). After successful completion of this exam, the individual will be an Occupational Therapist, Registered (OTR). In addition, all states require licensure in order to practice; however, state licenses are usually based on the results of the NBCOT Certification Examination. Note that a felony conviction may affect a graduate's ability to sit for the NBCOT certification examination or attain state licensure.

MSOT PROGRAM AND EDUCATIONAL PHILOSOPHY

*The Pace University MSOT program prepares competent and ethical occupational therapists who maximize clients' quality of life and occupation engagement through technology, evidencebased, client-centered, and inter-professional practice. We empower our graduates to become life-long learners and influential leaders in the profession locally, nationally, and globally. This is congruent with the University and College of Health Professions' missions. The University's mission is *Opportunitas*. Pace University provides to its graduate students a deep knowledge of their discipline and connection to its community. This unique approach has been firmly rooted since its founding and is essential to preparing its graduates to be innovative thinkers who will make positive contributions to the world of the future. The College of Health Professions' mission is to educate and challenge diverse students for the health professions to be leaders, innovators and lifelong learners who will positively impact local, national, and global health.*

The OT education at Pace University reflects the OT profession's vision, values, and beliefs. We believe that all individuals have an innate need to engage in occupations (Christiansen & Townsend, 2010; AOTA, 2014). Occupations are meaningful and everyday activities that we do to occupy our time such as Activities of Daily Living, Instrumental Activities of Daily Living, Rest & Sleep, Education, Work, Play, Leisure, and Social Participation. Occupations can occur in a variety of contexts including physical, social, cultural, personal, and virtual contexts (AOTA, 2014). Participation in meaningful occupations is considered the determinant of health and through engagement in occupations, the individuals can maintain a sense of purpose in life (AOTA, 2011; AOTA, 2014). Our beliefs about how students learn are as follows (Driscoll, 2014; Knowles, Swanson, & Holton, 2011):

1. Students are internally motivated to learn.
2. Learners construct their own knowledge and direct their own learning.
3. Students are active learners. When active learning occurs, students learn more and retain the learning longer.
4. Instructors are facilitators of knowledge, who provide meaningful learning opportunities so effective learning can occur.
5. Through engaging in hands-on, problem-solving, and active learning experience that incorporate clinical simulations, case-based method, and real-life experience, students develop and improve their critical thinking and clinical reasoning skills.

References

- American Occupational Therapy Association, (2014). Occupational therapy practice framework: Domain and process (3rded.). *American Journal of Occupational Therapy*, 62, 625-688.
- American Occupational Therapy Association. (2011). The philosophical base of occupational therapy, *American Journal of Occupational Therapy*, 65(6 Suppl.), S65.
doi: 10.5014/ajot.2011.65S65
- American Occupational Therapy Association. (2014). Philosophy of occupational therapy education. *American Journal of Occupational Therapy*, 69, 6913410052p16913410052p2.
doi:10.5014/ajot.2015.696S17.
- Christiansen, C. H., & Townsend, E. A. (Eds.). (2010). Introduction to occupation: The art and science of living (2nd ed.). Upper Saddle River, NJ: Prentice Hall.
- Driscoll, M. (2014). *Psychology of learning for instruction*. Harlow, Essex Pearson • Knowles, M., Swanson, R. A., & Holton, E. F. (2011). *The Adult Learner, Seventh Edition: The definitive classic in adult education and human resource development* (7th ed.). Burlington, MA: Elsevier.

CURRICULUM DESIGN

The OT curriculum is organized around four major themes. The themes are congruent with the mission and the philosophy. They run through the curriculum which include: Curriculum Threads

1. *Evidence-based Practice and Scholarship*
2. *Occupation-centered and Client-centered Approach*
3. *Ethics and Interprofessional Practice*
4. *Innovation and Technology*

Organization of Pace OT Curriculum Around Four Major Threads

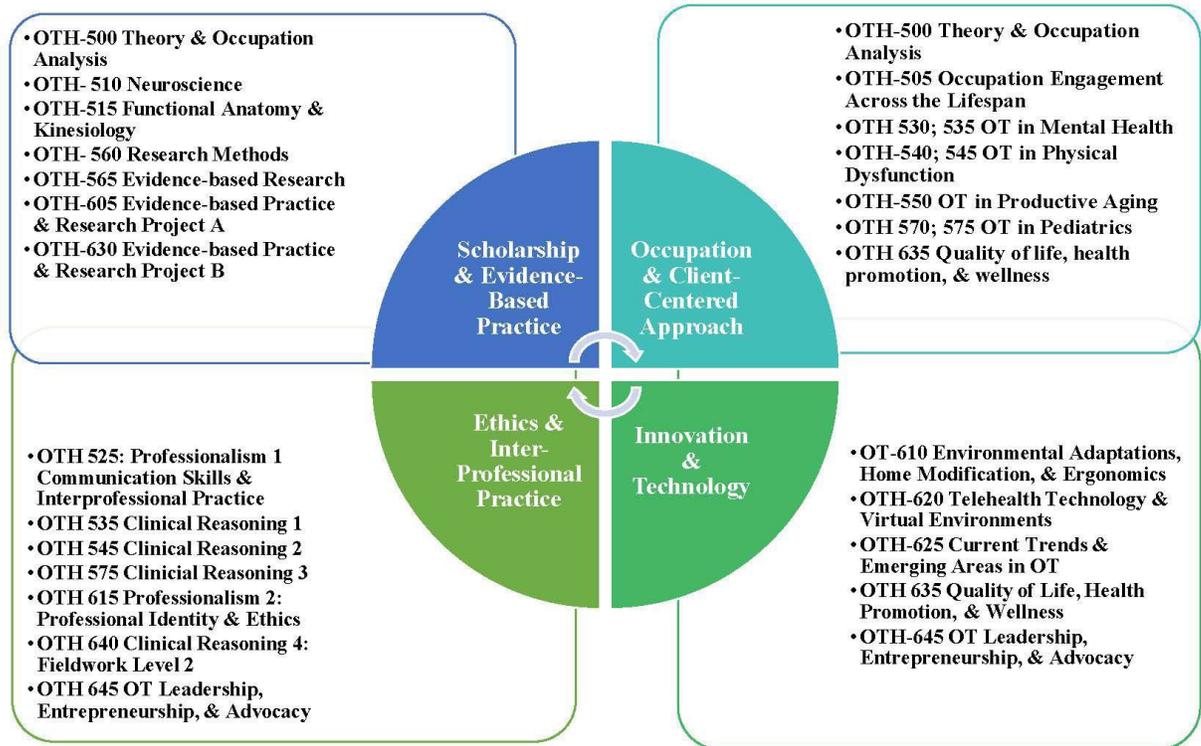


Diagram 1

The curriculum design reflects the mission and philosophy of both the OT program and the College. The College of Health Professions mission statement is to educate students to be innovators, leaders, and life-long learners. The mission of the OT program is to prepare competent and ethical OT practitioners who maximize clients' quality of life and occupation engagement through technology, evidence-based, client-centered, and inter-professional practice. Its vision is to empower its graduates to become life-long learners and influential leaders in the profession locally, nationally, and globally. The program philosophy reflects the scope of occupational therapy practice and is in alignment with the professions' philosophy and vision. Participation in meaningful occupations is considered the determinant of health and through engagement in occupations, the individuals can maintain a sense of purpose in life (AOTA, 2011; AOTA, 2014). The OT program emphasizes leadership/professional development, innovation, and life-long learning in course content and preparation.

The design identifies four primary practice areas: Children and Youth, Rehabilitation and Disability, Productive Aging, and Mental Health. In the first semester, the program focuses on building strong foundational knowledge that underlie and define OT processes. Occupation Engagement as the core concept of Occupational Therapy is introduced in the first semester and addressed throughout the curriculum in each major practice area. Starting in the second semester, the specific areas of OT practice, Mental Health and Productive Aging are incorporated. The Rehabilitation and Disability area of practice

is primarily covered in the third semester. In the fourth semester of the curriculum, the Children and Youth practice area is offered. These Practice courses are associated with Level 1 Fieldwork experience, which occurs concurrently when the practice course offered. Client-centered Practice, Professionalism, and Ethics are addressed throughout the curriculum through all practice and fieldwork courses as well as professionalism courses. Students have opportunities to learn interprofessionally in both first and second years of the curriculum. Evidence-based practice is embedded in a series of four research courses and is reinforced throughout the curriculum. The program also prepares students to be life-long learners and embrace Innovation and Technology for both traditional and emerging practice areas. Please see Diagram 1 above for courses mainly associated with each curriculum theme.

Fink's taxonomy of significant learning experiences (Fink, 2003) is used as a framework to guide the development of a range of student learning experiences within the curriculum. It consists of six domains that are dynamic and interactive. The learning experiences facilitated and fostered in the program are as follows:

- (1) **Foundational knowledge:** involves key information such as facts, concepts, and principles that are important for students to learn.
- (2) **Application:** involves development of essential skills required from students such as critical thinking and clinical reasoning skills.
- (3) **Integration:** involves recognizing and making connections among the information, ideas, and perspectives within the same course and those in other courses within the curriculum.
- (4) **Human dimension:** reflects discovering something about themselves and understanding others as well as how the interactions with others can happen more effectively.
- (5) **Caring:** reflects a change in attitude/ideas/values about themselves and their own learning.
- (6) **Learning how to learn:** encourages life-long learning. Students will continue learning beyond the classroom.

Reference: Fink, L.D. (2003). *Creating significant learning experiences: An integrated approach to designing college courses*. San Francisco: Jossey Bass.

OT STUDENTS' LEARNING OUTCOMES

Upon completion of the program, graduates will be able to:

1. Apply appropriate Occupational Therapy theories, technology, and evidence-based evaluations and interventions to address Occupational Therapy related issues for clients across contexts and settings.

2. Implement occupational-focused, client-centered, and inter-professional practices to maximize quality of life of all clients.
3. Perform critical thinking and clinical reasoning for evidence-based evaluations and interventions across settings and populations.
4. Adhere to professional standards and code of ethics when working with clients and other professionals.
5. Contribute to the body of knowledge and dissemination of research that support occupational therapy practice.
Demonstrate active involvement in professional development, leadership, advocacy, and lifelong learning.
6. Demonstrate active involvement in professional development, leadership, advocacy, and lifelong learning.

OT STUDENT ESSENTIAL SKILLS AND PROFESSIONAL STANDARDS

Pace MSOT students must demonstrate competence in required essential skills that span the academic, motor, emotional, and social nature of our profession. The OT Student Essential Skills Standards (Appendix A) apply to all classroom, laboratory, clinical/fieldwork, and professional work environments. They exist to ensure the public that our graduates are prepared to become fully competent and caring occupational therapists.

All Pace OT students must comply with the American Occupational Therapy Association Code of Ethics (Appendix B). “Occupational therapy personnel, including students in occupational therapy programs, are expected to abide by the Principles and Standards of Conduct within this Code. Personnel roles include clinicians (e.g., direct service, consultation, administration); educators; researchers; entrepreneurs; business owners; and those in elected, appointed, or other professional volunteer service.” (AOTA, 2015).

Standard of OT Practice for OT which are requirements of OT practitioners for delivering of OT services can be found in Appendix C.

OT CURRICULUM AND COURSE SEQUENCE

The entry-level Master’s OT program is a 28-month hybrid weekday program consisting of 70 credits in total (64 credits of Didactic Coursework and 6 credits of Clinical Fieldwork).

The curriculum is delivered using a blended/hybrid method combining both online and face-to-face instruction.

First Year

FALL 1 (1st SEMESTER)

Credits

OTH 500: Occupational Therapy Theory and Occupation Analysis 5 **OTH 505:** Occupation Engagement Across the Life Span 3 **OTH 510:** Applied Neurosciences for Occupational Therapy

3

OTH 515: Functional Anatomy and Kinesiology for Occupational Therapy

5

Total Credits 16

SPRING 1 (2nd SEMESTER)

	Credits
OTH 525: Professionalism I: Communication Skills and Inter-professional Practice	1
OTH 530: Occupational Therapy Practice in Mental Health	4
OTH 535: Clinical Reasoning I: Community-based/Mental Health Level I Fieldwork	1
OTH 550: Occupational Therapy in Productive Aging	3
OTH 555: Orthopedics and Neuro-rehabilitation	3
OTH 560: Research Methods in Occupational Therapy	3
<i>Total Credits</i>	<i>15</i>

SUMMER 1 (3rd SEMESTER)

	Credits
OTH 540: Occupational Therapy Practice in Physical Dysfunction	4
OTH 545: Clinical Reasoning II: Adulthood/Geriatrics Level I Fieldwork	1
OTH 565: Evidence-based Research in Occupational Therapy	2
<i>Total Credits</i>	<i>7</i>

Total First Year Credits = 38

Second Year

FALL 2 (4th SEMESTER)

	Credits
OTH 570: Occupational Therapy Practice in Pediatrics	4
OTH 575: Clinical Reasoning III: Pediatrics/Adolescence Level I Fieldwork	1
OTH 605: Evidence-based Practice and Occupational Therapy Research Project-A	3
OTH 610: Environmental Adaptations, Home Modifications, and Ergonomics	3
OTH 615: Professionalism II: Professional Identity and Ethics	3
<i>Total Credits</i>	<i>14</i>

SPRING 2 (5th SEMESTER)

	Credits
OTH 620: Assistive/Telehealth Technology and Virtual Environments	3
OTH 625: Current Trends and Emerging Areas in Occupational Therapy	1
OTH 630: Evidence-based Practice and Occupational Therapy Research Project-B	2

Total Credits 6

SUMMER 2 (6th SEMESTER)

Credits

OTH 635: Quality of Life, Health Promotion and Wellness 2

OTH 640: Clinical Reasoning IV: Fieldwork Level II 1

OTH 650: Fieldwork II A 3

Total Credits 6

Total Second Year Credits = 26

Third Year (Last Semester)

FALL 3 (7th SEMESTER)

Credits

OTH 645: Occupational Therapy Leadership, Entrepreneurship, and Advocacy 3

OTH 655: Fieldwork II B 3

Total Credits 6

Total Third Year (Last Semester) Credits = 6

OT COURSE DESCRIPTIONS

OTH 500: Occupational Therapy Theory and Occupation Analysis (5 credits)

This course provides an orientation to the Occupational Therapy Profession, AOTA's Vision, and the Occupational Therapy Practice Framework—Domain and Process for the study of occupational therapy and occupational science. The course will examine occupational therapy theories, practice guidelines, frames of reference, models of practice, principles of teaching and learning, and activity analysis. Students will develop skills in task analysis, activity modification and adaptation based on models of occupational performance.

OTH 505: Occupation Engagement Across the Life Span (3 credits)

This course provides study in development across the lifespan, from childhood to emerging adulthood, adulthood and late life maturity. The focus is on age-associated changes in sensory, motor, cognitive, emotional, and psychosocial functions and their implications for self-care, play leisure, school, and work

occupations in the context of occupational therapy services for health and wellness, prevention, adaptation and compensation.

OTH 510: Applied Neurosciences for Occupational Therapy (3 credits)

This course examines the functional performance of all aspects of the human nervous system. Specific congenital and acquired nervous system conditions will be introduced and their impact on health and wellness, learning, behavior, and adaptation across the lifespan to complete occupational performance components in environmental contexts will be reviewed and analyzed.

OTH 515: Functional Anatomy and Kinesiology for Occupational Therapy (5 credits)

This course and its purpose laboratory components focus students to explore human movement across the lifespan during the performance of activities (kinematics) and understand the forces influencing movement (kinetics). Students are prepared to apply an understanding of body structures/functions to determine their impact on human movement in a manner that is foundational for learning of assessments and interventions for prevention, adaptation and compensation processes.

OTH 525: Professionalism I: Communication Skills and Inter-professional Practice (1 credit)

This course focuses on the learning experience and development of professional communication skills with clients, colleagues, other health providers, and the public. It integrates diverse interprofessional perspectives to prepare students for effective practice as collaborative team members. Introduces basic principles and skills of effective interpersonal communication in dyadic interactions and in groups. Emphasis on effective listening, interviewing, and principles and concepts of inter-professional practice. Lectures, readings, class discussions, role-playing, and in-class exercises comprise learning experiences that focus on professional competencies.

OTH 530: Occupational Therapy Practice in Mental Health (4 credits)

This course focuses on occupational therapy process, theories, principles, assessments, and interventions for clients across the lifespan with psychosocial dysfunction. Mental health medical conditions related to occupational therapy are reviewed. The influence of how psychiatric pathology impairs daily life tasks and routines, and engagement in societal participation are also examined. Students will develop clinical reasoning skills for occupational therapy intervention planning and services for clients who experience psychosocial dysfunction.

OTH 535: Clinical Reasoning I: Community-based/Mental Health Level I Fieldwork (1 credit)

This course emphasizes the application of occupational therapy skills pertinent to the use of psychosocial groups in communities. Students gain an enhanced appreciation of psychological, cognitive, and social factors that influence engagement in occupation. This one-hour seminar provides for a problem-based learning context for the development of clinical reasoning skills in occupational therapy and facilitates the translation of lessons from the classroom to clinical examples in order to enhance observation skills and intervention planning processes. This course requires a fieldwork level 1 placement.

OTH 550: Occupational Therapy in Productive Aging (3 credits)

This course provides an overview of the assessment and intervention roles and responsibilities of occupational therapists working with older people in a variety of settings for the development of prevention, adaptation, and compensation programs to enhance health and wellness. Students examine the influences of physical, social, cognitive, psychological, cultural, and societal functioning on occupational performance. Strategies to address the impact of age-related changes on engagement in activity, activity limitations and participation will be addressed along with how societal ramifications of aging can be influenced.

OTH 555: Orthopedics and Neuro-rehabilitation (3 credits)

This course focuses on the biomechanical and neuro-rehabilitative approaches to assessment and intervention for neurological diseases, traumatic and non-traumatic injuries and diseases that affect the skeletal and peripheral systems in individuals across the lifespan. Students will learn how the assessments covered will yield information about the client's occupation across the levels of function that impact activity and participation. Students will learn to design occupationbased assessments and interventions for prevention, adaptation, and compensation; and to develop therapeutic skills to implement and to monitor change. The course will also focus on the designing and fabrication of orthotic devices to support healing and to allow for day-to-day engagement in occupation.

OTH 560: Research Methods in Occupational Therapy (3 credits)

This course provides an introduction to methods of scientific inquiry for the occupational therapist, including how scholarly activities are used to contribute to the development and the refinement of the body of knowledge relevant to the OT profession. It focuses on qualitative and quantitative research designs, methods, data collection and analysis as well as interpretation for occupational therapy practice. Qualitative and quantitative data analysis software will also be explored.

OTH 540: Occupational Therapy Practice in Physical Dysfunction (4 credits)

This course examines theoretical information underlying occupational therapy practice in physical disabilities. Practice models, guidelines for practice and frames of reference are discussed with regard to theoretical base, assessments, principles of intervention, and applicability to specific client populations. Students will design occupation-based interventions, and develop therapeutic skills to implement, and to plan for necessary monitoring of the interventions for health and wellness through prevention, adaptation and compensation for those who will be served in a wide variety of contexts.

OTH 545: Clinical Reasoning II: Adulthood/Geriatrics Level I Fieldwork (1 credit)

This seminar emphasizes the application of occupational therapy skills pertinent to use with adults and aging adults. Students gain an enhanced appreciation of the physical, psychological, cognitive, cultural, and social factors that influence engagement in occupation. This one hour seminar provides a problem based learning context for the development of clinical reasoning skills in occupational therapy, translating lessons from the classroom to clinical examples to enhance observation skills and intervention planning processes. This course requires a fieldwork level 1 placement.

OTH 565: Evidence-based Research in Occupational Therapy (2 credits)

This second course in the four-part research course series is designed to increase the students' confidence in using research as an integral part of the clinical decision-making processes and for the development of skills required for proposal writing. Emphasis is on the development of critical thinking skills to evaluate the research literature, and ways to integrate research into clinical decision making, which involves formulating clear clinical questions, finding the evidence, evaluating the evidence, and applying evidence to a clinical problem. Students will develop skill in proposal writing and will work in small groups with a faculty-research advisor for the development of a proposal.

OTH 570: Occupational Therapy Practice in Pediatrics (4 credits)

This course examines theoretical information, practice models, guidelines for practice, and frames of reference for occupational therapy practice in pediatrics. It will focus on occupational therapy process and services for pediatric clients and their families in various practice contexts and service delivery models. A wide range of pediatric assessments will be introduced. Students will learn to develop occupation and evidence-based intervention plans and strategies based on the needs of the client. Pediatric medical conditions will also be discussed.

OTH 575: Clinical Reasoning III: Pediatrics/Adolescence Level I Fieldwork (1 credit)

This course emphasizes the application of occupational therapy skills pertinent to use with children. Students gain an enhanced appreciation of the physical, psychological, cognitive, cultural, and social factors that influence engagement in occupation. This one-hour seminar provides a problem-based learning context for the development of clinical reasoning skills in occupational therapy, translating lessons from the classroom to clinical examples to enhance observation skills and intervention planning processes. This course requires a fieldwork level 1 placement.

OTH 605: Evidence-based Practice and Occupational Therapy Research Project-A (3 credits)

This third course in the four-part research course series provides the opportunity for the students to continue their collaboration with the faculty-research advisor and student group to continue the work begun in OTH 565. During this semester, the students are encouraged to work in small groups to implement the evidence-based proposal.

OTH 610: Environmental Adaptations, Home Modifications, and Ergonomics (3 credits)

This course focuses on roles of OT in environmental adaptations, home modifications, and ergonomics. Students will learn and practice evaluation and intervention strategies that enhance and maximize clients' occupational performance in home, school, and work environments. Factors including client's characteristics, environment, culture, social, economic and political factors affecting work/work programs, safety, and independence will be discussed.

OTH 615: Professionalism II: Professional Identity and Ethics (3 credits)

This course examines role expectations for Occupational Therapy practitioners in various contexts of practice. It prepares students to transition to OT practitioner roles. Strategies for ongoing professional

development will be discussed. Students will develop ethical decisionmaking skills guided by the Professional Code of Ethics, Ethics Standards and AOTA Standards of Practice in professional interactions, client interventions, and employment settings.

OTH 620: Assistive/Telehealth Technology and Virtual Environments (3 credits)

This course provides students an opportunity to gain basic understanding, knowledge and skills pertaining to assistive and telehealth technologies as well as virtual environments. Students will develop therapeutic skills to assist clients with adaptive methods, compensatory strategies to facilitate completion of daily life tasks. Low and high tech adaptive techniques, equipment and strategies that enrich client's occupational engagement will be reviewed. Students will learn how to design occupation-based strategies and develop therapeutic skills required to provide assistive devices to enhance client's safe and effective occupational performance. Telehealth and virtual technologies and their applications to OT practice will also be discussed.

OTH 625: Current Trends and Emerging Areas in Occupational Therapy (1 credit)

This course explores the role of the occupational therapist in emerging areas of practice and discusses current trends in Occupational Therapy. Students will review and analyze factors contributing to the trends in service delivery models and their effect on Occupational Therapy practice.

OTH 630: Evidence-based Practice and Occupational Therapy Research Project-B (2 credits)

This is the last course in the research course series. It provides students with an opportunity to expand knowledge and understanding of resources to research professional and current literature and evidence-based practice, and to further develop skills in applying principles of theory and practice to formulating and implementing a research project. Students continue to work in the same group and collaborate with a research advisor and refine skills in professional and scientific writing through the production of a manuscript. A final written manuscript and participation in a formal presentation are required.

OTH 635: Quality of Life, Health Promotion and Wellness (2 credits)

This course examines the role of occupation in the promotion of health, well-being, and quality of life as well as the prevention of disease and disability. The current theory and evidence-based research related to prevention of disability/disease and the promotion of health and wellness in OT will be discussed. Students will learn how to promote health and wellness programs for individuals, groups, communities, organizations, or populations using occupational therapy models.

OTH 640: Clinical Reasoning IV: Fieldwork Level II (1 credit)

This seminar utilizes a case-based clinical reasoning approach and is designed to support a successful transition from academic work to full-time Fieldwork II clinical experiences. Students will explore and discuss strategies for solving problems that may arise during fieldwork II experience. This course will also prepare students for the NBCOT certification examination.

OTH 650: Fieldwork II A (3 credits)

The fieldwork II placement for part A is the first of the two full-time supervised on-site clinical experiences. This course is designed to provide students opportunities to deliver OT services to individuals, families, groups, communities, organizations, or populations under supervision of a licensed occupational therapist. Students will develop and integrate clinical skills and professional behaviors for competence as an entry-level practitioner.

OTH 645: Occupational Therapy Leadership, Entrepreneurship, and Advocacy (3 credits)

This course provides students the opportunity to develop the leadership skills as well as knowledge needed to plan and manage the delivery of occupational therapy services that are evidence-based and value-based. It examines the emerging occupational therapy practices, program development and the processes associated with entrepreneurship for occupational therapy practice. It explores theoretical bases and professional competencies related to access and costs, health policy laws, service settings, reimbursement mechanisms, regulation, political advocacy, planning, personnel management, fiscal management, and program evaluation.

OTH 655: Fieldwork II B (3 credits)

The Fieldwork II placement for Part B provides students with the second full-time supervised onsite clinical experience in a different practice setting from Part A. Students will have opportunities to deliver OT services to individuals, families, groups, communities, organizations, or populations under supervision of a licensed occupational therapist. Students will develop and integrate clinical skills and professional behaviors for competence as an entry-level practitioner.

PACE MSOT PROGRAM LOCATION

The MSOT Program is physically located on the 2nd floor of Lienhard Hall on the Pleasantville campus, home to classrooms, offices and a state-of-the-art clinical simulation lab. Two classrooms (L26 and L27) in Lienhard Hall renovated are primarily used for OT labs. L26 was transformed to a model OT apartment and is utilized for multi-purpose labs.

MAIN OT OFFICE IS LOCATED IN L23 (LIENHARD HALL 2ND FLOOR).

Address:

Occupational Therapy Program
College of Health Professions
Pace University

861 Bedford Road, L23
Pleasantville, NY 10570

Phone: 914-773-3288

CORE FACULTY

1. John Damiao, PhD, MS, OTR/L

Program Chairperson
Assistant Professor
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Phone: 914-773-3199

2. Supawadee Cindy Lee, PhD, MS, MA, OTR/L, SIPT

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3. Alison Rebels, OTD, OTR/L

Clinical Assistant Professor
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Phone: 914- 773-3145

4. Jennifer Tokash, MOT, OTR/L, CBIS, CPAM

Academic Fieldwork Coordinator and Clinical Associate Professor
Email: jtokash@pace.edu
Phone: 914- 773-3993

ACADEMIC POLICIES

ACADEMIC PROGRESSION POLICY

To progress through the program, students must:

1. Receive a grade of 'C+' or better in each course. If receiving a grade below a C+ in a course or a 'Fail' in a *Pass/Fail* course, students must repeat that course (when it is offered the following year) and receive a B grade or better, or a *Pass* in the repeated course. Receiving a grade below a B or *Fail* in the repeated course are grounds for dismissal from the program.
2. Maintain a term GPA of 3.0 or better every semester. If a term GPA is below 3.0 in a given semester, students will be *automatically* placed on academic probation. To meet academic progression standards, students must earn a GPA of 3.0 or better in the following semester. If students are placed on academic probation for two consecutive semesters, students will be dismissed from the program.

Note: If a student is dismissed from the program, he or she may not apply for readmission to the program.

Grading Scale

A	=	95-100	(4.0)				
A-	=	90-94	(3.7)				
B+	=	87-89	(3.3)	B	=	83-86	
(3.0)				B-	=	80-82	(2.7)
C+	=	75-79	(2.3)	C	=	70-74	
(2.0)							
F	=	below 70	(0.0)				

ACADEMIC PROBATION AND DISMISSAL

1. A student will be automatically placed on academic probation if the term GPA falls below 3.0.
2. If a student is on academic probation for two consecutive semesters, the student will be dismissed from the program.
3. If a student receives a grade below a *B* or a course grade of *Fail* in the repeated course, the student will be dismissed from the program.

Note: When a student is placed on probation, he or she must meet with the faculty advisor and/or mediator to discuss development of an improvement action plan. Students on probation must successfully participate and complete improvement action plan to continue in the program.

APPEAL OF ACADEMIC DISMISSAL POLICY

Students who have been dismissed from the MSOT program may appeal the decision of dismissal to the OT Academic Progression Appeals Committee. To initiate such an appeal, the student must submit a written appeal letter as an email attachment to the Chair of the Academic Progression Appeals Committee at ot@pace.edu. The written appeal must be received by the Appeals Committee Chair within ten (10) calendar days from the date of the letter informing the student that he or she has been dismissed. If the appeal is not received by the Appeals Committee on or before the tenth day, the appeal will be denied.

Standard for Granting an Appeal. An appeal will be granted only if the student demonstrates to the satisfaction of the Appeals Committee that the student's unsatisfactory academic performance is due to (1) extraordinary and (2) non-recurring circumstances and (3) is not representative of the student's academic ability.

Information Required for an Appeal. The written appeal submitted by the student must include the following information:

1. The name, telephone number, address and e-mail address of the student appealing the decision of dismissal; and
2. The reason the student was dismissed from the MSOT program; and

3. Identification of the (a) extraordinary and (b) non-recurring circumstances that caused the student's unsatisfactory academic performance and subsequent dismissal from the program; and (c) evidence that the unsatisfactory academic performance is not representative of the student's academic ability; and
4. An explanation of why the information provided in Paragraph 3 above should result in the reversal of the decision to dismiss the student from the MSOT program; and
5. A copy of the letter informing the student that he or she was dismissed from the program; and 6. A statement that no grade appeals are pending or will be commenced after the appeal of the decision to dismiss has been submitted to the Appeals Committee with respect to grades issued that resulted in the student being dismissed.

The Appeals Process. The Appeals Committee will meet as soon as practicable after the Fall, spring, and summer semesters to hear appeals of academic dismissals. The Appeals Committee will also meet at such other times as may be reasonably necessary. In addition to considering the student's written appeal, ordinarily the Appeals Committee will require the student to appear at a hearing in order to, among other things, answer any questions the Appeals Committee may have or to provide additional information. At the hearing before the Appeals Committee, the student may present additional evidence in support of his or her appeal. As part of its deliberations, and at its sole discretion, the Appeals Committee may, among other things, take into consideration the student's academic record, request relevant information from faculty members concerning the circumstances that gave rise to the dismissal, and request information from persons knowledgeable about other issues before the Appeals Committee. The student will be permitted to respond to such information if it is averse to the student and the Appeals Committee is likely to rely on it in making their decision. No advisors or representatives of the student may participate in the hearing before the Appeals Committee or the business of the Appeals Committee. Such advisors and representatives include, but are not limited to, attorneys, representatives, friends, classmates, and family members of the student.

If the appeal is granted, the student will be reinstated in the MSOT program (See Reinstatement After an Appeal below.) If the appeal is denied, dismissal from the MSOT program and will be effective as of the last day of the semester in which the student was on probation or was enrolled immediately prior to being dismissed.

The decision of the Appeals Committee requires a majority vote and is final and not subject to further review. The student will be notified of the decision of the Appeals Committee in writing as soon as practicable, usually within fifteen (15) business days following the date on which the Appeals Committee made its decision.

Reinstatement After an Appeal. A student whose appeal is granted will be reinstated in the MSOT program. A student who is reinstated and fails to satisfy the conditions of academic probation within the time permitted, will be dismissed automatically from the MSOT Program. If such occurs, ordinarily the dismissal will be final and the student will not have the right to any further review or appeal.

The Academic Progression Appeals Committee. The Appeals Committee consists of full-time faculty members of the MSOT program. A member of the Appeals Committee who was a participant in the circumstances that gave rise to the student's unsatisfactory academic performance and/or subsequent dismissal, must recuse him or herself from the Appeals Committee for the sole purpose of that student's appeal.

LEAVE OF ABSENCE, MEDICAL LEAVE OF ABSENCE AND RESUMPTION OF STUDIES POLICIES

Information about a leave of absence or a medical leave of absence may be found in the Academic Policies and General Regulations section of the [Pace University Graduate Catalog](#).

The [Resumption of Studies policy and procedure](#) may be found in the Academic Policies and General Regulations section of the Pace University *Graduate Catalog*.

GRADUATION REQUIREMENTS

To graduate from the Master of Science in Occupational Therapy program, students must:

1. Have a Cumulative GPA of 3.0 or better.
2. Complete all OT courses with a grade of C+ or better.
3. Successfully complete each Fieldwork Level I and Level II experience.
4. Successfully complete research capstone project, including final research manuscript, and presentation with a grade of 80% or better.
5. Complete the program within 4 years maximum.

CERTIFICATION AND CREDENTIALING REQUIREMENTS

Graduates of an accredited program will be eligible to sit for the national certification examination for the occupational therapist, administered by the National Board for Certification in Occupational Therapy (NBCOT). After successful completion of this exam, the graduate will be an occupational therapist, registered (OTR). In addition, most states require licensure to practice; however, state licenses are usually based on the results of the NBCOT certification examination. A felony conviction may affect a graduate's ability to sit for the NBCOT certification examination or attain state licensure.

CLINICAL EXPERIENCE

Note: As part of health clearance, students scheduled for experiential learning activities, including clinical placements, practicum experiences, and internships are required maintain annual health work requirements and background checks, complete HIPAA training, and sign the program's memorandum of understanding (MoU), CHP COVID-19 Clinical Student Attestation form, and submit to Exxat Clinical Education Management software program.

The clinical experience is an essential part of the occupational therapy professional program. It is required by the Standards established by the Accreditation Council for Occupational Therapy Education (ACOTE). In the occupational therapy curriculum, there are two levels of fieldwork (FW): Level I (introductory level) and Level II (intensive level). The Level I FW is paired and offered concurrently with specific occupational therapy practice courses: mental health, adulthood/geriatrics, and pediatrics/adolescence. There are three Level I FW courses and they are embedded in the following courses: OTH 535: Clinical Reasoning I: Community-based/Mental Health Level I Fieldwork, OTH 545:

Clinical Reasoning II: Adulthood/Geriatrics Level I Fieldwork, and OTH 575: Clinical Reasoning III: Pediatrics/Adolescence Level I Fieldwork, which reinforce students' understanding of the underlying knowledge of OT practice in specific areas. Level I FW courses are offered in three different semesters and include integrative assignments and a weekly clinical reasoning seminar. Assignments are reflective of the curriculum strands of the curriculum and are included in the academic content and course assignments.

Students complete two Level II Fieldwork placements in the last two semesters of the program. The goal of Level II FW education is to provide students with the opportunity to integrate didactic instruction with hands-on clinical practice to develop competent and confident skills as entry-level practitioners. Level II FW consists of 24 weeks of full-time experiences in two different practice settings. Students must pass the FW II (A) experience before they move on to FW II (B). The FW placement can take place in a variety of settings in traditional, nontraditional, and emerging areas of practice, following the supervision guidelines mandated by the ACOTE. Please refer to FW Manuals for FW policies and requirements.

Students who are unsuccessful in Level II Fieldwork must complete a remediation plan to prepare for a new fieldwork experience. This will consist of meeting with the AFWC, Academic Standing and Professionalism committee, and work alongside the academic mediator to develop and participate in a remediation plan. Once remediation is completed, the AFWC will locate another Fieldwork site. The start of the next fieldwork opportunity will be contingent upon successful remediation and site availability.

A student cannot progress to Fieldwork Level IIB before completing Fieldwork Level IIA. Unsuccessful Level IIA will result in removing the student from the planned Level IIB. If the original Level IIB is unable to shift the timing of the experience, the student will forgo that opportunity and the AFWC will find an alternative placement.

According to ACOTE, students must complete Level II fieldwork within 24 months following completion of the didactic portion of the program. Students must pass all required Level II Fieldwork components in order to fulfill the program's requirements for graduation. This is also the requirement to sit for the National Certification Examination administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

CRIMINAL BACKGROUND CHECKS AND DRUG SCREENING

Background checks are required for all Pace MSOT students. Many facilities that provide clinical fieldwork experiences to students require criminal background checks, health screenings, fingerprinting, and drug tests before allowing the students to participate in the clinical experience. It is our policy that students' background checks be complete, prior to the start of classes or within 8 weeks of enrolling in the MSOT program. Failure to produce a criminal background check may result in delayed graduation or the inability to graduate from the program. Students may also be required to undergo a drug screening or fingerprinting prior to participating in specific fieldwork sites. Students should be aware that they are responsible for all expenses incurred to meet these requirements and they may be required to undergo a criminal background check more than once over the course of the program.

Students are reminded that fieldwork sites may deny a student's clinical participation because of a felony or misdemeanor conviction and 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.

LIABILITY INSURANCE

Pace University carries general and professional liability insurance that includes coverage for all students in the OT program for claims arising from a student's activities in satisfaction of the requirements of his or her academic program, including clinical courses, at the University. The University's general and professional liability insurance does not cover any claim arising from a student's activities outside of his or her academic programs at the University, including, without limitation, claims arising out of previous or current academic activities at another institution or employment. These insurances apply only to claims brought against the student by third parties; they do not provide coverage for the student if the student is injured or becomes ill from work performed during their clinical course work. It is the student's responsibility to carry personal medical insurance to cover this potential.

On occasion, a clinical site may require that students performing a clinical placement at its site have their own professional liability insurance in addition to that provided by the University. Therefore, prior to attending a clinical placement, students should confirm whether students at the clinical site are required to have their own professional liability insurance in addition to that provided by the University.

CHP RISK OF EXPOSURE POLICY

Students enrolled in the MSOT program will be participating in caregiving activities. During these activities, exposure to communicable diseases, including, but not limited to, Hepatitis B ("HBV"), Tuberculosis ("TB"), Human Immunodeficiency Virus ("HIV"), SARS-Cov-2 (COVID-19), and Ebola Virus is possible. By enrolling in a clinical practicum course, students understand that they may contract a communicable disease while acting as a caregiver during a clinical experience. Students are provided standard precautions education, in accordance with the Centers for Disease Control and Prevention Guidelines and are expected to practice within those guidelines. Students are also expected to adhere to the policies of the clinical and practicum partners. However, in some cases, even when guidelines are followed, exposure resulting in illness can occur. This is an inherent risk in all health care fields. Students recognize and acknowledge that they are voluntarily accepting this risk as part of enrollment in the program and cannot hold the University responsible for any illness contracted during their clinical placements. By enrolling in any clinical course, you are acknowledging this potential for exposure and voluntarily accepting the risk of contracting a communicable disease. *A student may elect to postpone returning to/entering clinical assignment due to concern regarding risk. This may delay graduation until all requirements are met.*

ADVISEMENT

Each student is assigned to a faculty advisor upon entrance of the program. Students are expected to meet with their faculty advisors at least once a semester and as many as needed. The faculty advisor works

closely with each student advisee to promote and support his/her professional growth as well as monitor the student's academic progress and professional behaviors. Students are encouraged to initiate meetings with the faculty advisor at any time to keep their advisor apprised of any information related to their academic and professional growth. It is the responsibility of the student to initiate contact with their advisor when concerns arise.

Course instructors shall notify the program director and/or faculty advisors of any students failing an exam or at risk of failing the course. In addition, in faculty meetings, students' professional behavior and academic progress are reviewed on a regular basis. Students who have difficulty with their academic performance are required to meet with their advisor to address the issues or develop a learning plan. Students may also be referred for support services such as the Writing Center and Counseling Center.

Each semester, a faculty member in a designated course such as a practice course evaluates students' professional behavior using a professional behavior rating form (see Appendix D). A student who demonstrates an unacceptable professional behavior or does not meet expectations in any specific professional skills is required to meet with the faculty advisor to address the issue. If the faculty identifies that the student has a recurrence of an unprofessional behavior, the student may be required to appear in front of the Academic Standing and Professionalism committee to determine a remediation plan and contract for the student. Failure to demonstrate acceptable professional behaviors or unwillingness to remediate, as defined in the remediation plan and contract may result in program's dismissal.

APPOINTMENTS WITH FACULTY MEMBERS

If you wish to meet with a faculty member outside of class, you may visit the faculty member during his/her office hours, or schedule an appointment with him/her directly, or email the faculty member to schedule an appointment.

ADDRESSING FACULTY

All faculty (full-time, part-time, adjunct, and guest speakers) should be addressed by their title, rather than by first name, or as per the faculty's preference. Faculty will be referred to as Dr. (Doctor). If the faculty member does not yet have the doctoral title, he/she will be referred to as "Professor". This policy extends to classroom, email, mail, phone, and personal contact.

STUDENT'S RESPONSIBILITIES AND EXPECTATIONS

Students are expected to:

- Maintain professional behavior and conduct at all times.
- Be punctual and attend each class for the total period.
- Complete all reading assignments prior to class.
- Participate actively in class and lab discussions.
- Be responsible for all materials missed due to absences.
- Turn in completed assignments on time.

- Accept constructive feedback and modify behavior as appropriate.
- Be well groomed and neatly dressed at all times.

DRESS CODE

As a graduate student in the MSOT program, you are representing the OT Profession, Program, College of Health Professions and University. Students are expected to be clean, well groomed, and dress professionally and appropriately in all academic and clinical contexts.

Attire for Classrooms: **CASUAL PROFESSIONAL** The

following types/items are **NOT** allowed.

- Low cut tops, very short tops, or tight tops.
- Very short skirts.
- Very short shorts.
- Clothing with holes.
- See through clothing revealing undergarments.
- Clothing with profanity statements or with offensive graphics/messages.
- Flip flops

Attire for Class Presentations and Community Fieldtrips:

Students are expected to dress more formally when giving a class presentation (oral and poster formats) on or off-campus, or when having fieldtrips representing the OT program.

*Jeans, sweatshirts, sweat pants, shorts, gym clothes, ripped clothing and open-toe shoes are **NOT** acceptable forms of presentation attire.*

Attire for Clinical Fieldwork Rotations:

Students are expected to dress according to the dress code policy of each facility during their clinical fieldwork placements.

ATTENDANCE/PUNCTUALITY

Students are required to attend all in-person and remote classes/sessions such as lectures, labs, clinics, site visits and mandatory program-related meetings, be on time and stay until the end. Attendance and active participation in class activities is expected of all students. Students are expected to notify the course instructor of their absence via email within 24 hours of the scheduled class and when returning to classes following the absence, instructor may request that students present a proof or an acceptable reason for absence such as a provider's note.

If students know ahead of time that a class will be missed, they are expected to contact the course instructor in person or by email in advance as soon as possible. The course instructor has the discretion to decide if the absence can be excused. Unexcused absences and lateness are considered unprofessional

behaviors and can affect professionalism course grades or lead to remediation measures through the Academic Standing and Professionalism Committee. A student with an excessive number of any absences or lateness may be advised to withdraw from the course, take a leave of absence, and/or be placed on probation which can result in delayed graduation.

Note: Students will be held responsible for all assignments, or classroom/lab activities missed during any absence.

ABSENCES WHILE ON FIELDWORK

Time off from fieldwork is not allowed. If there is an extenuating circumstance and a student is to be absent while on fieldwork, he or she must inform the FW supervisor/educator at the facility as soon as possible. In addition, the student is to notify the academic FW coordinator at Pace University OT Department. Missed time must be rescheduled and made up.

Students are responsible to arrange with the fieldwork educator/supervisor and the academic FW coordinator to make up all missed hours from fieldwork or receive an incomplete grade. The make-up hours should not interfere with other classes or experiences.

MISSED EXAMINATIONS DUE TO ABSENCE

If a student is unable to take an examination when it is scheduled, he or she must notify the course instructor of the absence from the scheduled examination in advance or as soon as possible. A student who missed an exam due to an extenuating circumstance beyond his/her control may be granted an opportunity to complete the missed exam when providing an acceptable justification of the absence. Similar to assignment lateness policies, the course instructor may determine to reduce points for each day delayed. The date and time of the makeup exam will be determined by the course instructor. If the student is not present for the scheduled make-up, he/she will receive a grade of zero for that examination.

The course instructor may provide an alternate version of the examination for integrity purposes. If allowed to take the test remotely as per the instructor's discretion, the student must use test proctor technologies (Respondus Monitor) and abide by all academic integrity policies.

PREPARING FOR CLASS

Students should complete all assigned readings/tasks prior to class and bring all relevant articles and the textbook (paper or online) with them to class. A smartphone is not an acceptable reading device. All readings listed in the course calendar are mandatory. Any readings added during the semester will be posted on Classes. Students should take notes on each assigned reading while keeping track of keywords and vocabulary words that may be unfamiliar. These notes will help students prepare for discussion and lecture/lab. Students should approach a classroom as a space of active participation, not passive learning.

LAB SAFETY POLICY AND PROCEDURES

- Before operating any equipment, students should make sure they read the manual and understand the proper use of the equipment.

- Students should make sure to wash hands before and after the lab activities.
- Students are to use equipment and hazardous materials only for their intended purposes.
- When operating the equipment, students are to be alert and pay close attention to prevent any injury to occur.
- When lifting or moving any equipment or heavy objects, students are to apply principles of good body mechanics.
- Students should make sure to always keep the working area clean and free of clutter to prevent any tripping or slipping incidents.
- If something is spilled, students are to clean the spills immediately.
- At the end of each lab session, students should make sure to return all equipment and supplies to the designated storage locations and clean the working space as well as sweep any debris from the floor as needed. The room should be left clean and prepared for the next class.
- If furniture in the room is re-arranged for the lab activity purposes, students must ensure to return it back to its original positions when the session is completed.
- If any injuries occur during lab activities, the lab instructor must be informed immediately.
- If equipment is damaged or broken, students are to report them to the lab instructor promptly.
- Proper attire must be worn in labs. No open toed shoes or very loose fitting garments should be worn, as these can impact safety and comfort during physically demanding activities, such as transfers, lifting, assessment, etc.

WRITTEN WORK/ASSIGNMENT

All written work must be typed, proofread and in the latest edition of the American Psychological Association (APA) style (7th). Online resources for APA and writing styles may be found at: <https://owl.english.purdue.edu/owl/resource/560/01/>. Note: Word/Page limits do not include title or cover page, references, and appendices.

LATE WORK DEDUCTIONS

Five percent deductions (5 points of 100) will be taken per day including weekend for late papers or assignments. Late work submitted more than seven days after the due date will not be accepted for any credit.

USE OF ELECTRONIC DEVICES IN CLASS

Electronic Devices: Use of electronic devices in class, including tablets and laptops, is permitted only when it is required for in-class activities. All devices should be silenced. Smartphone use is not permitted in class. Cell phones should be turned off and put away during class. Students unable to adhere to this policy may be referred to the Academic Standing and Professionalism Committee for remediation.

EMAIL COMMUNICATION

Students are expected to check and read their Pace e-mail account daily for any class information, school updates and important information from class instructors, OT program, and the University.

Official Pace University e-mail address is to be used for all professional correspondence needed via e-mail.

This also includes all academic and fieldwork related issues. Students should know that they are a representative of the MSOT program and are expected to act professionally in all correspondence. Please make sure to review the emails for spelling, grammar, tone and professionalism before sending.

The following format is required when communicating with faculty or course instructors:

- *The subject line must include a clear description of the content, and the course name being addressed (if any) in the body of the e-mail.*
- *The body of the e-mail must include a greeting (i.e.: “Dear Professor :”) and must end with your full registered name.*
- *If attaching a document, this document must contain your name and the course number and title related to that document.*
- ***Unprofessionally written emails will not be answered.***

ZOOM CLASSES/MEETINGS

When attending zoom classes or meetings, students are expected to:

- Stay muted unless they are talking to reduce background noise.
- Turn their camera on and stay engaged.
- Make sure they sit in a well-lit and quiet place.
- Avoid multi-tasking. Do not leave the session.
- Utilize “the raise your hand feature” on zoom if they want to ask a question.
- Be mindful of what's going on behind them. They may turn on the virtual background.

NETIQUETTE

"Netiquette" or Internet etiquette is a set of expectations that describe appropriate behaviors when interacting online.

When you are communicating in an online environment, you are subject to the same rules of courtesy and conduct that you would find in any face-to-face environment. Treat your fellow students with respect. If you disagree with someone's post, you should aim to acknowledge your disagreement in a mature and respectful way, without belittling the writer, and ending the response with a question to open up further discussion. Be clear with your words. It is easy for someone to misinterpret your meaning. They cannot see your expressions or hear the tone of your voice. Be careful when using sarcasm and humor. Without face-to-face communications, your comments may be misinterpreted.

Proofread and check the spelling before submitting a post in the Discussion Board or sending an email. While online communication is more relaxed, it is not careless communication. Doing a quick proof of your work before you send it may alleviate the need to clarify your posting and save you some time and potential embarrassment. Be aware of copyright and “fair use” law; do not plagiarize, and do not forget to cite your information.

TECHNOLOGY AND REQUIRED COMPETENCIES

A personal computer (laptop is recommended for its portability) and access to high-speed Internet services are required throughout the course of the studies. In addition, both synchronous and asynchronous online learning may require your computer to have a webcam, speaker, a microphone, or a headset. Students will also participate in online course components through Classes, Exxat Clinical Education Management software, VH Dissector Anatomy Software, EHR Go, SIMUCASE, etc.

Students should possess basic skills of computer and are proficient in the use the following programs.

- MS Word
- MS PowerPoint
- MS Excel
- Google Doc
- PDF reader
- Compression software (WinZip, 7-Zip)

Students are required to have basic Electronic Communication Skills including:

- Emailing
- Composing, Sending, Replying, and Forwarding messages
- Adding attachments to an email message
- Retrieving attachments from an email message
- Using a web browser
- Downloading and installing software

ACADEMIC INTEGRITY

Students are required to adhere to Pace University's Academic Integrity Code. The Academic Integrity Code supports honesty and ethical conduct in the educational process. It educates students about what constitutes academic misconduct, helps to deter cheating and plagiarism, and provides a procedure for handling cases of academic misconduct. Students are expected to be familiar with the Code, which can be found under "[Academic Policies and General Regulations](#)" in the Student Handbook.

Students must accept the responsibility to be honest and to respect ethical standards in meeting their academic assignments and requirements. Integrity in the academic life requires that students demonstrate intellectual and academic achievement independent of all assistance except that authorized by the instructor. The use of an outside source, including electronics sources, in any paper, report or submission for academic credit without the appropriate acknowledgement is plagiarism. It is unethical to present as one's own work the ideas, words or representations of another without the proper indication of the source.

Therefore, it is the student's responsibility to give credit for any quotation, idea or data borrowed from an outside source. Students who fail to meet the responsibility for academic integrity subject themselves to sanctions ranging from a reduction in grade or failure in the assignment or course in which the offense occurred to suspension or dismissal from the University.

The use of artificial intelligence (A.I.) and word processing software programs (i.e., Chat GPT, Grammarly) are becoming ubiquitous in our society. It is important to understand acceptable uses of these programs; however recent technological advancements blur the lines between what is acceptable and academic violations of academic integrity. Generally, word processing programs (WORD, Grammarly) are acceptable for the purpose of spelling, grammar, punctuation, and format checking. Programs that are capable of creating content are NOT permissible. Their use defeats the purpose of composing content to promote critical thinking. Thus, it is best to avoid all content creating/A.I. programs. Written work suspected of being created using A.I. will be subject to academic integrity sanctions. *Pace University and the OT Program have zero tolerance for any violation of academic integrity and/or academic misconduct.*

GRADING SCALE

College of Health Professions Graduate Studies Grading Criteria are as follows:

A	=	95-100	(4.0)		
A-	=	90-94	(3.7)		
B+	=	87-89	(3.3)	B	= 83-86
(3.0)				B-	= 80-82 (2.7)
C+	=	75-79	(2.3)	C	= 70-74
(2.0)					
F	=	below 70	(0.0)		

INCOMPLETE GRADE

Students who have not completed all of the course requirements and have made specific arrangements with the instructor can be issued an "I" incomplete grade. The length of time permitted for completing missing coursework is at the discretion of the instructor, but will not exceed six weeks. If the course requirements are not completed within the six-week period, the grade of "I" will automatically become an "F" failing grade.

PACE UNIVERSITY GRADE APPEAL PROCESS

Grade Appeal Process

As a general principle, the instructor has sole authority to establish standards of performance and to exercise judgments on the quality of student performance, but in a manner that reflects reasonable and generally acceptable academic requirements. Grades assigned in this fashion are final except as the instructor may wish to review them. No faculty member, administrator, or other individual may substitute his or her judgment of the student's performance for the reasonable judgment of the instructor.

Students who believe that a final grade received in a course was not determined in a manner consistent with the principle described above may challenge that grade by first arranging, within a reasonable period of time (approximately 10 school days from the time that the student knew or should have known of the final course grade), to meet informally with the instructor to establish a clear understanding of the method by which the grade was determined. Every effort should be made to resolve the matter at the level of the instructor and the student. Students who have difficulty arranging a meeting with the instructor should consult the department chairperson.

If after meeting with the instructor, the student wishes to continue the grade challenge, the student may appeal in writing (with copies to the instructor and the dean of the school) within a reasonable period of time to the chairperson of the department that offers the course in question. The statement should clearly state the basis for questioning the grade received in the course. It should be noted that if the chairperson is the instructor, the appeal is to the dean of the school.

The chairperson's decision to have a grade reviewed or not is final. If the chairperson decides that the method by which the student's grade was determined was not proper, the chairperson will apprise the instructor of the basis for questioning the grade and request that the instructor review the grade. If the instructor, for any reason, does not review the grade, the chairperson will request that at least one other faculty member qualified to teach the course in question review the grade. In the process of such a review, the faculty member(s) is (are) authorized to assign a grade change and may, if necessary, require additional examination of the student's performance as a basis for the grade change.

Students may, at any point in this appeal process, solicit the advice and assistance of an individual faculty or staff member. This individual's authority in these matters is limited to mediating the relationship between the student and the instructor and/or chairperson.

UNIVERSITY GRIEVANCE PROCEDURES

The University views students as responsible citizens who are integral members of the academic community. Policies and practices pertaining to student relations and services should reflect this point of view. All University officers will make every effort to ensure that this philosophy is implemented.

It is recognized, however, that regardless of how well intentioned people may be, complaints and misunderstandings are bound to arise. It is the purpose of the Student Grievance Procedures to ensure that these disagreements are expressed, explored, and resolved promptly and confidentially.

Applicability of Procedures

The Student Grievance Procedures shall apply to student grievances relating to the following:

Student Programs, Facilities, and Services: Allegations of violations of University policies and procedures with respect to programs, services, activities or facilities.

Student Relations: Allegations of unfair treatment from faculty, administration, staff or fellow students.

The following Student Grievance Procedure shall not apply to claims relating to academic standing, grading or discipline. Such matters are within the jurisdiction of the Academic Standing Committees and the Deans of the Colleges/Schools. The following Student Grievance Procedure also does not apply to claims relating to discrimination, non sex-based harassment and retaliation, which is subject to the [University's Policy Against Discrimination, Non Sex-Based Harassment and Retaliation \(PDF\)](#); or to claims relating to Sex-Based Misconduct (including sexual assault sexual harassment, gender-based harassment, dating violence, domestic/intimate partner violence, sexual exploitation, and stalking, which is subject to the University's [SexBased Misconduct Policy and Procedure \(PDF\)](#)).

Definitions

Student Affairs Officer – Associate Vice President/Dean for Students: Designated University official responsible for student affairs. Administrator responsible for the coordination and implementation of University policy regarding Student Affairs on each campus (except the Law School, where the administrator responsible for the coordination and implementation of University policy regarding Student Affairs is the Dean for Students.)

Procedures

Informal

1. Discuss the problem informally with the student, faculty member, AVP/Dean, Dean, Dean's designee or staff member involved and where appropriate, with supervisors or administrators at sequentially higher levels. (You may submit an informal complaint to the Dean of Students using the webform at the bottom of this page).
2. A student may not proceed to formal review unless informal review with those persons cited above has been exhausted.

Formal

1. If for any reason the grievance is not resolved informally to the satisfaction of the student within a reasonable period of time, the student should contact the AVP/Dean or Dean for Students.
2. The student shall prepare and submit a formal written complaint on a form provided by the AVP/Dean or Dean for students which shall serve as the basis for all further consideration.
3. The AVP/Dean or Dean for Students shall conduct an investigation of the facts upon which the complaint is based. As soon as practicable, the AVP/Dean or Dean for Students shall notify the grievant of the results of the investigation.
4. If for any reason the student is not satisfied with the results of the investigation conducted by the AVP/Dean or Dean for Students he/she may ask the AVP/Dean or Dean for Students to submit the matter to the Assistant Dean for Community Standards and Compliance or the Dean of the Law School, [hereafter referred to as the Appeal Officer] as appropriate.
5. As soon as practicable, the AVP/Dean or Dean for Students shall:
 1. prepare a statement summarizing the actions taken
 2. append such statement to the student's complaint form
 3. forward the complaint form to the appropriate Appeal Officer

6. Upon receipt of the formal complaint, the Appeal Officer shall consult with the University official having authority over the area or subject matter of the grievance. Within 30 days following receipt of the complaint, the Appeal Officer shall render a decision and convey such decision to the student in writing.
7. If the student is not satisfied by the decision obtained by the Appeal Officer, he/she may ask the Appeal Officer to appeal to the President of the University or their designee on his/her behalf.
8. As soon as practicable, the Appeal Officer shall apprise the President or their designee of the details of the grievance and serve the President or their designee with a copy of the written complaint.
9. As soon as practicable after receipt of the written complaint, the President or their designee shall render a final decision which shall be conveyed in writing to the student.

If an issue of discrimination or Sex-Based Misconduct arises at any time during the course of the Student Grievance Procedure, such procedure shall be suspended pending resolution of the discrimination or Sex-Based Misconduct issue pursuant to the University's Policy Against Discrimination, Non Sex-Based Harassment and Retaliation or the Sex-Based Misconduct Policy and Procedure, as applicable. As soon as practicable after an issue of discrimination or SexBased Misconduct arises, the Student Affairs Officer and/or the AVP/Dean for Students or Dean for Students shall refer the matter to the University's Affirmative Action\Title IX Officer for investigation pursuant to the University's Policy Against Discrimination, Non Sex-Based Harassment and Retaliation or the Sex-Based Misconduct Policy and Procedure.

Miscellaneous General Provisions

Time Limits: All time limits contained in the foregoing procedure may be extended by mutual written by the Student Affairs Officer, the Appeal Officer or the President.

Confidentiality of Proceedings: The University shall take all reasonable steps to ensure the confidentiality of all proceedings, and the records produced therefrom. However, should any matter developed during the course of the proceedings become public knowledge, the University reserves the right to issue appropriate statements.

FORMAL COMPLAINTS AGAINST THE PROGRAM

Any formal complaints against Pace University Occupational Therapy Program may be submitted in writing directly to the Accreditation Council for Occupational Therapy Education (ACOTE) Chairperson, c/o the AOTA Accreditation Department, at the following address: 6116 Executive Boulevard, Suite 200, North Bethesda, MD 20852-4929

The ACOTE addresses complaints regarding a program's compliance with accreditation standards.

EDUCATION RECORDS

The Family Educational Rights and Privacy Act, commonly referred to as "FERPA," is a federal law that protects the confidentiality of student education records and provides for a student's right to review and

request correction of such records. [Information about a student's rights under FERPA may be found online.](#)

HEALTH INSURANCE

[Information about accident and sickness insurance may be found online.](#)

IMMUNIZATION COMPLIANCE POLICY

Students are required to comply with the requirements of the New York State Public Health Law regarding immunity against measles, mumps and rubella. [Details about these requirements may be found online.](#)

INFECTION CONTROL POLICY

Communicable Diseases Response Protocol

Policy

Pace University is committed to protecting and promoting the health and safety of all of our students, faculty, staff, and visitors while pursuing our educational mission. The purpose of this protocol is to guide our actions to prevent and/or limit the introduction or spread of communicable illnesses onto our campus and surrounding community.

Procedures

Refer to the list of communicable diseases (of concern) Information Sheets. Current management guidelines for these illnesses and others are available at: [Centers for Disease Control and Prevention](#), [New York State Department of Health](#), [Westchester County Department of Health](#), and [New York City Department of Health and Mental Hygiene](#).

Pace University Safety & Security

New York City Campus

One Pace Plaza

B-Level

New York, NY 10038

Phone: (212) 346-1800 (Open 24 hours a day)

Westchester Campuses

Alumni Hall

861 Bedford Road

Pleasantville, NY 10570

Phone: (914) 773-3400 (Open 24 hours a day)

Administrative Office

Gannett House, Pleasantville (Lot R behind the Townhouses)

Phone: (914) 773-3700 Mon - Fri 9-5

Pace University Health Care

New York Campus

1 Pace Plaza
6th Floor East
New York, NY 10038
Phone: (212) 346-1600

[Hours of Operation](#)

Pleasantville Campus

Paton House – Ground Floor
861 Bedford Road
Pleasantville, NY 10570 Phone: (914)
773-3760

[Hours of Operation](#)

General Infection Control Measures

Visual Alerts

- Post visual alerts (in appropriate languages) prominently at the entrances to all locations where individuals congregate.
- Place informational literature in easily visible and accessible locations

Respiratory hygiene/cough etiquette:

- To contain respiratory secretions, all persons with signs and symptoms of a respiratory infection, regardless of presumed cause, should:
 - Cover the nose/mouth when coughing or sneezing ○ Use tissues to contain respiratory secretions
 - Dispose of tissues in the nearest waste receptacle after use
 - Perform hand hygiene after contact with respiratory secretions and contaminated objects/materials

Masking and separation of persons with symptoms of respiratory infection:

- During periods of increased respiratory infection in the community, offer masks to persons who are coughing. (Respirator masks are not necessary.)
- Encourage coughing persons, however, to sit at least 3 feet away from others in common areas year-round.

Physical safeguards:

- Ensure the availability of waste receptacles
- Ensure the availability of soap and disposable towels for hand washing where sinks are available

General Handwashing:

In addition to respiratory hygiene, always wash your hands after:

- Going to the bathroom
- Before and after eating
- After contact with or being near someone who is ill
- Before and after handling and preparing food
- After touching animals

***IMPORTANT:** Become informed about the signs and symptoms of acute respiratory illnesses that might pose a public health threat. Visit the [web site of the Centers for Disease Control and Prevention](#) for detailed information on many illnesses. If you are ill, stay home to avoid infecting others.

See a health care professional for evaluation if you are concerned.

WEB BROWSER FOR QUIZZES/EXAMS

Students are required to download and install Respondus LockDown Browser on their computer. All OT quizzes and exams use the LockDown Browser with Respondus Monitor (unless indicated otherwise). **Students are required to sign an Honor Pledge for Computer-based Examination form.** (see Appendix E).

The Respondus Monitor, a webcam feature for LockDown Browser records students during the exam. When this feature is enabled for an exam, students are required to use a webcam and microphone with LockDown Browser. [After the exam is complete, an instructor can review the recorded videos.](#) Students who do not have their computer/Respondus program set-up and ready will not be permitted to take the exam (refer to policy on Missed Examinations and Absences above).

*Note: in the event of technology issues, the student may sign-out a Respondus-equipped laptop from the library for the day. Please arrive to campus early enough to visit the library prior to the start of class/exam.

Please [watch this video to get a basic understanding of the LockDown Browser](#)

Download Instructions

[Download and install LockDown Browser](#) from this link: CLICK "INSTALL NOW".

Once Installed

- Start LockDown Browser
- Log into Classes
- Navigate to the test

Note: You won't be able to access tests with a standard web browser. If this is tried, an error message will indicate that the test requires the use of LockDown Browser. Simply start LockDown Browser and navigate back to the exam to continue.

Guidelines

When taking a test, follow these guidelines:

- Select a location where you won't be interrupted
- Before starting the test, know how much time is available for it, and also that you've allotted sufficient time to complete it
- Turn off all mobile devices, phones, etc. and don't have them within reach
- Clear your area of all external materials - books, papers, other computers, or devices
- Remain at your desk or workstation for the duration of the test
- LockDown Browser will prevent you from accessing other websites or applications; you will be unable to exit the test until all questions are completed and submitted

*Note: After the exam is complete, an instructor can review the recorded videos.

Getting Help

Several resources are available if you encounter problems with LockDown Browser:

- The Windows and Mac versions of LockDown Browser have a "Help Center" button located on the toolbar. Use the "System & Network Check" to troubleshoot issues. If an exam requires you to use a webcam, also run the "Webcam Check" from this area.
- Respondus has a Knowledge Base available from support.respondus.com. Select the "Knowledge Base" link and then select "Respondus LockDown Browser" as the product. If your problem is with a webcam, select "Respondus Monitor" as your product
- If you're still unable to resolve a technical issue with LockDown Browser, go to support.respondus.com and select "Submit a Ticket". Provide detailed information about your problem and what steps you took to resolve it.

COLLEGE OF HEALTH PROFESSIONS RESOURCES

CENTER FOR EXCELLENCE IN HEALTHCARE SIMULATION

The Center offers state-of-the-art resources on both the Pleasantville and New York City campuses. Utilizing a wide array of methodologies including task trainers, human patient simulators and standardized patients (actors who play the role of patients), a variety of clinically focused learning opportunities ranging from fundamental skills to high fidelity simulation are available. The Center is available for students alone or in small groups to study, practice for exams, work with tutors, and receive remediation as needed. Hospital-like settings and clinic simulated environments provide students an opportunity to practice skills at basic and advanced levels across all College of Health Professions curricula. The Center's equipment and design replicate various healthcare settings including pediatrics,

maternity, medical-surgical, psychiatric mental health, homecare/community, and critical care units. Standardized patients (actors and actresses) allow students to practice skills, develop critical thinking and improve performance in a safe and nurturing environment through scenario-based educational experiences. The Center is equipped with video capabilities that can be used for many purposes, including self-reflection based on clinical simulations to identify areas in need of improvement. The Center on our Pleasantville campus is located in Lienhard Hall which is where our OT program is housed.

CENTER OF EXCELLENCE, LEADERSHIP, PARTNERSHIPS, AND SCHOLARSHIP

In keeping with the College of Health Profession's vision, the Center of Excellence for Advancing Leadership, Partnerships and Scholarship (ALPS) is dedicated to supporting the academic mission of the School through external funding, facilitation of faculty scholarship, student opportunities, partnerships, and leadership development. The Center of Excellence provides opportunities for faculty to develop their scholarship in education, research and practice through a variety of partnerships at the local, national and international levels, and access to internal and external funding. The Center of Excellence facilitates student-centered learning experiences that further enhance the high quality professional education of College of Health

Professions students to prepare them to embrace the professional challenges in health care in the 21st century. Graduate assistantships and information about sources of financial support for students are available through the Center of Excellence. Additional information about the Center of Excellence resources for students may be found online.

OTHER ACADEMIC SUPPORT SERVICES AND RESOURCES

COUNSELING CENTER

The services of the Counseling Center offers a variety of services to all enrolled Pace students that include: 1) personal counseling; 2) educational counseling; 3) vocational counseling; 4) alcohol and other substance abuse assessments and counseling; 5) resources and support services for students with disabilities; 6) a variety of workshops to promote the personal, social, and intellectual development (e.g. understanding stress and stress management, eating disorders, study skills, test anxiety management, time management, building self-esteem, etc.); 7) psychological assessment; and 8) referrals to professionals and/or outside programs if appropriate. These services are offered for no fee to all students and members of the Pace University community.

More [information about counseling services can be obtained online](#).

THE WRITING CENTER

The writing center offers writing consultations for individuals and groups free of charge. The free writing consultations offer writers individualized support as they negotiate the demands that press upon any genre of writing. The Writing Center also offers programming and engages in research dedicated to writing and writing instruction. More [information about the Writing Center may be found online](#).

COMPUTER RESOURCE CENTERS

The Computer Resource Centers offer students a wide variety of resources including Internet access, wireless laptop workstations, over 50 software packages, headphones, USB connections, scanners, high powered printers and Macs. More [information about the Computer Resource Center may be found online](#).

FINANCIAL AID/ASSISTANCE

To help make college more affordable, Pace university offers a generous financial aid program to its Undergraduate and Graduate students. Financial assistance can come from many places and in many forms, including scholarships and grants, federal work study, and student loans. Information about financial aid may be found on the [Financial Aid website](#).

CAREER SERVICES

Career Services provides undergraduate and graduate students and alumni of the College of Health Professions with information about careers and job searches. Career Services is a resource for College of Health Professions students and alumni who wish to explore employment opportunities and the best way to present themselves to prospective employers. For example, Career Services offers assistance in, among other things, preparation of resumes and cover letters and developing interviewing skills. Career Services is located on the Pleasantville and New York City Campuses. Additional [information about Career Services may be found online](#).

UNIVERSITY HEALTH CARE

University Health Care offers a full range of primary care services to the Pace University community. University Health Care is staffed by nurse practitioners (registered nurses with advanced credentials who are certified to prescribe medications). This facility provides low-cost high quality health care services to students in conjunction with the student's health insurance for office visits for illness and accidents. Diagnostic tests and procedures may incur additional charges and the UHC is able to bill the student's health insurance. Many of their services are available to students, faculty, staff, alumni, and their families. University Health Care is located at One Pace Plaza, 6th Floor, on the New York campus (212-346-1600), and at the Paton House, ground floor, on the Pleasantville campus (914-773-3760). Additional [information regarding University Health Care services may be found online](#).

LIBRARIES

The Edward and Doris Mortola Library is located on the Pleasantville campus (914-773- 3380). Library hours vary during semesters, vacations and summer sessions, and many library resources are accessible online. Of particular interest to the College of Health Professions students are extensive databases available to support occupational therapy research. More detailed [information about resources available at the libraries as well as are available online](#).

OFFICE OF REGISTRAR

The Office of the Registrar coordinates services in the areas of Academic Schedule, Graduation, Registration, and Transcripts and Verification. Students can contact the Registrar's Office by using [the Help Desk](#). Additional [information about the Office of the Registrar may be found online](#).

ADDITIONAL INFORMATION

REASONABLE ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

The University's commitment to equal educational opportunities for students with disabilities includes providing reasonable accommodations for the needs of students with disabilities. To request an accommodation for a qualifying disability, a student must self-identify and register with the Student Accessibility Services for his or her campus. Student Accessibility Services is housed in the Counseling Center on both the Pleasantville and New York City campuses. Student Accessibility Services for the Westchester campuses may be contacted at (914) 773-3710 or the Administration Center, 861 Bedford Road, Pleasantville. Student Accessibility Services for the New York City campus may be contacted at (212) 346-1526 or 156 William Street, 8th Floor.

Notifying other University offices, faculty or staff does not constitute giving notice to the University of a request for an accommodation. No one, including faculty, is authorized to evaluate the need and arrange for an accommodation except the Student Accessibility Services staff. Moreover, no one, including faculty, is authorized to contact Student Accessibility Services on behalf of a student.

It is the student's responsibility to request an accommodation. Because some accommodations may take considerable time to arrange, students are urged to contact Student Accessibility Services in order to request an accommodation as soon as possible after receiving notice of admission to the University. Untimely requests may result in delay, substitution, or an inability to provide an accommodation. If a request for an accommodation is submitted late, Student Accessibility Services will, nevertheless, make every reasonable effort to process the request for an accommodation. Additional [information about Student Accessibility Services may be found online](#).

SAFETY AND SECURITY DEPARTMENT

The Safety and Security Department is responsible for ensuring the safety and security of all members of the Pace University community 24 hours a day, 365 days per year. Safety and Security also issues parking permits and identification cards. The locations and telephone numbers of Safety and Security are:

Pleasantville Campus – Alumni Hall; 914-773-3400

New York City Campus – 212-346-1800

Stay connected

Stay connected with Pace's Office of Safety and Security by downloading the [PaceSafe App](#) and registering for [Emergency Alerts](#).

Additional [information about the Safety and Security Department may be found online](#).

EVACUATION PROCEDURES

The University's evacuation plan is known as [R.A.C.E. \(PDF\)](#), which stands for:

- **RESCUE/REMOVE** - person (s) from the immediate area or room who may be in danger.
- **ALERT/ACTIVATE** - pull the nearest fire alarm, and call 911 to explain the location of the fire.

- CONFINE - the fire and smoke by closing all doors as you evacuate.
- EXTINGUISH - a small, manageable fire by using a fire extinguisher.

PACE POLICIES PROHIBITING DISCRIMINATION

SEX-BASED MISCONDUCT POLICY AND PROCEDURE

As part of its commitment to providing a safe environment for every member of the University community and to ensuring that no student, faculty, or staff member is excluded from participating in or denied the benefits of any University program or activity on the basis of sex, Pace University prohibits Sex-Based Misconduct. Sex-Based Misconduct includes sexual harassment, sexual assault, gender-based harassment, sexual exploitation, domestic violence, dating violence and stalking. The University also prohibits retaliation against anyone who reports an incident of sex-based misconduct or participates in an investigation or proceeding related to any such report. The University's *Sex-Based Misconduct Policy and Procedure* may be viewed at [Sex-Based Misconduct Policy and Procedure \(PDF\)](#).

Members of the University community who have questions about the *Sex-Based Misconduct Policy and Procedure* or accessing available resources should contact the Title IX Coordinator.

Bernard Dufresne
Executive Director of Institutional Equity/Title IX Compliance
Title IX Coordinator
163 William Street, 10th Floor
Phone: (212) 346-1310 or (914) 923-2610 Email:
bdufresne@pace.edu

PACE UNIVERSITY POLICY AND PROCEDURE – DISCRIMINATION, NON SEXBASED HARASSMENT AND RETALIATION

Pace University is strongly committed to maintaining a working and learning environment that is free from unlawful Discrimination, Harassment or Retaliation. The University is an equal opportunity employer and an academic institution which strongly believes that all employment and academic decisions must be made without regard to whether an employee or student possesses characteristics protected by federal, state or local law.

All University officers, administrators, supervisors, staff, faculty members, students, visitors and applicants, as well as vendors, consultants and contractors with whom the University does business are prohibited from engaging in Discrimination, Harassment or Retaliation. . The University's [Discrimination, Non Sex-Based Harassment and Retaliation Policy and Procedure \(PDF\)](#) may be viewed online.

Members of the University community who have concerns about discrimination or harassment should contact the Title IX Coordinator.

Bernard Dufresne
Executive Director of Institutional Equity/Title IX Compliance
Title IX Coordinator
163 William Street, 10th Floor
Phone: (212) 346-1310 or (914) 923-2610
Email: bdufresne@pace.edu

APPENDIX A

OT STUDENT ESSENTIAL SKILLS STANDARDS

The mission of Pace University, College of Health Professions, Master of Science in Occupational Therapy (MSOT) program “is to prepare competent and ethical OT practitioners who maximize clients’ quality of life and occupation engagement through technology, evidencebased, client-centered and interprofessional practice.” Students enrolled in Pace University's Occupational Therapy program, preparing to become professionals in occupational therapy, are expected to have essential skills and abilities in addition to academic competence. These skills are related to one's ability to function as an occupational therapist and/or an occupational therapy student.

The vision of Pace University’s MSOT program is to “empower its graduates to become lifelong learners and influential leaders in the profession, locally, nationally, and globally.” The faculty is committed to an educational environment where students develop emotionally, spiritually, socially and cognitively in order to realize the vision and mission of the program and the University.

In order to function as an occupational therapist and meet the demands of the program and the profession, an individual must be able to meet the physical, emotional, intellectual, behavioral, and communication expectations for performance. Occupational therapy education requires the accumulation of scientific knowledge as well as the simultaneous acquisition and demonstration of psychomotor skills, cognitive skills, cultural sensitivity, and professional attitudes and behaviors. While not all skills are needed across all settings, all are essential to occupational therapy practice in general.

The **Essential Skills** apply to classroom, laboratory, clinical/fieldwork, and professional work environments. They exist to ensure the public that the graduates of our program are prepared to become fully competent and caring occupational therapists. In order to be successful in our program, and as occupational therapy professionals, individuals must be able to demonstrate varied skills and abilities that span the academic, motor, emotional, and social nature of our profession. Where appropriate, the individual must be able to perform all listed essential functions **with or without reasonable accommodations**.

Accommodations for Students with Disabilities:

Assistance is available to students with disabilities through the Student Accessibility Services (SAS) to enable them to have equal access to Pace University's educational programs and facilities. The same

rigorous admission and academic standards apply to students with and without a disability. In order to support the continued success of students with disabilities, the University prohibits discrimination on the basis of disability and is committed to providing equal access for students with disabilities to its facilities, programs, and activities. The University's commitment to equal educational opportunities for students with disabilities includes providing reasonable accommodations for the needs of students with disabilities.

Except for the Student Accessibility Services (SAS) Office, no one, including faculty is authorized to evaluate the need and arrange for an accommodation. Moreover, no one, including faculty, is authorized to contact the Student Accessibility Office (SAS) on behalf of a student.

Accommodations will not be considered reasonable if they alter an essential element of the occupational therapy educational program, compromise the educational standards, and/or negatively affect the safety of students and/or other people, including clients, with whom the student may come into contact in the course of their studies.

All accommodations must be approved in advance by the Student Accessibility Services (SAS). In order to request academic accommodations through SAS, a student must self-identify to SAS by contacting the Westchester Campus office at (914) 773-3710 or the Administration Center, 861 Bedford Road, Pleasantville.

Members of the University community who believe they have been denied a reasonable accommodation for a disability to which they may be entitled, should contact the University's Affirmative Action Officer at 212-346-1310.

Attainment of Essential Functions Standards:

Inability to comply with these Essential Skills Standards may result in course failure, delayed graduation, or dismissal from the program. **All occupational therapy applicants must review the Student Essential Skills Standards described in this document and perform a self-evaluation to determine if they are able to maintain compliance with them. A signed attestation below should be submitted online to Community Classes signifying the standards have been read and certifying compliance**

ESSENTIAL SKILL REQUIREMENTS FOR OCCUPATIONAL THERAPY STUDENTS

1. Psycho-Motor Skills:

Students must display adequate sensory and motor skills to provide safe, efficient, and effective occupational therapy evaluation and treatment. This includes the physical ability and capacity (i.e. balance, strength, and flexibility) to safely position the client or oneself to enable accomplishment of such things as range of motion, manual muscle testing, transfers, and pertinent activities of daily living. Examples of skills requiring sufficient stamina, gross and fine motor strength and function include but are not limited to:

- Sitting tolerance
- Splint or assisted technology fabrication
- Computer usage
- Performing transfers and assisting with bed mobility

- Providing range of motion and strengthening activities
- Engaging in play activities or handling activities with very young clients

Functional usage of sensory systems presents as an essential skill as well. Students must possess sufficient:

- Visual abilities to be able to observe and interpret clinical supervisors and patients/clients accurately
- Tactile and proprioceptive skills and abilities necessary to perceive and synthesize inputs during training and patient/client interaction, evaluation, and treatment
- Vestibular functions (balance and equilibrium) to ensure safety

2. **Intellectual/Cognitive Skills:**

Cognitive abilities needed to integrate information from all courses throughout the curriculum, leading to effective clinical reasoning and problem solving are vital. This requires the more basic ability to absorb and integrate information as it is presented, and progresses to the ability to integrate and apply information to clinical problem solving. Students are expected to move from the basic skills of understanding and memorizing information, to more advanced cognitive skills. Students must demonstrate the following abilities:

- Creative problem solving skills throughout the didactic and experiential components of the program including the ability to integrate and interpret information from multiple sources (written, verbal, environmental, interpersonal, etc.)
- Carry out instructions in a timely manner
- Organizational skills for performing required tasks
- Exercise appropriate judgement with peers, faculty, and patients / clients ensuring safety and professionalism
- Understand and follow written instructions such as policies and procedures.
- Read, comprehend, and synthesize complex material
- Write in a way that is accurate, descriptive, free from errors and consistent with guidelines or standards
- Think critically in order to gather information, identify problems, and formulate alternative plans of action
- Make decisions spontaneously in "on the spot" situations, pressure situations from high workload demands, and variable time and environmental demands
- Analyze information and situations and appropriately apply of knowledge
- Master abstract ideas and synthesize information in order to handle the challenges of the academic, laboratory, and fieldwork settings

3. **Behavioral/Social Skills/Professionalism:**

Students must possess sufficient emotional health to fully utilize their intellectual abilities, exercise good judgment, adhere to ethical standards, complete patient care responsibilities promptly, and relate to others with courtesy, compassion, maturity, and respect. Since occupational therapy education and practice takes place in a variety of settings, students must exhibit:

- Ability to participate collaboratively as a (professional) team member
- Tolerate and respond appropriately to constructive criticism
- Modify behavior in response to feedback
- Display appropriate coping skills when faced with frustrations /difficult situations e.g. changing environments, clinical uncertainties, stressful workloads that may include multiple concurrent demands and short deadlines
- Exhibit awareness of and appropriately react to their own emotional responses.
- Maintain personal appearance and hygiene that is appropriate for professional and classroom settings
- Demonstrate high ethical standards
- Commit to the program's Honor Code
- Commit to the Occupational Therapy Code of Ethics
- Interact and work with individuals without regard to the nature of their illness or disability, race/ethnicity, sexual orientation, or age group
- Adhere to the policies of the university, the occupational therapy program, fieldwork sites, and places of employment
- Exhibit emotional health for utilization of intellect, the exercise of good judgment, and prompt completion of responsibilities
- Develop mature, sensitive and effective relationships with others (faculty, peers, classmates, fieldwork supervisors/clinical educators, etc.)
- Complete tasks within specified timeframes appropriate to either the clinic or the classroom
- Travel to and from classes, fieldwork assignments, and work on time

4. **Communication:**

Students must demonstrate effective verbal and written communication with patients, family members/caregivers, faculty/staff, fieldwork educators, payers, elected officials, members of the healthcare team, peers, and others. Students must:

- Communicate appropriately both verbally and in writing with people of different ages and genders, with diverse physical, cognitive and emotional abilities, and from different cultural, ethnic, racial, socioeconomic, and religious backgrounds and lifestyles
- Utilize therapeutic communication and a client centered approach.
- Employ a professional demeanor in face to face, formal or informal (email, social media) communication
- Communicate verbally and in writing, using appropriate grammar and vocabulary, commensurate with professional communication and the level of comprehension of the person with whom one is communicating
- Elicit and gather information and describe findings

References

- Creighton University. (2018). Technical Standards for Admission.
- Virginia Commonwealth University. (2018). Essential Requirements.
- University of New England. (2018). MSOT Technical Standards. Retrieved from: <https://www.une.edu/wchp/ot/graduate-program#ui-id-3>

ACKNOWLEDGEMENT OF ESSENTIAL SKILLS STANDARDS

Signing this document will serve as certification that the student is in compliance with these standards and understands the responsibilities it outlines.

Student's Name: (Print) _____ Class of _____

I acknowledge that I have received a copy of Pace University, College of Health Professions' Occupational Therapy Program Student Essential Skills Standards for Occupational Therapy Students. I verify that I have read and understand the information contained in this document.

Student's Signature: _____

Date: _____

APPENDIX B

OT CODE OF ETHICS

ETHICS

AOTA 2020 Occupational Therapy Code of Ethics

Preamble

The *2020 Occupational Therapy Code of Ethics* (the Code) of the American Occupational Therapy Association (AOTA) is designed to reflect the dynamic nature of the occupational therapy profession, the evolving health care environment, and emerging technologies that can present potential ethical concerns in practice, research, education, and policy. AOTA members are committed to promoting inclusion, participation, safety, and well-being for all recipients of service in various stages of life, health, and illness and to empowering all beneficiaries of service to meet their occupational needs. Recipients of services may be persons, groups, families, organizations, communities, or populations (AOTA, 2020).

The Code is an AOTA Official Document and a public statement tailored to address the most prevalent ethical concerns of the occupational therapy profession. It sets forth Core Values and outlines Standards of Conduct the public can expect from those in the profession. The Code applies to all occupational therapy personnel¹ in all areas of occupational therapy and should be shared with relevant stakeholders to promote ethical conduct.

The Code serves two purposes:

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

Whereas the Code helps guide and define decision-making parameters, ethical action goes beyond rote

compliance with these Principles and is a manifestation of moral character and mindful reflection. Adherence to the Code is a commitment to benefit others, to the virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage. Recognizing and resolving ethical issues is a systematic process that includes analyzing the complex dynamics of situations, applying moral theories and weighing alternatives, making reasoned decisions, taking action, and reflecting on outcomes. Occupational therapy personnel are expected to abide by the Principles and Standards of Conduct within this Code.

The process for addressing ethics violations by AOTA members (and associate members,² where applicable) is outlined in the Code's Enforcement Procedures (AOTA, 2019).

¹The term *occupational therapy personnel* in this document includes occupational therapist and occupational therapy assistant practitioners and professionals (e.g., direct service, consultation, administration); educators; students in occupational therapy and occupational therapy assistant professional programs; researchers; entrepreneurs; business owners; and those in elected, appointed, or other professional volunteer service.

²For a definition of associate members, please see the AOTA website: <https://www.aota.org/AboutAOTA/Membership/Types-and-Fees.aspx>

Although many state regulatory boards incorporate the Code or similar language regarding ethical behavior into regulations, the Code is meant to be a freestanding document that guides ethical dimensions of professional behavior, responsibility, practice, and decision making. This Code is not exhaustive; that is, the Principles and Standards of Conduct cannot address every possible situation. Therefore, before making complex ethical decisions that require further expertise, occupational therapy personnel should seek out resources to assist with resolving conflicts and ethical issues not addressed in this document. Resources can include, but are not limited to, ethics committees, organizational ethics officers or consultants, and the AOTA Ethics Commission. For a full list of AOTA ethics resources, please refer to the AOTA website at <https://www.aota.org/Practice/Ethics.aspx>.

Appendix A describes the revision process for the 2020 Code. Appendix B summarizes the history of the *AOTA Occupational Therapy Code of Ethics*.

Core Values

The occupational therapy profession is grounded in seven longstanding Core Values: Altruism, Equality, Freedom, Justice, Dignity, Truth, and Prudence (AOTA, 1993). The seven Core Values provide a foundation to guide occupational therapy personnel in their interactions with others. These Core Values should be considered when determining the most ethical course of action (adapted from *Core Values and Attitudes of Occupational Therapy Practice*; AOTA, 1993):

1. *Altruism* indicates demonstration of unselfish concern for the welfare of others. Occupational therapy personnel reflect this concept in actions and attitudes of commitment, caring, dedication, responsiveness, and understanding.
2. *Equality* indicates that all persons have fundamental human rights and the right to the same opportunities. Occupational therapy personnel demonstrate this value by maintaining an attitude of fairness and impartiality and treating all persons in a way that is free of bias. Personnel should recognize their own biases and respect all persons, keeping in mind that others may have values, beliefs, or lifestyles that differ from their own. Equality applies to the professional arena as well as to recipients of occupational therapy services.
3. *Freedom* indicates valuing each person's right to exercise autonomy and demonstrate independence, initiative, and self-direction. A person's occupations play a major role in their development of self-direction, initiative, interdependence, and ability to adapt and relate to the world. Occupational therapy personnel affirm the autonomy of each individual to pursue goals that have personal and social meaning. Occupational therapy personnel value the service recipient's right and desire to guide interventions.
4. *Justice* indicates that occupational therapy personnel provide occupational therapy services for all persons in need of these services and maintain a goal-directed and objective relationship with recipients of service. Justice places value on upholding moral and legal principles and on having knowledge of and respect for the legal rights of recipients of service. Occupational therapy personnel must understand and abide by local, state, and federal laws governing professional practice. Justice is the pursuit of a state in which diverse communities are inclusive and are organized and structured so that all members can function, flourish, and live a satisfactory life regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes. Occupational therapy personnel, by virtue of the specific nature of the practice of occupational therapy, have a vested interest in *social justice*: addressing unjust inequities that limit opportunities for participation in society (Ashe, 2016; Braveman & Bass-Haugen, 2009). They also exhibit attitudes and actions consistent with *occupational justice*: full inclusion in everyday meaningful occupations for persons, groups, or populations (Scott et al., 2017).
5. *Dignity* indicates the importance of valuing, promoting, and preserving the inherent worth and uniqueness of each person. This value includes respecting the person's social and cultural heritage and life experiences. Exhibiting attitudes and actions of dignity requires

occupational therapy personnel to act in ways consistent with cultural sensitivity, humility, and agility.

6. *Truth* indicates that occupational therapy personnel in all situations should be faithful to facts and reality. Truthfulness, or veracity, is demonstrated by being accountable, honest, forthright, accurate, and authentic in attitudes and actions. Occupational therapy personnel have an obligation to be truthful with themselves, recipients of service, colleagues, and society. Truth includes maintaining and upgrading professional competence and being truthful in oral, written, and electronic communications.
7. *Prudence* indicates the ability to govern and discipline oneself through the use of reason. To be prudent is to value judiciousness, discretion, vigilance, moderation, care, and circumspection in the management of one's own affairs and to temper extremes, make judgments, and respond on the basis of intelligent reflection and rational thought. Prudence must be exercised in clinical and ethical reasoning, interactions with colleagues, and volunteer roles.

Principles

The Principles guide ethical decision making and inspire occupational therapy personnel to act in accordance with the highest ideals. These Principles are not hierarchically organized. At times, conflicts between competing principles must be considered in order to make ethical decisions. These Principles may need to be carefully balanced and weighed according to professional values, individual and cultural beliefs, and organizational policies.

Principle 1. Beneficence

Occupational therapy personnel shall demonstrate a concern for the well-being and safety of persons.

The Principle of *Beneficence* includes all forms of action intended to benefit other persons. The term *beneficence* has historically indicated acts of mercy, kindness, and charity (Beauchamp & Childress, 2019). Beneficence requires taking action to benefit others—in other words, to promote good, to prevent harm, and to

remove harm (Doherty & Purtilo, 2016). 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, offering services that benefit persons with disabilities, and acting to protect and remove persons from dangerous situations (Beauchamp & Childress, 2019).

Principle 2. Nonmaleficence

Occupational therapy personnel shall refrain from actions that cause harm.

The Principle of *Nonmaleficence* indicates that occupational therapy personnel must refrain from causing harm, injury, or wrongdoing to recipients of service. Whereas Beneficence requires taking action to incur benefit, Nonmaleficence requires avoiding actions that cause harm (Beauchamp & Childress, 2019). The Principle of Nonmaleficence also includes an obligation not to impose risks of harm even if the potential risk is without malicious or harmful intent. This Principle is often examined in the context of *due care*, which requires that the benefits of care outweigh and justify the risks undertaken to achieve the goals of care (Beauchamp & Childress, 2019). For example, an occupational therapy intervention might require the service recipient to invest a great deal of time and perhaps even discomfort; however, the time and discomfort are justified by potential long-term, evidence-based benefits of the treatment.

Principle 3. Autonomy

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

The Principle of *Autonomy* expresses the concept that occupational therapy personnel have a duty to treat the client or service recipient according to their desires, within the bounds of accepted standards of care, and to protect their confidential information. Often, respect for Autonomy is referred to as the *self-determination principle*. Respecting the Autonomy of service recipients acknowledges their agency,

including their right to their own views and opinions and their right to make choices in regard to their own care and based on their own values and beliefs (Beauchamp & Childress, 2019). For example, persons have the right to make a determination regarding care decisions that directly affect their lives. In the event that a person lacks decision-making capacity, their Autonomy should be respected through the involvement of an authorized agent or surrogate decision maker.

Principle 4. Justice

Occupational therapy personnel shall promote equity, inclusion, and objectivity in the provision of occupational therapy services.

The Principle of *Justice* relates to the fair, equitable, and appropriate treatment of persons (Beauchamp & Childress, 2019). Occupational therapy personnel demonstrate attitudes and actions of respect, inclusion, and impartiality toward persons, groups, and populations with whom they interact, regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes. Occupational therapy personnel also respect the applicable laws and standards related to their area of practice. Justice requires the impartial consideration and consistent observance of policies to generate unbiased decisions. For example, occupational therapy personnel work to create and uphold a society in which all persons have equitable opportunity for full inclusion in meaningful occupational engagement as an essential component of their lives.

Principle 5. Veracity

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

The Principle of *Veracity* refers to comprehensive, accurate, and objective transmission of information and

includes fostering understanding of such information. Veracity is based on the virtues of truthfulness, candor, honesty, and respect owed to others (Beauchamp & Childress, 2019). In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive. For example, when entering into a therapeutic or research relationship, the service recipient or research participant has a right to accurate information. In addition, transmission of information must include means to ensure that the recipient or participant understands the information provided.

Principle 6. Fidelity

Occupational therapy personnel shall treat clients (persons, groups, or populations), colleagues, and other professionals with respect, fairness, discretion, and integrity.

The Principle of *Fidelity* refers to the duty one has to keep a commitment once it is made (Veatch et al., 2015). This commitment refers to promises made between a provider and a client, as well as maintenance of respectful collegial and organizational relationships (Doherty & Purtilo, 2016). Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. For example, occupational therapy personnel should 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.

Standards of Conduct

The AOTA Ethics Commission, under the *Enforcement Procedures for the AOTA Occupational Therapy Code of Ethics* (AOTA, 2019), enforces the Standards of Conduct listed in [Table 1](#).

Table 1. Standards of Conduct for Occupational Therapy Personnel

Section	Standards of Conduct
<p>1. Professional Integrity, Responsibility, and Accountability: Occupational therapy personnel maintain awareness and comply with AOTA policies and Official Documents, current laws and regulations that are relevant to the profession of occupational therapy, and employer policies and procedures.</p>	<p>1A. Comply with current federal and state laws, state scope of practice guidelines, and AOTA policies and Official Documents that apply to the profession of occupational therapy. (Principle: Justice; key words: policy, procedures, rules, law, roles, scope of practice)</p> <p>1B. Abide by policies, procedures, and protocols when serving or acting on behalf of a professional organization or employer to fully and accurately represent the organization's official and authorized positions. (Principle: Fidelity; key words: policy, procedures, rules, law, roles, scope of practice)</p> <p>1C. Inform employers, employees, colleagues, students, and researchers of applicable policies, laws, and Official Documents. (Principle: Justice; key words: policy, procedures, rules, law, roles, scope of practice)</p> <p>1D. Ensure transparency when participating in a business arrangement as owner, stockholder, partner, or employee. (Principle: Justice; key words: policy, procedures, rules, law, roles, scope of practice)</p> <p>1E. Respect the practices, competencies, roles, and responsibilities of one's own and other professions to promote a collaborative environment reflective of interprofessional teams. (Principle: Fidelity; key words: policy, procedures, rules, law, roles, scope of practice, collaboration, service delivery)</p> <p>1F. Do not engage in illegal actions, whether directly or indirectly harming stakeholders in occupational therapy practice. (Principle: Justice; key words: illegal, unethical practice)</p> <p>1G. Do not engage in actions that reduce the public's trust in occupational therapy. (Principle: Fidelity; key words: illegal, unethical practice)</p> <p>1H. Report potential or known unethical or illegal actions in practice, education, or research to appropriate authorities. (Principle: Justice; key words: illegal, unethical practice)</p> <p>1I. Report impaired practice to the appropriate authorities. (Principle: Nonmaleficence; key words: illegal, unethical practice)</p> <p>1J. Do not exploit human, financial, or material resources of employers for personal gain. (Principle: Fidelity; key words: exploitation, employee)</p> <p>1K. Do not exploit any relationship established as an occupational therapy practitioner, educator, or researcher to further one's own physical, emotional, financial, political, or business interests. (Principle: Nonmaleficence; key words: exploitation, academic, research)</p> <p>1L. Do not engage in conflicts of interest or conflicts of commitment in employment, volunteer roles, or research. (Principle: Fidelity; key words: conflict of interest)</p> <p>1M. Do not use one's position (e.g., employee, consultant, volunteer) or knowledge gained from that position in such a manner as to give rise to real or perceived conflict of interest among the person, the employer, other AOTA members, or other organizations. (Principle: Fidelity; key words: conflict of interest)</p> <p>1N. Do not barter for services when there is the potential for exploitation and conflict of interest. (Principle: Nonmaleficence; key words: conflict of interest)</p> <p>1O. Conduct and disseminate research in accordance with currently accepted ethical guidelines and standards for the protection of research participants, including informed consent and disclosure of potential risks and benefits. (Principle: Beneficence; key words: research)</p>
<p>2. Therapeutic Relationships: Occupational therapy personnel develop therapeutic relationships to promote occupational well-being in all persons, groups, organizations, and society,</p>	<p>2A. Respect and honor the expressed wishes of recipients of service. (Principle: Autonomy; key words: relationships, clients, service recipients)</p> <p>2B. Do not inflict harm or injury to recipients of occupational therapy services, students, research participants, or employees. (Principle: Nonmaleficence; key words: relationships, clients, service recipients, students, research, employer, employee)</p>

(Continued)

Table 1. Standards of Conduct for Occupational Therapy Personnel (cont'd)

Section	Standards of Conduct
<p>regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes.</p>	<p>2C. Do not threaten, manipulate, coerce, or deceive clients to promote compliance with occupational therapy recommendations. (Principle: Autonomy; key words: relationships, clients, service recipients)</p> <p>2D. Do not engage in sexual activity with a recipient of service, including the client's family or significant other, while a professional relationship exists. (Principle: Nonmaleficence; key words: relationships, clients, service recipients, sex)</p> <p>2E. Do not accept gifts that would unduly influence the therapeutic relationship or have the potential to blur professional boundaries, and adhere to employer policies when offered gifts. (Principle: Justice; key words: relationships, gifts, employer)</p> <p>2F. Establish a collaborative relationship with recipients of service and relevant stakeholders to promote shared decision making. (Principle: Autonomy; key words: relationships, clients, service recipients, collaboration)</p> <p>2G. Do not abandon the service recipient, and attempt to facilitate appropriate transitions when unable to provide services for any reason. (Principle: Nonmaleficence; key words: relationships, client, service recipients, abandonment)</p> <p>2H. Adhere to organizational policies when requesting an exemption from service to an individual or group because of self-identified conflict with personal, cultural, or religious values. (Principle: Fidelity; key words: relationships, client, service recipients, conflict, cultural, religious, values)</p> <p>2I. Do not engage in dual relationships or situations in which an occupational therapy professional or student is unable to maintain clear professional boundaries or objectivity. (Principle: Nonmaleficence; key words: relationships, clients, service recipients, colleagues, professional boundaries, objectivity, social media)</p> <p>2J. Proactively address workplace conflict that affects or can potentially affect professional relationships and the provision of services. (Principle: Fidelity; key words: relationships, conflict, clients, service recipients, colleagues)</p> <p>2K. Do not engage in any undue influences that may impair practice or compromise the ability to safely and competently provide occupational therapy services, education, or research. (Principle: Nonmaleficence; key words: relationships, colleagues, impair, safety, competence, client, service recipients, education, research)</p> <p>2L. Recognize and take appropriate action to remedy occupational therapy personnel's personal problems and limitations that might cause harm to recipients of service. (Principle: Nonmaleficence; key words: relationships, clients, service recipients, personal, safety)</p> <p>2M. Do not engage in actions or inactions that jeopardize the safety or well-being of others or team effectiveness. (Principle: Fidelity; key words: relationships, clients, service recipients, colleagues, safety, law, unethical, impaired, competence)</p>
<p>3. Documentation, Reimbursement, and Financial Matters: Occupational therapy personnel maintain complete, accurate, and timely records of all client encounters.</p>	<p>3A. Bill and collect fees justly and legally in a manner that is fair, reasonable, and commensurate with services delivered. (Principle: Justice; key words: billing, fees)</p> <p>3B. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations. (Principle: Justice; key words: documentation, reimbursement, law)</p> <p>3C. Record and report in an accurate and timely manner and in accordance with applicable regulations all information related to professional or academic documentation and activities. (Principle: Veracity; key words: documentation, timely, accurate, law, fraud)</p> <p>3D. Do not follow arbitrary directives that compromise the rights or well-being of others, including unrealistic productivity expectations, fabrication, falsification, plagiarism of documentation, or inaccurate coding. (Principle: Nonmaleficence; key words: productivity, documentation, coding, fraud)</p>

(Continued)

Table 1. Standards of Conduct for Occupational Therapy Personnel (*cont'd*)

Section	Standards of Conduct
<p>4. Service Delivery: Occupational therapy personnel strive to deliver quality services that are occupation based, client centered, safe, interactive, culturally sensitive, evidence based, and consistent with occupational therapy's values and philosophies.</p>	<p>4A. Respond to requests for occupational therapy services (e.g., referrals) in a timely manner as determined by law, regulation, or policy. (Principle: Justice; key words: occupational therapy process, referral, law)</p> <p>4B. Provide appropriate evaluation and a plan of intervention for recipients of occupational therapy services specific to their needs. (Principle: Beneficence; key words: occupational therapy process, evaluation, intervention)</p> <p>4C. Use, to the extent possible, evaluation, planning, intervention techniques, assessments, and therapeutic equipment that are evidence based, current, and within the recognized scope of occupational therapy practice. (Principle: Beneficence; key words: occupational therapy process, evaluation, intervention, evidence, scope of practice)</p> <p>4D. Obtain informed consent (written, verbal, electronic, or implied) after disclosing appropriate information and answering any questions posed by the recipient of service, qualified family member or caregiver, or research participant to ensure voluntary participation. (Principle: Autonomy; key words: occupational therapy process, informed consent)</p> <p>4E. Fully disclose the benefits, risks, and potential outcomes of any intervention; the occupational therapy personnel who will be providing the intervention; and any reasonable alternatives to the proposed intervention. (Principle: Autonomy; key words: occupational therapy process, intervention, communication, disclose, informed consent)</p> <p>4F. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties. (Principle: Veracity; key words: occupational therapy process, intervention, communication, disclose, informed consent, contracts)</p> <p>4G. Respect the client's right to refuse occupational therapy services temporarily or permanently, even when that refusal has potential to result in poor outcomes. (Principle: Autonomy; key words: occupational therapy process, refusal, intervention, service recipients)</p> <p>4H. Provide occupational therapy services, including education and training, that are within each practitioner's level of competence and scope of practice. (Principle: Beneficence; key words: occupational therapy process, services, competence, scope of practice)</p> <p>4I. Reevaluate and reassess recipients of service in a timely manner to determine whether goals are being achieved and whether intervention plans should be revised. (Principle: Beneficence; key words: occupational therapy process, reevaluation, reassess, intervention)</p> <p>4J. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the services are no longer beneficial. (Principle: Beneficence; key words: occupational therapy process, termination, collaboration)</p> <p>4K. Refer to other providers when indicated by the needs of the client. (Principle: Beneficence; key words: occupational therapy process, referral, service recipients)</p> <p>4L. Provide information and resources to address barriers to access for persons in need of occupational therapy services. (Principle: Justice; key words: beneficence, advocate, access)</p> <p>4M. Report systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy. (Principle: Justice; key words: discrimination, unfair, access, social justice)</p> <p>4N. Provide professional services within the scope of occupational therapy practice during community-wide public health emergencies as directed by federal, state, and local agencies. (Principle: Beneficence; key words: disasters, emergency)</p>

(Continued)

Table 1. Standards of Conduct for Occupational Therapy Personnel (*cont'd*)

Section	Standards of Conduct
<p>5. Professional Competence, Education, Supervision, and Training: Occupational therapy personnel maintain credentials, degrees, licenses, and other certifications to demonstrate their commitment to develop and maintain competent, evidence-based practice.</p>	<p>5A. Hold requisite credentials for the occupational therapy services one provides in academic, research, physical, or virtual work settings. (Principle: Justice; key words: credentials, competence)</p> <p>5B. Represent credentials, qualifications, education, experience, training, roles, duties, competence, contributions, and findings accurately in all forms of communication. (Principle: Veracity; key words: credentials, competence)</p> <p>5C. Take steps (e.g., professional development, research, supervision, training) to ensure proficiency, use careful judgment, and weigh potential for harm when generally recognized standards do not exist in emerging technology or areas of practice. (Principle: Beneficence; key words: credentials, competence)</p> <p>5D. Maintain competence by ongoing participation in professional development relevant to one's practice area. (Principle: Beneficence; key words: credentials, competence)</p> <p>5E. Take action to resolve incompetent, disruptive, unethical, illegal, or impaired practice in self or others. (Principle: Fidelity; key words: competence, law)</p> <p>5F. Ensure that all duties delegated to other occupational therapy personnel are congruent with their credentials, qualifications, experience, competencies, and scope of practice with respect to service delivery, supervision, fieldwork education, and research. (Principle: Beneficence; key words: supervisor, fieldwork, supervision, student)</p> <p>5G. Provide appropriate supervision in accordance with AOTA Official Documents and relevant laws, regulations, policies, procedures, standards, and guidelines. (Principle: Justice; key words: supervisor, fieldwork, supervision, student)</p> <p>5H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance. (Principle: Veracity; key words: supervisor, supervision, fieldwork, performance)</p> <p>5I. Do not participate in any action resulting in unauthorized access to educational content or exams, screening and assessment tools, websites, and other copyrighted information, including but not limited to plagiarism, violation of copyright laws, and illegal sharing of resources in any form. (Principle: Justice; key words: plagiarize, student, copyright, cheating)</p> <p>5J. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program or educational institution. (Principle: Veracity; key words: education, student)</p>
<p>6. Communication: Whether in written, verbal, electronic, or virtual communication, occupational therapy personnel uphold the highest standards of confidentiality, informed consent, autonomy, accuracy, timeliness, and record management.</p>	<p>6A. Maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communications in compliance with applicable laws, including all aspects of privacy laws and exceptions thereto (e.g., Health Insurance Portability and Accountability Act, Family Educational Rights and Privacy Act). (Principle: Autonomy; key words: law, autonomy, confidentiality, communication, justice)</p> <p>6B. Maintain privacy and truthfulness in delivery of occupational therapy services, whether in person or virtually. (Principle: Veracity; key words: telecommunication, telehealth, confidentiality, autonomy)</p> <p>6C. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated or permitted by relevant laws. (Principle: Fidelity; key words: communication, confidentiality, autonomy)</p> <p>6D. Demonstrate responsible conduct, respect, and discretion when engaging in digital media and social networking, including but not limited to refraining from posting protected health or other identifying information. (Principle: Autonomy; key words: communication, confidentiality, autonomy, social media)</p> <p>6E. Facilitate comprehension and address barriers to communication (e.g., aphasia; differences in language, literacy, health literacy, or culture) with the recipient of</p>

(Continued)

Table 1. Standards of Conduct for Occupational Therapy Personnel (*cont'd*)

Section	Standards of Conduct
	<p>service (or responsible party), student, or research participant. (Principle: Autonomy; key words: communication, barriers)</p> <p>6F. Do not use or participate in any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims. (Principle: Veracity; key words: fraud, communication)</p> <p>6G. Identify and fully disclose to all appropriate persons any errors or adverse events that compromise the safety of service recipients. (Principle: Veracity; key words: truthfulness, communication, safety, clients, service recipients)</p> <p>6H. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, research participants, or the public. (Principle: Veracity; key words: truthfulness, communication)</p> <p>6I. Give credit and recognition when using the ideas and work of others in written, oral, or electronic media (i.e., do not plagiarize). (Principle: Veracity; key words: truthfulness, communication, plagiarism, students)</p> <p>6J. Do not engage in verbal, physical, emotional, or sexual harassment of any individual or group. (Principle: Fidelity; key words: inappropriate communication, harassment, digital media, social media, social networking, professional civility)</p> <p>6K. Do not engage in communication that is discriminatory, derogatory, biased, intimidating, insensitive, or disrespectful or that unduly discourages others from participating in professional dialogue. (Principle: Fidelity; key words: inappropriate communication, professionalism, professional civility)</p> <p>6L. Engage in collaborative actions and communication as a member of interprofessional teams to facilitate quality care and safety for clients. (Principle: Fidelity; key words: communication, collaboration, interprofessional, professional civility, service recipients)</p>
<p>7. Professional Civility: Occupational therapy personnel conduct themselves in a civil manner during all discourse. <i>Civility</i> "entails honoring one's personal values, while simultaneously listening to disparate points of view" (Kaslow & Watson, 2016, para. 1). These values include cultural sensitivity and humility.</p>	<p>7A. Treat all stakeholders professionally and equitably through constructive engagement and dialogue that is inclusive, collaborative, and respectful of diversity of thought. (Principle: Justice; key words: civility, diversity, inclusivity, equitability, respect)</p> <p>7B. Demonstrate courtesy, civility, value, and respect to persons, groups, organizations, and populations when engaging in personal, professional, or electronic communications, including all forms of social media or networking, especially when that discourse involves disagreement of opinion, disparate points of view, or differing values. (Principle: Fidelity; key words: values, respect, opinion, points of view, social media, civility)</p> <p>7C. Demonstrate a level of cultural humility, sensitivity, and agility within professional practice that promotes inclusivity and does not result in harmful actions or inactions with persons, groups, organizations, and populations from diverse backgrounds including age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes. (Principle: Fidelity; key words: civility, cultural competence, diversity, cultural humility, cultural sensitivity)</p> <p>7D. Do not engage in actions that are uncivil, intimidating, or bullying or that contribute to violence. (Principle: Fidelity; key words: civility, intimidation, hate, violence, bullying)</p> <p>7E. Conduct professional and personal communication with colleagues, including electronic communication and social media and networking, in a manner that is free from personal attacks, threats, and attempts to defame character and credibility directed toward an individual, group, organization, or population without basis or through manipulation of information. (Principle: Fidelity; key words: civility, culture, communication, social media, social networking, respect)</p>

References

- American Occupational Therapy Association. (1993). Core values and attitudes of occupational therapy practice. *American Journal of Occupational Therapy, 47*, 1085–1086. <https://doi.org/10.5014/ajot.47.12.1085>
- American Occupational Therapy Association. (2019). Enforcement procedures for the AOTA Occupational Therapy Code of Ethics. *American Journal of Occupational Therapy, 73*(Suppl. 2), 7312410003. <https://doi.org/10.5014/ajot.2019.73S210>
- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy, 74*(Suppl. 2), 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>
- Ashe, A. (2016). Social justice and meeting the needs of clients. In D. Y. Slater (Ed.), *Reference guide to the Occupational Therapy Code of Ethics* (2015 Edition). AOTA Press.
- Beauchamp, T. L., & Childress, J. F. (2019). *Principles of biomedical ethics* (8th ed.). Oxford University Press.
- Braveman, B., & Bass-Haugen, J. D. (2009). Social justice and health disparities: An evolving discourse in occupational therapy research and intervention. *American Journal of Occupational Therapy, 63*, 7–12. <https://doi.org/10.5014/ajot.63.1.7>
- Doherty, R., & Purtilo, R. (2016). *Ethical dimensions in the health professions* (6th ed.). Elsevier Saunders.
- Kaslow, N. J., & Watson, N. N. (2016). Civility: A core component of professionalism? *Psychology Teacher Network, 26*(3). <https://www.apa.org/ed/precollege/ptn/2016/09/civility-professionalism>
- Scott, J. B., Reitz, S. M., & Harcum, S. (2017). Principle 4: Justice. In J. B. Scott & S. M. Reitz (Eds.), *Practical applications for the Occupational Therapy Code of Ethics (2015)* (pp. 85–95). AOTA Press.
- Veatch, R. M., Haddad, A. M., & English, D. C. (2015). *Case studies in biomedical ethics: Decision-making, principles, and cases* (2nd ed.). Oxford University Press.

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Appendix A. 2020 Revision Process for the AOTA 2020 Occupational Therapy Code of Ethics

In Fall 2019, the Ethics Commission (EC) of the American Occupational Therapy Association (AOTA) began the process of reviewing the *Occupational Therapy Code of Ethics* (the Code) as part of the AOTA Representative Assembly's 5-year review cycle. Although ethical principles are timeless, the issues to which they apply and the manner of application are constantly evolving, as are the health care and community environments in which occupational therapy personnel apply them. Therefore, the Code must change to remain applicable to the environments in which occupational therapy personnel work. The following paragraphs outline the changes made to the 2015 Code.

From August to November 2019, EC members reviewed codes of ethics from several health care professions and found that the organization of codes of ethics documents and online platforms had evolved. These professions had organized their codes not by bioethical principles, but by their relationship to areas of practice and professionalism. Moreover, the professions had organized their online platforms for greater interactive agility. The EC decided that a major revision of the Code's organization was in order, although the majority of the content would remain unchanged.

EC members divided into work groups to reorganize the Code by dividing the 2015 Code into the following parts: Preamble, Core Values, Principles, Standards of Conduct, and Appendixes.

EC work group members reorganized the Standards of Conduct from the 2015 Code into behavioral categories. The work group reviewed and discussed the placement of the Standards until consensus was reached. The work group then presented the reorganization of the Standards to the full EC for discussion on February 25, 2020. The EC continued to review and reorganize the standards until June 9, 2020. The EC added a section on Professional Civility in response to a referred motion from the Representative Assembly. Once completed and reviewed on June 9, the EC sent the revised Code draft to content experts for further review and edits.

Content experts completed a survey for responding to changes in the Code using both Likert-type scale ratings and open-ended responses. The EC reviewed the feedback from the content experts on July 14, 2020, and incorporated revisions to create a draft of the Code for membership review.

In July and August 2020, the EC sent a survey to all AOTA members to garner feedback on the revised Code. Results of the survey indicated that among the 122 respondents to the survey, there was 80% or greater agreement that each part of the Code was both relevant and clear. EC members compiled qualitative feedback, carefully considered comments, and made edits to complete the final draft of the Code. The EC then submitted this final draft of the Code, and accompanying motion and rationale, to the Representative Assembly in September 2020. After online discussion, the Representative Assembly voted on November 4, 2020, to pass the motion to strike the *Occupational Therapy Code of Ethics (2015)* and replace it with the *AOTA 2020 Occupational Therapy Code of Ethics*.

Appendix B. History of the AOTA Occupational Therapy Code of Ethics

As society evolves, so must our understanding and implementation of ethical practices as occupational therapy personnel. The American Occupational Therapy Association (AOTA) *2020 Occupational Therapy Code of Ethics* (the Code) continues to be a critical tool in the AOTA Ethics Commission's quest to guide ethical conduct and elevate public trust in the profession. The Code must be a dynamic, living document that grows and develops to complement changes in occupational therapy delivery models, technology, and society.

The first official AOTA ethical code was established in 1975. Work to create this document, titled "Principles of Ethics," began in 1973. Carolyn Baum, Carlotta Welles, Larry Peak, Lou Arents, and Carole Hayes authored this document. At that time, many professional associations began creating codes of ethics in response to the ethical issues being raised by the Tuskegee Syphilis Study, in which researchers studied the effects of syphilis on African-American men who had not given informed consent and were told that they were being treated for the disease ([Centers for Disease Control and Prevention, 2016](#)). The outcry after the public became aware of this violation, even after standards had been put in place after World War II and the Nuremberg Code of 1947, led many professions to establish ethics rules.

In April 1977, the AOTA Representative Assembly approved the "Principles of Occupational Therapy Ethics," and AOTA distributed them in the *American Journal of Occupational Therapy* in November 1977. This first publicly circulated rendition of the Code of Ethics consisted of 12 principles, all starting with the words "Related to," such as "Related to the Recipient of Service."

The Code of Ethics underwent revisions in 1988, 1994, 2000, 2005, 2010, 2015, and 2020, with input from AOTA membership. The 1988 revision began to look like the modern Code, with headings called "Principles" and subheadings called "Standards." In 1994, the members of the AOTA Ethics Commission added a focus on bioethical principles rather than professional behaviors, as in the previous two editions. The Principles included in the 1994 Code were Beneficence; Autonomy, Privacy, and Confidentiality; Duty; Justice; and Fidelity and Veracity. The Principle of Non-maleficence was added in 2000, and Social Justice was added in 2010, then combined with the Principle of Justice in 2015.

There were 30 Standards of Conduct in 2000; this number increased to 38 in 2005 and to 77 in 2010, then decreased to 69 in 2015. These Standards, categorized under the various Principles, were expanded to promote ethical practice in a variety of areas, including the use of technology for telehealth, social media, Internet use, and health records. With the 2020 Code revision, the EC has grouped the revised 73 Standards of Conduct by behaviors rather than under the Principles, in order to return to the original concept of relating the Standards to desired professional behaviors, so that they are more easily accessible to the membership when using the Code. As charged by the Representative Assembly, the Ethics Commission added a section on Professional Civility in 2020.

The Representative Assembly mandates that the Code, as an official AOTA policy document, undergo review every 5 years. This continual review is especially important because some states use the AOTA Code as part of their licensure acts. In addition, some states require occupational therapy practitioners to obtain continuing education in ethics in order to maintain licensure. In updating the Code to meet the needs of members and society, the occupational therapy profession continues to reflect and lead change in health care.

References for Appendixes A and B

- American Occupational Therapy Association. (1977). 1977 Representative Assembly—Resolution A, Principles of occupational therapy ethics. *American Journal of Occupational Therapy*, 31, 594.
- American Occupational Therapy Association. (1988). Occupational therapy code of ethics. *American Journal of Occupational Therapy*, 42, 795–796. <https://doi.org/10.5014/ajot.42.12.795>
- American Occupational Therapy Association. (1994). Occupational therapy code of ethics. *American Journal of Occupational Therapy*, 48, 1037–1038. <https://doi.org/10.5014/ajot.48.11.1037>
- American Occupational Therapy Association. (2000). Occupational therapy code of ethics (2000). *American Journal of Occupational Therapy*, 54, 614–616. <https://doi.org/10.5014/ajot.54.6.614>
- American Occupational Therapy Association. (2005). Occupational therapy code of ethics (2005). *American Journal of Occupational Therapy*, 59, 639–642. <https://doi.org/10.5014/ajot.59.6.639>
- American Occupational Therapy Association. (2010). Occupational therapy code of ethics and ethics standards (2010). *American Journal of Occupational Therapy*, 64(Suppl.), S17–S26. <https://doi.org/10.5014/ajot.2010.64S17>
- American Occupational Therapy Association. (2015). Occupational therapy code of ethics (2015). *American Journal of Occupational Therapy*, 69 (Suppl 3), 6913410030. <https://doi.org/10.5014/ajot.2015.69S03>
- Centers for Disease Control and Prevention. (2016). U.S. Public Health Service syphilis study at Tuskegee. <http://www.cdc.gov/tuskegee/timeline.htm>

Bibliography

- American Occupational Therapy Association. (1976). New chairpersons. *Occupational Therapy Newspaper*, 30, 5.
- American Occupational Therapy Association. (1978). Principles of occupational therapy ethics. In H. L. Hopkins & H. D. Smith (Eds.), *Willard and Spackman's occupational therapy* (5th ed., pp. 709–710). Lippincott. (Reprinted from *American Journal of Occupational Therapy Newspaper*, November 1977)
- Beauchamp, T. L., & Childress, J. F. (2019). *Principles of biomedical ethics* (8th ed.). Oxford University Press.
- Doherty, R. F. (2019). Ethical practice. In B. A. B. Schell & G. Gillen (Eds.), *Willard and Spackman's occupational therapy* (13th ed., pp. 513–526). Wolters Kluwer.
- Doherty, R., & Putilo, R. (2016). *Ethical dimensions in the health professions* (6th ed.). Elsevier.
- Georgetown X. (2016). *Introduction to bioethics*. Kennedy Institute of Ethics at Georgetown University. [Online course].
- Howard, B., & Kennell, B. (2017, March). *Celebrating the history of occupational therapy ethics in the U.S.A.* [Panel presentation]. AOTA Annual Conference & Expo, Philadelphia.
- Kornblau, B., & Burkhardt, B. (2012). *Ethics in rehabilitation: A clinical perspective* (2nd ed.). Slack.
- Montello, M. (2014). Narrative ethics. *Hastings Center Report*, 44(Suppl), S2–S6. <https://doi.org/10.1002/hast.260>
- Moon, M. R., & Khin-Maung-Gyi, F. (2009). The history and role of institutional review boards. *Virtual Mentor*, 11, 311–321. <https://doi.org/10.1001/virtualmentor.2009.11.4.pfor1-0904>
- Padilla, R., & Griffiths, Y. (Eds.). (2017). *A professional legacy: The Eleanor Clarke Slagle lectures in occupational therapy, 1955–2016* (4th ed.). AOTA Press.
- Quiroga, V. (1995). *Occupational therapy: The first 30 years: 1900 to 1930*. American Occupational Therapy Association.
- Reed, K. (2011a). Occupational therapy values and beliefs: A new view of occupation and the profession, 1950–1969. In D. Y. Slater (Ed.), *Reference guide to the Occupational Therapy Code of Ethics & Ethics Standards* (2010 edition, pp. 65–72). AOTA Press.
- Reed, K. (2011b). Occupational therapy values and beliefs: The formative years, 1904–1929. In D. Y. Slater (Ed.), *Reference guide to the Occupational Therapy Code of Ethics & Ethics Standards* (2010 edition, pp. 57–64). AOTA Press.
- Reed, K., & Peters, C. (2008). Occupational therapy values and beliefs: Part IV. A time of professional identity, 1970–1985—Would the real therapist please stand up. *OT Practice*, 13(18), 15–18.
- Slater, D. Y. (Ed.). (2016). *Reference guide to the Occupational Therapy Code of Ethics* (2015 edition). AOTA Press.
- U.S. Department of Health and Human Services, Office for Human Research Protections. (2016). *The Belmont Report*. <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/#xethical>

Standards of Practice for Occupational Therapy

This document defines minimum standards for the practice of occupational therapy. According to the *Occupational Therapy Practice Framework: Domain and Process* (4th ed.; *OTPF-4*),

occupational therapy is defined as the therapeutic use of everyday life occupations with persons, groups, or populations (i.e., the client) for the purpose of enhancing or enabling participation. . . . Occupational therapy services are provided for habilitation, rehabilitation, and promotion of health and wellness for clients with disability- and non-disability-related needs. These services include acquisition and preservation of occupational identity for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. (American Occupational Therapy Association [AOTA], 2020c, p. 1)

Occupational therapy practice addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of clients' performance in a variety of contexts to support their engagement in occupations that affect physical and mental health, well-being, and quality of life (AOTA, 2011, p. 1).

The *Standards of Practice for Occupational Therapy* are requirements for occupational therapists and occupational therapy assistants for the delivery of occupational therapy services. *The Reference Manual of the Official Documents of the American Occupational Therapy Association, Inc. (AOTA, 2018b)*, contains documents that clarify and support occupational therapy practice, as do various issues and supplements of the *American Journal of Occupational Therapy*. These documents are reviewed and updated on an ongoing basis for their applicability.

Education, Examination, and Licensure Requirements

All occupational therapists and occupational therapy assistants must practice within compliance with federal and

state laws (AOTA, 2020a). To practice as an occupational therapist, the individual trained in the United States

- has graduated from an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE[®]; 2018) or predecessor organizations;
- has successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapists that is accredited by ACOTE or predecessor organizations;
- has passed a nationally recognized entry-level examination for occupational therapists; and
- fulfills state requirements for licensure, certification, or registration.

To practice as an occupational therapy assistant, the individual trained in the United States

- has graduated from an occupational therapy assistant program accredited by ACOTE or predecessor organizations;

- has successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapy assistants that is accredited by ACOTE or predecessor organizations;
- has passed a nationally recognized entry-level examination for occupational therapy assistants; and
- fulfills state requirements for licensure, certification, or registration.

AOTA (2019) supports licensure of qualified occupational therapists and occupational therapy assistants. State and other legislative or regulatory agencies may impose additional requirements to practice as occupational therapists and occupational therapy assistants in their area of jurisdiction.

Definitions

The following definitions are used in this document:

- **Activities:** Actions designed and selected to support the development of performance skills and performance patterns to enhance occupational engagement (AOTA, 2020c, p. 74).
- **Assessment:** "A specific tool, instrument, or systematic interaction . . . used to understand a client's occupational profile, client factors, performance skills, performance patterns, and contextual and environmental factors, as well as activity demands that influence occupational performance" (Hinojosa et al., 2014, as quoted in AOTA, 2020c, p. 74).
- **Client:** *Person* (including one involved in the care of a client), *group* (collection of individuals having shared characteristics or common or shared purpose, e.g., family members, workers, students, and those with similar interests or occupational challenges), or *population* (aggregate of people with common attributes such as contexts, characteristics, or concerns, including health risks; Scaffa & Reitz, 2014, as cited in AOTA, 2020c, p. 75).
- **Discontinuation of services:** Occurs when the client ends services after meeting short- and long-term goals or chooses to no longer receive services (AOTA, 2020c, p. 28).
- **Evaluation:** "The comprehensive process of obtaining and interpreting the data necessary to understand the person, system, or situation. . . . Evaluation requires synthesis of all data obtained, analytic interpretation of that data, reflective clinical reasoning, and consideration of occupational performance and contextual factors" (Hinojosa et al., 2014, as quoted in AOTA, 2020c, p. 76).
- **Intervention:** Process and skilled actions taken by occupational therapy practitioners in collaboration with the client to facilitate engagement in occupation related to health and participation. The intervention process includes the plan, implementation, and review (AOTA, 2020c, p. 78, Table 12).
- **Occupation:** Everyday personalized activities that people do as individuals, in families, and with communities to occupy time and bring meaning and purpose to life. Occupations can involve the execution of multiple activities for completion and can result in various outcomes. The broad range of occupations is categorized as activities of daily living, instrumental activities of daily living, health management, rest and sleep, education, work, play, leisure, and social participation (AOTA, 2020c, p. 79, Table 2).
- **Outcome:** Result clients can achieve through occupational therapy intervention (AOTA, 2020c, p. 80, Table 14).
- **Reevaluation:** Reappraisal of the client's performance and goals to determine the type and amount of change that has taken place (AOTA, 2020c, p. 82).
- **Screening:** "Process of reviewing available data, observing a client, or administering screening instruments to identify a person's (or a population's) potential strengths and limitations and the need for further assessment" (Hinojosa et al., 2014, as quoted in AOTA, 2020c, p. 83).

- **Transition:** Movement from one life role or experience to another. In occupational therapy, transitions are actions coordinated to prepare for or facilitate a change, such as from one functional level to another, from one life stage to another, from one program to another, or from one environment to another.

Standard I. Professional Standing and Responsibility

1. An occupational therapy practitioner (occupational therapist or occupational therapy assistant) delivers occupational therapy services that reflect the philosophical base of occupational therapy and are consistent with the established principles and concepts of theory and practice. The cornerstones of occupational therapy practice are as follows: core values rooted in occupation, knowledge of and expertise in the therapeutic use of occupation, professional behaviors and dispositions, and therapeutic use of self (AOTA, 2020c). These cornerstones identify the distinct knowledge and skills of the occupational therapy practitioner.
2. An occupational therapy practitioner is knowledgeable about and delivers occupational therapy services in accordance with AOTA standards, policies, and guidelines and state, federal, and other regulatory and payer requirements relevant to practice and service delivery.
3. An occupational therapy practitioner maintains current licensure, registration, or certification as required by law or regulation.
4. An occupational therapy practitioner abides by the *AOTA 2020 Occupational Therapy Code of Ethics* (AOTA, 2020a).
5. An occupational therapy practitioner abides by the *Standards for Continuing Competence* (AOTA, 2015) by establishing, maintaining, and updating professional performance, knowledge, and skills.
6. An occupational therapist is responsible for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process (AOTA, 2020b).
7. An occupational therapy assistant is responsible for providing safe and effective occupational therapy services under the direct and indirect supervision of and in partnership with the occupational therapist and in accordance with laws or regulations and AOTA official documents (AOTA, 2020b).
8. An occupational therapy practitioner maintains current knowledge of legislative, political, social, cultural, societal, and reimbursement issues that affect clients and the practice of occupational therapy.
9. An occupational therapy practitioner is knowledgeable about evidence-informed practice and applies it ethically and appropriately to provide occupational therapy services consistent with best practice approaches.
10. An occupational therapist demonstrates professional and clinical reasoning to evaluate, analyze, and diagnose occupational challenges (e.g., issues with client factors, performance patterns, and performance skills) and provide occupation-based interventions to address them (ACOTE, 2018; AOTA, 2020c).
11. An occupational therapy assistant demonstrates professional and clinical reasoning to address occupation-based interventions, client factors, performance patterns, and performance skills (ACOTE, 2018; AOTA, 2020c).
12. An occupational therapy practitioner obtains the client's consent before and throughout the occupational therapy process.
13. An occupational therapy practitioner is an effective advocate for the client's intervention and accommodation needs.
14. An occupational therapy practitioner is an integral member of the interprofessional collaborative team and works to ensure the client-centeredness of the service delivery process.
15. An occupational therapy practitioner providing client-centered services demonstrates cultural humility, recognizes gaps in cultural knowledge and maintains a constant process of learning, understands differentiations between and within cultures, acknowledges implicit and explicit bias, and recognizes power

dynamics in the delivery of services (Agner, 2020; AOTA, 2020d).

Standard II. Service Delivery

1. An occupational therapy practitioner provides skilled occupational therapy services through a direct service delivery approach when interventions are completed in direct contact with clients and families during in-person meetings, group sessions, and telehealth and mHealth interactions (AOTA, 2020c).
2. An occupational therapy practitioner may provide skilled occupational therapy services through an indirect service delivery approach. Such services include consultation to entities such as teachers and school systems, participation on multidisciplinary teams and community planning agencies, and advocacy on behalf of their clients (AOTA, 2020c).
3. An occupational therapy practitioner is responsible for ensuring client safety throughout the occupational therapy process and service delivery.
4. An occupational therapy practitioner is responsible for the continual evaluation of the effectiveness of occupational therapy processes and service delivery within the practice setting.

Standard III. Screening, Evaluation, and Reevaluation

1. An occupational therapist is responsible for all aspects of the screening, evaluation, and reevaluation process.
2. An occupational therapist accepts and responds to referrals in compliance with state or federal laws, other regulatory and payer requirements, and AOTA official documents.
3. An occupational therapist, in collaboration with the client (person, group, or population), completes both an occupational profile and an analysis of occupational performance to evaluate and identify the client's needs, supports, and barriers to occupational performance.
4. An occupational therapist initiates and directs the screening, evaluation, and reevaluation process and analyzes, interprets, and synthesizes the data in accordance with federal and state laws, other regulatory and payer requirements, and AOTA official documents.
5. An occupational therapy assistant contributes to the screening, evaluation, and reevaluation process by administering delegated assessments of occupational performance and by reporting assessment results to the occupational therapist in accordance with federal and state laws, other regulatory and payer requirements, and AOTA official documents.
6. An occupational therapy practitioner uses evidence-based, standardized, and/or structured assessment tools and protocols and conducts needs assessments during the screening, evaluation, and reevaluation process (AOTA, 2018a).
7. An occupational therapist completes, documents, and synthesizes the results of the occupational therapy evaluation. An occupational therapy assistant may contribute to the documentation of evaluation results. An occupational therapy practitioner abides by the time frames, formats, and standards established by practice settings, federal and state laws, other regulatory and payer requirements, external accreditation programs, and AOTA official documents.
8. An occupational therapy practitioner communicates screening, evaluation, and reevaluation results within the boundaries of client confidentiality and privacy regulations.
9. An occupational therapist recommends additional consultations or refers clients to appropriate resources when the needs of the client can best be served by the expertise of other professionals or services.
10. An occupational therapy practitioner educates current and potential referral sources about the scope of occupational therapy services and the process of initiating occupational therapy services.

Standard IV: Intervention Process

1. An occupational therapist has overall responsibility for the development, documentation, and implementation of the occupational therapy intervention plan based on the evaluation, client goals, best available evidence, and professional and clinical reasoning. When delegating aspects of the occupational therapy intervention to the occupational therapy assistant, the occupational therapist is responsible for providing appropriate supervision (AOTA, 2020b).
2. An occupational therapist ensures that the intervention plan is documented within the time frames, formats, and standards established by the practice settings, agencies, external accreditation programs, state and federal laws, and other regulatory and payer requirements (AOTA, 2018a).
3. An occupational therapy practitioner collaborates with the client to develop and implement the intervention plan to facilitate engagement in occupation on the basis of the client's needs and priorities, safety issues, and relative benefits and potential harms of the interventions and service delivery.
4. An occupational therapy practitioner coordinates the development and implementation of the occupational therapy plan of care with the intervention provided by other professionals, when appropriate.
5. An occupational therapy practitioner uses professional and clinical reasoning, best available evidence, and therapeutic use of self to select and implement the most appropriate types of interventions. Types of interventions implemented may include occupations and activities, interventions to support occupations, education and training, advocacy, group interventions, and virtual interventions (AOTA, 2020c). All interventions are used to facilitate engagement in occupation.
6. An occupational therapy assistant, in collaboration with the occupational therapist, selects, implements, and makes modifications to occupational therapy interventions consistent with demonstrated competence levels, client goals, and the requirements of the practice setting, including payment source requirements (AOTA, 2020b).

7. An occupational therapist modifies the intervention plan throughout the intervention process and documents changes in the client's needs, goals, and performance.
8. An occupational therapy assistant contributes to the modification of the intervention plan by exchanging information with and providing documentation to the occupational therapist about the client's responses to and communications throughout the intervention.
9. An occupational therapy practitioner documents the occupational therapy services provided within the time frames, formats, and standards established by the practice settings, agencies, external accreditation programs, federal and state laws, other regulatory and payer requirements, and AOTA official documents (AOTA, 2018a).

Standard V: Outcomes, Transition, and Discontinuation

1. An occupational therapist is responsible for determining outcomes of the occupational therapy intervention and selecting appropriate outcome measures to identify the client's ability to engage in their desired occupations.
2. An occupational therapist is responsible for implementing and interpreting outcome measures and documenting progress toward occupational performance, engagement, and participation. An occupational therapy assistant is responsible for implementing delegated outcome measures and reporting results to the occupational therapist.
3. An occupational therapist is responsible for documenting changes in the client's performance and capacities and for transitioning the client to another type or intensity of service or discontinuing services when the client has achieved identified goals, reached maximum benefit, or does not desire to continue services.
4. An occupational therapist prepares and implements a safe and effective transition or discontinuation plan based on the outcomes of the intervention and the client's needs, goals, performance, and appropriate follow-up resources.
5. An occupational therapy assistant contributes to the transition or discontinuation plan by providing information and

documentation to the occupational therapist related to the client's progress toward goals, needs, performance, and appropriate follow-up resources.

6. An occupational therapy practitioner facilitates the transition or discontinuation process in collaboration with the client, family members, significant others, other professionals (e.g., medical, educational, social services), and community resources, when appropriate.
7. The occupational therapy practitioner ethically reports outcomes to payers and referring entities as well as to relevant local, regional, and national databases and registries, when appropriate.

References

- Accreditation Council for Occupational Therapy Education. (2018). 2018 Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guide (effective July 31, 2020). *American Journal of Occupational Therapy*, 72(Suppl. 2), 7212410005. <https://doi.org/10.5014/ajot.2018.72S217>
- Agnor, J. (2020). Moving from cultural competence to cultural humility in occupational therapy: A paradigm shift. *American Journal of Occupational Therapy*, 74, 7404347010. <https://doi.org/10.5014/ajot.2020.038067>
- American Occupational Therapy Association. (2011). *Definition of occupational therapy practice for the AOTA Model Practice Act*. <https://www.aota.org/~jmedia/Corporate/Files/Advocacy/State/Resources/PracticeAct/Model%20Definition%20of%20OT%20Practice%20%20Adopted%2041411.pdf>
- American Occupational Therapy Association. (2015). Standards for continuing competence. *American Journal of Occupational Therapy*, 69(Suppl. 3), 6913410055. <https://doi.org/10.5014/ajot.2015.69S16>
- American Occupational Therapy Association. (2018a). Guidelines for documentation of occupational therapy. *American Journal of Occupational Therapy*, 72(Suppl. 2), 7212410010. <https://doi.org/10.5014/ajot.2018.72S203>
- American Occupational Therapy Association. (2018b). *The reference manual of the official documents of the American Occupational Therapy Association, Inc.* (23rd ed.). AOTA Press.
- American Occupational Therapy Association. (2019). Policy E.9: Licensure. In *Policy manual* (2019 ed., pp. 66–67).
- American Occupational Therapy Association. (2020a). AOTA 2020 occupational therapy code of ethics. *American Journal of Occupational Therapy*, 74(Suppl. 3), 7413410005. <https://doi.org/10.5014/ajot.2020.74S3006>
- American Occupational Therapy Association. (2020b). Guidelines for supervision, roles, and responsibilities during the delivery of occupational therapy services. *American Journal of Occupational Therapy*, 74(Suppl. 3), 7413410020. <https://doi.org/10.5014/ajot.2020.74S3004>
- American Occupational Therapy Association. (2020c). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74(Suppl. 2), 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>
- American Occupational Therapy Association. (2020d). Occupational therapy's commitment to diversity, equity, and inclusion. *American Journal of Occupational Therapy*, 74(Suppl. 3), 7413410030. <https://doi.org/10.5014/ajot.2020.74S3002>

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Note. These standards are intended as recommended guidelines to assist occupational therapy practitioners in the provision of occupational therapy services. These standards serve as a minimum standard for occupational therapy practice and are applicable to all individual populations and the programs in which these individuals are served.

This revision replaces the 2015 document *Standards of Practice for Occupational Therapy* (previously published and copyrighted by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 69(Suppl. 3), 6913410057. <https://doi.org/10.5014/ajot.2015.696S06>

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APPENDIX D

PROFESSIONAL BEHAVIOR RATING FORM

NA- Behavior not observed
4: Meets /exceeds standards to a high degree/ outstanding/ demonstrates behavior more than 95% of the time - Performance is consistent and, skilled, and self-initiated
3: Meets standards/ Good/ demonstrates behavior 75-95% of the time -Performance is frequent and skilled
2: Needs Improvement/ Fair/demonstrates behavior 50-75% of the time – Performance needs further development and/or requires assistance and direction
1: Unsatisfactory/ Poor/ demonstrates behavior 0-50% of the time – Performance requires much assistance and direction

PROFESSIONAL SKILL	RATING*	COMMENTS/ PLANS
Respectful Communication		
Respectful & Polite to classmates		
Respectful & Polite to Professors		
Comments appropriate / does not interrupt		
Assertively voices concern /need without aggression		
Professional Demeanor		
Body language portrays proper attitude		
Maturity		
Suitably dressed for environment/ tasks		
Hygiene and presentation appropriate		
Adaptable to changing circumstances		
Personal Responsibility		
Dependable and reliable		
Displays honesty and integrity (including academic integrity)		
Follows through on tasks		
Promptness & Punctuality		
Manages time effectively		
Organized		
Commitment to learning/ Excellence		
Comes prepared for class		
Contributes to discussion		
Actively engaged in learning process		
Exercises good judgement/ problem solving /clinical		
i Uses professional terminology		
Commitment to Growth		

Initiates own evolution toward competence/accepts responsibility	
Alters behavior in response to feedback	
Seeks guidance for growth	
Self-directed and reflective growth	
Contributes to group/ cooperates	

APPENDIX E

HONOR PLEDGE FOR COMPUTER-BASED EXAMINATION

- As evidenced by following the protocol for an environmental check, I will maintain and clear testing area of all external materials such as books, papers, other computers, phones, or devices and will not have them within reach.
- During an exam, I will remain at my seat until after I have completed and submitted the exam.
- I will clear my testing area of all external materials such as books, papers, other computers, phones, or devices and will not have them within reach.
- I will not copy or take pictures of exam questions.
- I will not give or receive any unauthorized help on this exam.
- I will not access the exam after it has already been completed and submitted.

I affirm on my honor that I will abstain from the academic dishonesty. I have read and understand the Honor Code and I will abide by its provisions. Should evidence to the contrary be revealed, I understand that I will accept the consequences that occur when the Honor Code has been violated.

_____ Agree

References

- Aguilar, A., Stupans, I., Scutter, S., & King, S. (2013). Towards a definition of professionalism in Australian occupational therapy: Using the Delphi technique to obtain consensus on essential values and behaviours. *Australian Occupational Therapy Journal*, 60, 206-216. doi: 10.1111/1440-1630.12017
- Deiulis, E. D. (2017). *Professionalism across occupational therapy practice*. Slack.
- Pacific University. 2003. Professional behavior evaluation and rating form. Downloaded from www.pacificu.edu/sites/default/files/documents/13-Professional%20Behavior%20Evaluation-06-14_0.pdf on 1/22/2020.
- Reiter, K., Helgeson, L., & Lee, S. (2018). Enhancing professionalism among OT students: The culture of professionalism. *Journal of Occupational Therapy Education*, 2 (3). <https://doi.org/10.26681/jote.2018.020308>
- Robinson, A. J., Tanchuk, C.J., & Sullivan, T. M., (2012). Professionalism and occupational therapy: An exploration of faculty and students' perspectives. *Canadian Journal of Occupational Therapy*, 79, 275-284.
doi: 10.2182/cjot.2012.79.5.3
- Scheerer, C. R. (2003). Perceptions of effective professional behavior feedback: Occupational therapy student voices. *AJOT*, 57, 205-214.
- Tufts University. 2010. Tufts University-BSOT level 1 Professional development monitor.