

# **Occupational Therapy Doctorate Student Handbook**

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**Department of Health Professions  
Division of Occupational Therapy**

We welcome you to the Division of Occupational Therapy and hope you will find this handbook helpful while you are a student in our professional graduate program. The handbook contains information that is supplemental to that found in the University *Bulletin* and the College of Health Professions *Student Policies and Procedures Manual*. Our purpose is to highlight division specific information that is essential to your success in our program. Please read carefully and when in doubt ask for help.

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## **II. Credentialing**

To assure compliance with all university and clinical education requirements, student occupational therapists will ensure that the following credentialing components remain current throughout their course of study. These requirements are for your safety and the safety of those with whom you come in contact. **Failure to maintain credentialing components is considered “non-compliant” with the university and clinical education requirements. If you are deemed non-compliant, you will be prohibited from attending classes, labs, fieldwork, MUSC CARES Clinic, community observations, and all other program-related activities until all your credential components are current.**

### **A. MyQuest Learning and Compliance Management System**

MyQuest is an online portal to access trainings. The following modules are required annually: Occupational Safety Health Administration (OSHA), Health Insurance Portability and Accountability Act (HIPAA), Personal Protective Equipment (PPE), Information Technology (IT) Security Training, Code of Conduct, and Students Drug Free Schools and Community Act.

### **B. Cardiopulmonary resuscitation (CPR)**

Biennial renewal of the American Heart Association Basic Life Support for Health Care Providers course is required.

### **C. Immunization records**

Students must maintain up to date immunization records at all times. The CHP clinical education team cannot access your LifeNet information. It is the student’s responsibility to ensure the CHP clinical education team has verification of your immunizations. Supporting documentation can be sent to [chp-clinical-ed-info@musc.edu](mailto:chp-clinical-ed-info@musc.edu).

#### Required Immunizations:

- Measles, Mumps, Rubella (MMR) proof of age-appropriate immunization or immune antibody titers
- Varicella immunity (documentation of two varivax vaccines or immune antibody titers)
- Tetanus
- Hepatitis B vaccine (three vaccines and 1 positive antibody titer)
- Influenza (annual)
- Tuberculin (TB) Test (initially a two-step TB test is required; followed by an annual self-evaluation). Although MUSC does not require an annual TB skin test, Fieldwork sites set their own credentialing requirements and often require an annual TB skin test.

### **D. Personal health insurance**

Annual renewal of and ongoing coverage for personal health insurance.

You will find the process for keeping all credentialing current described on the clinical education SharePoint site at <https://sp.musc.edu/chp/clined>.

### **III. Fieldwork education**

Fieldwork education is an integral component of the occupational therapy course of study that provides students with opportunities to integrate didactic learning with clinical experience. The Accreditation Council for Occupational Therapy Education (ACOTE) establishes the standards for fieldwork education. The Academic Fieldwork Coordinator (AFWC) is responsible for all aspects of fieldwork coordination to include: maintaining student fieldwork files, orienting students to fieldwork, assigning students to appropriate sites for fieldwork, facilitating student placements with selected sites, monitoring progress of student performance during Level I and Level II fieldwork, and conducting workshops for clinical supervisors. **Detailed information regarding fieldwork policies and procedures is available in the MUSC Student Fieldwork Handbook.**

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#### **A. Level I fieldwork experiences**

The purpose of Level I fieldwork is to introduce students to the fieldwork experience, provide students an opportunity to start to apply knowledge to practice, and develop an understanding of the needs of clients. Experiences occur concurrently with academic coursework and are designed to enrich didactic coursework through directed observation and participation in selected aspects of the OT process. Level I fieldwork experiences that are interspersed throughout the didactic portion of the curriculum and embedded in a series of clinical correlate courses during the second year of coursework.

#### **B. Level II fieldwork experiences**

The purpose of Level II fieldwork is to develop competent, entry-level generalists who can function and thrive in a rapidly changing health and human service delivery system. This is met through students engaging in two 12-week, full-time, Level II fieldwork experiences. Level II fieldwork involves the integration of knowledge into a repertoire of professional behaviors and reasoning. During Level II fieldwork, students engage in combining professional reasoning and practice to generate clinical solutions to client problems in a variety of practice environments.

Students are required to complete Level II fieldwork experiences in a variety of settings that provide exposure to various groups across the life span, individuals with various psychosocial and physical performance challenges, and a variety of service delivery models reflective of current practice in the profession.

Level II fieldwork must be completed no later than 12 months following completion of academic preparation. Students may not start their doctoral capstone experiential component until they have successfully completed all Level II Fieldwork.



### **C. Considerations in selecting fieldwork sites**

The occupational therapy program maintains affiliation agreements with facilities in South Carolina and across the United States. Selecting sites requires careful consideration of many factors including personal attributes, clinical abilities, interest in areas of practice, financial resources, housing availability, and preferences for geographic location. Due to limited availability of fieldwork sites and fieldwork educators qualified to supervise students, there is no guarantee that students will receive their preferred choice of fieldwork placements, particularly in the state of South Carolina; therefore, students should be prepared to complete fieldwork in geographic locations other than South Carolina during both Level I and Level II fieldwork. Following confirmation of fieldwork placements, no change is permitted except for severe and extenuating circumstances. Should such circumstances necessitate a change, students will submit a written request to the Division Director and to the AFWC outlining the specific reasons for change.

Setting Requirements: Students must complete one Level II fieldwork in an INPATIENT ADULT setting. Any of the below practice settings will meet this requirement:

- Acute care hospital
- Sub-acute rehabilitation unit
- Skilled nursing facility
- Inpatient rehabilitation hospital/unit

Conflict of Interest: It is the policy of the division not to assign students to fieldwork sites where they have: signed an employment contract, a personal relationship with fieldwork educators, worked in the last 3 years, or immediate family member(s) employed.

Site Selection Process: Students will identify a list of their preferred fieldwork sites for each fieldwork experience separately. A detailed explanation of the site selection process is available in the MUSC Student Fieldwork Handbook. The AFWC reserves the right to place, or not place, a student at a fieldwork site based on appropriate fit versus student preference or lottery outcome.

### **D. Unsatisfactory Performance During Fieldwork**

The AFWC reserves the right to assign a letter grade other than that which is reflected by earned points alone on the Fieldwork Performance Evaluation (FWPE). Justification for doing so could include such things as the failure of the student to maintain and/or provide in a timely fashion proof of credentialing/compliance information, evidence of academic misconduct, violation student professional behaviors, or violation of the AOTA code of ethics outlined in this handbook. Additional details regarding grading of fieldwork clinical correlates and clinical practicums is available in each respective course syllabus.

#### Early Termination of Fieldwork

The Fieldwork Educator (FWE) and/or AFWC has the right to terminate the fieldwork early at any point during the experience. Grounds for termination can include, but is not limited to: substance use, theft or destruction of property, violation of student professional behavior, violation of the AOTA code of ethics, excessive tardiness/absenteeism, violation of HIPAA, or violation of facility-specific policies and procedures. This will result in a grade of *No Pass* for the clinical correlate or clinical practicum course and require the student to schedule an appointment with the AFWC and Division



Director to determine an appropriate plan of action. Termination from fieldwork due to unethical behavior may result in immediate termination from the program without remediation.

A student may also be terminated early due to demonstrating continued unsatisfactory performance, and it is determined that the student will not reach a passing standard by the end of the fieldwork. Unsatisfactory performance includes, but is not limited to, poor safety judgment, failure to respond to or modify behavior in response to FWE feedback, and lack of application of knowledge or professional skills.

The decision to be terminated from a fieldwork experience early is based on an assessment of:

- The student's areas of deficit and potential to remain in the clinical setting without being disruptive to patient care
- The student's response to supervisory feedback
- The student's potential to improve skills and/or professional behaviors in a reasonable amount of time with normal supervision.

In the case of early termination of fieldwork due to unsatisfactory performance, the student will receive a grade of *No Pass* for the clinical correlate or clinical practicum course and will be required to schedule an appointment with the AFWC and Division Director to determine an appropriate plan of action.

#### Fieldwork Failure

A student who fails a fieldwork experience (early termination or not achieving a passing score at completion) may be allowed *one* additional opportunity to complete the experience successfully at the discretion of the AFWC and Division Director. If deemed eligible, a remediation plan and learning contract will be developed and attested to. After successfully completing a remediation plan, the student will need to re-register for the course in which the fieldwork occurs. If he/she fails a second time, the process for dismissal from the Division of Occupational Therapy will be initiated.

#### Remediation

Remediation plans are created based on a student's individual learning needs and will be established by the AFWC and the Division Director. Faculty input will be consulted if their area of expertise aligns with the student's areas of performance deficit. A student may not continue with fieldwork until they have successfully completed all aspects of their remediation plan.

The content and length of time for remediation plans may vary significant from student to student based on the severity of the situation and the amount of assistance the student needs. Remediation plans can include faculty instruction, guided learning assignments, shadowing experiences, readings, patient simulation experiences, independent study courses, or repeating specifically identified academic coursework that address performance deficits.

Based on the identified performance deficits, it may be appropriate to have the student complete a patient experience prior to being approved to return to Fieldwork. This could include a simulated patient experience, a patient experience at a community site, or both.

### **E. Job shadowing, observations or clinical sponsorship**

“Job shadowing” means a brief educational work-based experience for individuals interested in exploring various aspects of occupational therapy; “Observations” means an extension of job

shadowing, lasting up to a maximum of 3 months; “Clinical sponsorship” means a structured observations program to develop an interest in occupational therapy.

Job shadowing, observations, or clinical sponsorship in clinical settings is only allowed under special circumstances. The occupational therapy program is designed to provide various clinical experiences. The special circumstances are course-related activities or therapist-initiated opportunities arranged through a faculty member. The student participating in job shadowing, observations, or clinical sponsorship may observe and ask questions but will not participate in patient care duties.

Volunteering - means donating one's time or talents for charitable or other worthwhile activities, especially in one's community. In a learning environment, it is the engagement of students in activities where the primary emphasis is on the service (i.e., giving) being provided and the primary intended beneficiary is clearly the service recipient (not the student). Volunteering in a clinical setting is acceptable only if the clinical setting has an established volunteers' training program and the student completes the volunteers' training program ensuring the distinction of being a volunteer rather than a MUSC OT student shadowing or observing in a clinical setting.

The goal of the above policy is protection of vulnerable patient populations and the safeguard of relationships with clinical sites where our students' complete clinical requirements for completion of their academic program.

#### **IV. Doctoral Capstone**

Students are required to complete 560 contact hours (approximately fourteen-weeks) on a Doctoral Capstone following the successful completion of Level II Fieldwork. This will typically take place in the spring semester of year 3. This fourteen-credit course provides an in-depth, customized experience specific to the interests, skills, and professional goals of the occupational therapy student. The Doctoral Capstone fosters advanced occupational therapy skills (those beyond a generalist level) through engagement in a doctoral capstone. With faculty mentorship, students will select and plan an individualized capstone project with emphasis in advanced clinical practice, research application, population-based health, leadership, program and policy development, or education. The primary goal of this course is to facilitate the transition from thinking like a student to thinking, acting, and leading like a therapist.

The Capstone Coordinator oversees the entire Doctoral Capstone by providing student education on the overall purpose, guidelines, and structure and ensuring that all necessary steps and paperwork are completed. During the spring of year 1, each student will be assigned to a Faculty Capstone Mentor who has expertise in the student's specific area of focus. The Faculty Capstone Mentor works in collaboration with the Capstone Coordinator and Site Mentor to assist with (1) selecting appropriate experiential settings, (2) creating learning objectives and deadlines, (3) meeting project deadlines, (4) answering questions related to the chosen area of study, (5) identifying useful resources and learning tools, and (6) ensuring completion learning activities and evaluations.

The students will work collaboratively with a Doctoral Capstone affiliation site to conduct, implement, and/or develop a project that aligns with the area of focus and needs of the affiliation site. Examples of Doctoral Capstone projects include development of resource materials, creation of quality assurance or outcome measurement programs, integration of resource materials, integration of evidence-based practice research activities, leadership or advocacy projects, or program development.

Prior to graduation, the Doctoral Capstone will culminate with the public dissemination of students' final projects. This can take the form of a poster presentation during a Capstone Presentation Day at the College of Health Professions or as a presentation at an affiliation site. Abstracts of student projects will be made available via the OT Division website. Details of the Doctoral Capstone experience and requirements are in the Occupational Therapy Doctoral Capstone Policy Manual.

## **V. Professional development**

All students engage in a process of professional development with an individual faculty advisor during the seven semesters they are on campus. The purpose of the professional development process is to prepare students for their future coursework, fieldwork experiences, and careers in a variety of potential practice environments. Students develop professional standards for success as future occupational therapy professionals based on the *Occupational Therapy Code of Ethics and Ethics Standards* (2015). Students will begin a Professional Development Portfolio by the end of the Fall (second) semester in the program. The Portfolio will be submitted as an assignment in the second year of coursework prior to Level II Fieldwork.

### **A. Meetings with faculty advisors**

Occupational therapy students will be assigned a First Year Faculty Advisor. During the second year, advising will transition to the Faculty Capstone Mentor. The faculty advisor will offer support to students throughout the program, direct students to needed resources on campus, conduct professional development meetings to identify strengths and areas for growth, and serve as an academic and professional mentor. While regular meetings will be scheduled by the faculty advisor, **it is the responsibility of the student--not the student advisor--to initiate contact with the advisor when concerns arise** (e.g. maintaining passing course grade, etc.).

Faculty advisors are assigned at the beginning of the curriculum and written requests for a change of advisor should be directed to the OT Division Director. Faculty advisors for the current class include Dr. Tambra Marik, Dr. Hazel L. Breland, Dr. Patty Coker-Bolt, Dr. Nancy Carson, Dr. Amanda Giles, Dr. Emily Grattan, Dr. Cristina Smith, and Dr. Michelle Woodbury.

Faculty members do not keep formal office hours. They are available to meet with students by appointment. Please contact a faculty member directly to schedule an appointment.

### **B. Professional development portfolios**

Students will begin development of an electronic Professional Development Portfolio in the first year of study. The Portfolio should be updated and reviewed with the Advisor during individual meetings by the end of the first year and second year. The Portfolio should include the student resume, Professional Development Self-Assessment, Log of Academic and Volunteer Activities, Career Development Plan, and Sample work. Additional details and sample documents will be provided.

## **VI. Professional liability insurance**

Students are required to have professional liability insurance throughout their course of study. Students need coverage for "malpractice related to their normal curriculum and assignments, 24 hours a day, working in or out of school." This coverage is a requirement for all fieldwork facilities as well. The occupational therapy educational program currently carries and pays for a group policy through Mercer. Clinical education experiences in the state of Virginia requires the purchase of additional coverage at the student's expense.

## **VII. Professionalism – Division Policy**

### **C. Attendance policy**

In accordance with the accepted attendance practices in most health care environments, graduate students in the Division of Occupational Therapy will attend classes and participate in all learning activities. Student occupational therapists are required to notify the course instructor by email or phone at least 2 hours prior to the scheduled class time if attendance is not possible due to extenuating circumstances. In the event of an emergency where prior notification is not possible, students are to contact the course instructor as soon as possible or within 24 hours.

### **D. Class Participation**

Students are expected to come prepared and participate in class. For example, the student may need to bring either a paper version of a handout, reading materials, etc, or a laptop, tablet or smartphone to access the e-versions of handouts and reading materials via Moodle, when applicable as detailed in the course syllabus. Participation penalties are at the discretion of the course instructor and will be detailed in the course syllabus. Penalties incurred in a course will be discussed with the student prior to the determination of the final course grade. Penalties may include, but are not limited to, a 0.1 deduction from the student's overall class grade per infraction and number of incidents during a semester period.

### **E. Computer, Tablet and Smartphone use**

Laptop computers, tablets, or smartphones are to be used during classes for the purpose of accessing class materials only. **Use of laptop computers, tablets, or smartphones (e.g., email, texting, internet) during class for purposes other than to enhance class material is considered non-professional behavior. The student violating this policy may incur penalties affecting their overall class grade due to lack of participation and also may incur penalties on professional development evaluations.**

### **F. Excused absences**

Extenuating circumstances include such life events as illness, family emergencies, death of a family member, or other unexpected circumstances. Students may need to provide appropriate documentation for the absence (e.g. doctor's note, funeral notice). For such circumstances, the course instructor will grant an excused absence. With prior permission, excused absences for educational purposes such as attendance at a professional conference, or participation in a service project such as a camp or mission trip is an excused absence.

### **G. Unexcused absences**

You will receive an unexcused absence when you take time away from classes and labs without approval at least 24 hours in advance from the course instructor. More than three total unexcused absences per semester are sufficient grounds for placement on professional conduct probation. An absence is defined as nonattendance of any scheduled class, laboratory, or clinic assignment. For example, if students, without excuse, miss one full day in which five classes meet, they will accumulate five unexcused absences.

## **H. Consequences for unexcused absences**

Failure to notify the course instructor of an absence will constitute an unexcused absence and each unexcused absence will result in a .1 quality grade point reduction of your final course grade; for example, lowering your course grade from a 4.0 to a 3.9.

## **I. Professional dress code**

Appropriate and professional dress is required in a variety of contexts: classroom, laboratory, clinic, and community settings. Safety is the primary concern and professional image is critical too. Some days you may be in more than one setting and will need to have a change of clothes with you. Your clothing must be neat, clean, and modest, and adhere to safety regulations; consequently, you will need a wide range of professional clothing. Course syllabi contain further details about professional dress and vary according to the demands of the course. Low-slung pants, short shorts, bare midriffs, revealing tops, strapless tops, and exposed undergarments are not acceptable in any context, including the classroom. You may be asked to leave a class, lab, or fieldwork site if not dressed appropriately.

## **J. Academic Standing**

Students should refer to the CHP Student Policies and Procedures Manual for details on the criteria for progressing in the program (<https://chp.musc.edu/current-students/college-and-program-handbooks>). One of the requirements is that “Any failed course MUST be retaken at MUSC.” Since our courses are offered only once per year, this means that if a student fails a course and wishes to continue in the program, they must take a leave of absence for two semesters until the course is offered again.

## **K. Course Evaluations**

The Medical University and the College of Health Professions requires that each student complete an online evaluation of designated courses. An email will be sent to the student’s MUSC email account two (2) weeks prior to the end of the course providing a link to the online course evaluation. Student participation is relied upon as a mechanism to improve the educational quality of every course and program in the Division of Occupational Therapy. We appreciate student efforts to keep all comments constructive and professional. **Please be assured that all student input is completely confidential.** There is no mechanism to track comments or scores back to a particular student. Faculty members and their division directors will only receive a summary of the scores and a summary of the typed comments.

## **L. University Honor Code**

The Honor Code is the foundation of academics and excellence at the Medical University of South Carolina. Students are responsible for holding themselves and their peers accountable to the University Honor Code. Please review the University Honor Code [here](#).

## **M. Leave of Absence**

The university policy regarding a Leave of Absence (LOA) can be found at <https://education.musc.edu/students/enrollment/bulletin/policies-and-guidelines/leaving-the-university>. A LOA may be granted to a student who cannot meet the academic and/or clinical requirements of the program for a period of time not to exceed one year. A LOA with a specified length of time must be approved by the Division Director. The Division Director will provide the student with a written plan of action outlining any requirements for reinstatement into the program at the end of the LOA (i.e., physician’s letter indicating satisfactory completion of medical treatment). If

the student requires additional time prior to resuming studies the Division Director must reapprove the additional LOA and a new form and plan of action will be completed at that time. If a student takes a LOA after completion of the didactic portion of the curriculum, the student is still required to adhere to the policy requiring completion of Level II Fieldwork within 24 months following completion of academic preparation. The rationale for this policy is to ensure that the student is academically prepared for the fieldwork experience.

## **N. Social Media**

Please be aware that protected confidential student and/or patient information may not be shared or posted. All comments, photos, or other information shared via this social media platform should remain appropriate and professional and should in no way infringe upon regulations as stated in the Family Educational Rights and Privacy Act (FERPA). To read more about FERPA, please visit this site: <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

## **O. Email Etiquette**

When you send email from your MUSC account, show professionalism and respect for recipients.

1. Include a salutation because an e-mail message sounds unfriendly and curt without it (for example, Dear Dr. Velozo or Hello Dr. Velozo).
2. Include your name at the end of the email.
3. Use standard caps and lowercase characters rather than all upper case or all lower case characters. All lower case may be difficult to follow, and UPPER CASE sounds as though you are shouting. Use **bold** or underline for emphasis.
4. Use appropriate and accurate subject lines to direct the reader to the intent of your email.
5. Write messages with correct grammar, spelling, and punctuation with clear and concise sentences and pay attention to the tone of the message to make sure your message does not sound curt, demanding, condescending, negative, or hostile.
6. Be cautious about humor or sarcasm; since you cannot use your facial expressions and other nonverbal cues, humor and sarcasm may be misunderstood. Use emoticons (such as a smiley face) appropriately. Avoid using emoticons for professional and outside messages. Avoid using abbreviations (rite-right, u/you, r/are) and acronyms (LOL) for professional e-mails.
7. Do not automatically reply to the sender's message. Delete the old thread or cut and paste relevant parts. Avoid sending the entire thread back and forth.
8. Get permission before forwarding; people may not want their e-mails forwarded to others.
9. Acknowledge receipt. When someone answers your question or accommodates your request, say thank you.
10. Avoid biased language and be respectful of gender, ethnicity, age, or disability.

## **P. Request for References**

It is customary to ask faculty members in advance if you may use their names as a reference. For example, you may be applying for a scholarship, competing for an award, or seeking employment. To help the faculty member writing a reference for you, please provide key information such as to whom the reference is to be addressed, address for mailing, due date for receiving reference, purpose of the request, major points to be emphasized by the writer, and a copy of your resume.

## **VIII. Professional Behavior – University Policy**

Students are expected to demonstrate the values of compassion, collaboration, respect, integrity, and innovation set forth by the MUSC enterprise. Behaviors that demonstrate professionalism include, but are not limited to, the following actions as related to the five enterprise-wide values:

### Compassion

- Advocate for the well-being and concerns of those MUSC serves
- Demonstrate an attitude of service
- Be attentive, respectful, empathetic, and responsive in caring for the needs of those MUSC serves

### Collaboration

- Promote inter-professional and interdisciplinary collaboration and understanding
- Communicate in a direct and respectful manner
- Hold each other accountable for appropriate behavior

### Respect

- Respect the individuality, privacy, and dignity of each other and those MUSC serves
- Demonstrate regard for persons in authority
- Demonstrate regard for differing values and abilities among peers, other healthcare professionals, and those MUSC serves
- Demonstrate respect by responding to requests (written, verbal, e-mail, telephone) in a timely fashion and complying with established verbal and written deadlines
- Provide a welcoming environment for all
- Show respect for all colleagues
- Support equality and inclusion

### Integrity

- Maintain an ongoing dedication to honesty and responsibility
- Be trustworthy by acting in a reliable and dependable manner
- Recognize the limitations of their expertise
- Demonstrate stewardship by exercising custodial responsibility for MUSC resources
- Demonstrate accountability for decisions and actions

### Innovation

- Support and create a culture of discovery and innovation by asking and accepting questions
- Encourage ideas from others
- Contribute new ideas and encourage discovery for the purpose of continuous improvement, problem solving, and learning

## **IX. Process to Address Reported Violations of Professional Behavior**

1. Anonymous and non-anonymous reporting of unprofessional conduct (including, but not limited to, conduct that may place an individual, the college, a program, the University, or the enterprise in jeopardy) can take the form of a phone call or letter addressed to the Division Director. Non-anonymous reporting may also include email or in-person meeting with the division director.



2. Upon receipt of the professional misconduct, the Division Director will create a committee of two faculty (one to be the student's faculty advisor who will be designated as committee chair) to evaluate the alleged violation.
  - a. The committee will investigate the alleged violation via interviewing relevant individuals and reviewing relevant written, audio or video material.
  - b. The committee chair will be responsible for documenting committee meetings and findings.
3. If the committee finds adequate evidence of professional misconduct, they will invite the student to a meeting to address the alleged violation.
  - a. At least seven calendar days prior to the meeting, the committee chair will provide written notice to the student of the alleged violation.
  - b. The notice will indicate the committee members that will be present at the meeting.
  - c. The notice will include de-identified materials that the committee has gathered in relation to the alleged violation.
  - d. The student may have an advisor (which can be an attorney) present. The advisor is limited to an advisory capacity. The advisor is not permitted to speak on behalf of the student.
  - e. The student will have the opportunity to address those present at the meeting.
4. Committee findings and results.
  - a. Within seven calendar days of the meeting, the committee will provide a recommendation of action to the division director, and within two calendar days or receiving the recommendation, the division director will notify the student of the decision.
  - b. Determinations may result in but are not limited to no action, non-punitive feedback to foster students' professional growth, supportive intervention, monitoring, mandatory leave of absence, a temporary or permanent note in the student's personal file, or dismissal.
5. Right to appeal.
  - a. The Dean must receive a written statement of appeal from the student within seven calendar days after the student has received the notice of action from the committee. The decision of the Dean is final.

## **X. Professional Organizations**

Several professional organizations provide enriching experiences for student occupational therapists at the national, state, and local levels.

### **A. American Occupational Therapy Association**

Your membership to the American Occupational Therapy Association (AOTA) begins when you enter the program. The Division of Occupational Therapy pays these membership fees so that you always have access to materials on the national website [www.aota.org](http://www.aota.org). You will need to use materials from the website in all courses; for example, *Occupational Therapy Code of Ethics and Ethics Standards*, *Occupational Therapy Practice Framework*, and the like.

### **B. South Carolina Occupational Therapy Association**

Your membership to the South Carolina Occupational Therapy Association (SCOTA) begins when you enter the program. The Division of Occupational Therapy pays these membership fees so that

you always have access to materials on the state website [www.scota.net](http://www.scota.net). You will find materials on this website useful for your professional development throughout the program.

### **C. Student Occupational Therapy Association**

The Student Occupational Therapy Association (SOTA) promotes occupational therapy as a health profession, sponsors student activities, and facilitates communication between students and the administration of the Division and College. Further, it provides a link to the AOTA Assembly of Student Delegates (ASD) and the state association (SCOTA). Membership is voluntary and the association assesses dues annually.

## **XI. National Honor Societies**

### **A. Pi Theta Epsilon**

Pi Theta Epsilon (PTE) is a national honor society for occupational therapy students and alumni. This society recognizes and encourages scholarship among students enrolled in professional entry-level programs at accredited schools across the United States. Students in the top 35% of the class after two full-time semesters are eligible for membership.

The mission of Pi Theta Epsilon is to promote research and scholarship among occupational therapy students. Its sister organization, the Association of Student Delegates, promotes service to the community and leadership through AOTA activities. Pi Theta Epsilon supports the development of occupational science and the practice of authentic occupational therapy by promoting research and other scholarly activities by its members.

### **B. Alpha Eta Chapter of Pi Theta Epsilon**

The profession of occupational therapy is proud of its national honor society and the Division of Occupational Therapy is pleased to host a local chapter, Alpha Eta. The local chapter holds an annual initiation ceremony in the spring of each year to which family and friends are invited. In January each year, the chapter advisor notifies eligible students and invites them to join the society. The Division of Occupational Therapy pays annual dues to the national organization while the chapter sets its local dues which are payable immediately by initiates. The chapter elects officers each year who preside over the initiation ceremony and organize events during the year.

### **C. Pro Bono Honor Society**

The Pro Bono National Honor Society recognizes those students who demonstrate exceptional (above and beyond) commitment to providing underserved clients and communities with quality physical, occupational, and speech therapy plus other related fields while maintaining the standards and requirements of their curriculums and their professions. The Division of Occupational Therapy recognizes students who have dedicated significant volunteer time to the CARES Therapy Clinic via both clinical and scholarly activities. Annual dues and graduation cord fees are paid by the CARES Therapy Clinic. The criteria and application are located on the Class Moodle page.

## **XII. Regulatory Requirements**

### **A. Occupational Therapy Accreditation**

The occupational therapy educational program is a professional entry-level program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, P.O. Box 31220, Bethesda, MD, 20824-1220. AOTA's phone number is (800) 729-2682.

### **B. Certification Examination**

The National Board for Certification in Occupational Therapy (NBCOT) administers the national certification examination that is required for entry into the profession. All graduates taking and successfully passing this examination may use the initials OTR, Occupational Therapist, Registered after their name. For all current information about the certification examination and its requirements, contact NBCOT directly at

National Board for Certification in Occupational Therapy  
12 South Summit Avenue, Suite 100  
Gaithersburg, MD 20877-4150  
301-990-7979  
301-869-8492 (fax)  
[www.nbcot.org](http://www.nbcot.org)

Please be aware that a felony conviction may affect your ability to sit for the NBCOT examination, and subsequently your ability to attain licensure in your state of choice. NBCOT has an early determination program to assess examination eligibility. Go to [www.nbcot.org](http://www.nbcot.org) and read the *Early Determination & Character Review* section for further details.

### **C. Licensure**

The majority of states now require a license to practice occupational therapy. Each state has different licensure laws and procedures for obtaining licensure, although all states currently accept the results of the NBCOT examination and do not administer a state-based examination. For all current information about licensure in South Carolina, contact the following:

S.C. Department of Labor, Licensing and Regulation  
South Carolina Board of Occupational Therapy  
PO Box 11329  
Columbia, SC 29211-1329  
(803) 896-4683  
FAX (803) 896-4719  
<https://llr.sc.gov/>

## **XIII. Requirements for All Labs**

### **Using mats and equipment**

- A **maximum** of three people are allowed on the low mat tables at any one time, low mat tables have a weight limit.

- ❑ Unplug all electrical equipment after use (at the end of each class).
- ❑ Do not stand on the tables unless the activity is related to formal instruction.
- ❑ Do not place shoes on any vinyl mat surface at any time.
- ❑ **Do not place sharp objects, book bags, drinks, stools or other foreign objects on mat tables at any time.**
- ❑ Do not put feet on chairs.
- ❑ **All tables and mats must be cleaned prior to leaving the classroom.**

### **Straightening labs**

- ❑ Tidy the lab room after each class.
- ❑ Put tables and chairs into neat, organized positions. See laminated pictures in the labs.
- ❑ Place all pillows, sheets, equipment back in the cupboards or storage room after use regardless of whether you need them again that week. See laminated pictures in the labs.
- ❑ Use wastebaskets, trash bins, and recycling containers for water bottles, or other debris; or, remove them from the room.

### **Caring for technology**

- ❑ Turn off the computers/technology at the end of each use—the LCD should be *off*; the screen should be *blank*.
- ❑ Get instruction from your faculty member about *how to use* equipment; if you are not sure, please ask.
- ❑ Report technology problems immediately; use the “hotline” number provided.

### **Cleaning labs**

- ❑ Wipe mats and tables *at the end of each class* with disinfectant.

### **Food and drink**

- ❑ Do not bring food into the labs, e.g., candy, snacks, pizza, etc.
- ❑ Do not bring glass into the lab.
- ❑ Drinks in plastic or aluminum bottles/containers are allowed

### **Taking responsibility**

- ❑ Caring for equipment and supplies in the labs is an individual and a shared responsibility.
- ❑ Any student who does not share responsibility or demonstrate compliance with these essential rules will risk losing professional development grades that semester.
- ❑ Faculty members have agreed to oversee compliance.
- ❑ Labs will remain open evenings and weekends for students’ use, contingent upon compliance with these rules.

## **XII. Student Awards**

### **A. Alicia Balkcum Outstanding Student Award**

The Division of Occupational Therapy presents this award each year in honor of Alicia Balkcum, who was a former student in the occupational therapy program. The purpose of this award is to recognize a graduating student who possesses outstanding attributes, as outlined below.

## **Criteria**

- Professional: Demonstrates the ability to act as a member of the health care team and involved in the advancement of occupational therapy
- Empathetic: Demonstrates the ability to work well with others, recognizing individual needs.
- Persevering: Demonstrates the ability to set lasting goals and utilize initiative.
- Responsible: Demonstrates dependability and the ability to assume responsibility for own actions.
- Independent: Demonstrates the ability to be sincere, helpful, and patient.
- Leadership: Demonstrates willingness to be involved in student and/or professional activities.
- Initiative: Demonstrates the ability to be resourceful and self-directed.
- Constructive: Demonstrates a positive attitude and the ability to be creative.
- Inquisitive: Demonstrates the ability to question for patients' welfare and for self-improvement.
- Organized: Demonstrates the ability to be logical and systematically functional.

## **Selection Process**

The award recipient is chosen by fellow classmates and faculty at the end of fall semester of the 2nd year, prior to leaving for fulltime fieldwork. All 2nd year students and faculty vote for two (2) students indicating their first and second place choices. All first-place choice votes are tallied with the student receiving the most votes as the award recipient. In case of a tie, the second-place choice votes are tallied to break the tie. In case of the elected student not being eligible for graduation, the award will go to the runner-up.

### **B. Bill Lockamy Clinical Excellence Award**

The Division of Occupational Therapy presents this award each year in honor of Bill Lockamy, who was a former student in the occupational therapy program. The purpose of this award is to recognize a student that demonstrates excellence in the clinical environment.

## **Selection Process**

The award recipient is chosen based on consistently high-performance evaluations from fieldwork educators during Level II Fieldwork.

### **C. Maralynne D. Mitcham Graduate Student Award in Occupational Therapy for Collaborative Practice**

The Division of Occupational Therapy presents this award each year in honor of Maralynne D. Mitcham, who was an exceptional and invaluable leader, teacher, and scholar in the College of Health

Professions for 30 years. As well, she was known nationally and internationally for her contributions related to instructional design, program development, collaborative practice, and compassionate care. The purpose of this award is to recognize one or more students in the graduating class who have made significant contributions to collaborative practice. Collaborative practice may include direct intervention, innovation, and/or scholarly inquiry.

### **Criteria**

Exemplifies the attributes of a lifelong learner  
Demonstrates the attitude of an inquisitive practitioner  
Contributes to the body of knowledge in occupational therapy  
Advocates for the profession of occupational therapy  
Commits to collaborative care and practice

### **Selection Process**

Nominated and selected by members of the occupational therapy faculty

## **D. Jerry Burik Student Award for Professionalism**

The Division of Occupational Therapy presents this award each year in honor of Jerry Burik, a beloved faculty member from 1992-2012, who was widely known for providing caring and compassionate mentorship as the Academic Fieldwork Coordinator. The purpose of this award is to recognize one or more students in the graduating class for outstanding professionalism during graduate school in both the classroom setting and in clinical settings.

### **Criteria**

Exemplifies professional presentation  
Displays excellent verbal, nonverbal, and written communication skills  
Demonstrates a high level of organization and dependability

### **Selection Process**

Nominated and selected by members of the occupational therapy faculty

## **XIII. Essential Functions of Occupational Therapy Students**

Graduate students in the Occupational Therapy Program at the Medical University of South Carolina must possess the following general qualities: critical thinking, sound judgment, emotional stability and maturity, empathy, physical and mental stamina, and the ability to function in a wide variety of didactic and clinical settings.

Graduates from the Program must have the minimal skills, essential functions, and knowledge to function in a broad variety of clinical and community settings.

The Occupational Therapy Program educates students as generalist practitioners, in accordance with the requirements of the Accreditation Council for Occupational Therapy Education (ACOTE).

Occupational Therapy is a profession that includes a several primary domains of practice, e.g. hospital-based, school system, and mental health. The various domains encompass skill sets that differ according to setting and job. For this reason, occupational therapy students must have knowledge and entry-level competencies that span all domains, so that they are prepared for employment in all areas of practice.

Upon completing the academic and fieldwork components of this accredited Program, students are prepared to perform as entry-level practitioners and certification examination in order to practice occupational therapy.

The Occupational Therapy Program at MUSC is committed to the education of all qualified individuals, including persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the Program. It is the policy of the Occupational Therapy Program to comply with the Americans with Disabilities Act (ADA). In accordance with federal regulations established by the ADA, Section 504 of the Civil Rights Act of 1973, and state and local requirements regarding students and applicants with disabilities, the following standards are described to assist each candidate/student in evaluating his/her prospect for academic and clinical success. Students requesting special accommodations for testing / examinations, lab courses, and learning experiences must have the appropriate documentation. The request for accommodations is made through the MUSC ADA compliance officer. For more information as well as the necessary request form, please visit this Website: <https://education.musc.edu/leadership/diversity/ada-resources>

When a student's ability to perform is compromised, the student must demonstrate alternative means and/or abilities to perform the essential functions of the occupational therapy student described below.

### **A. Observation skills**

1. Students must be able to acquire a defined level of necessary information as presented through educational experiences relating to both basic arts and sciences, as well as in graduate courses.
2. To achieve the required competencies in the classroom setting, students must perceive, assimilate, and integrate information from a variety of sources. These sources include lectures, printed materials, visual and auditory media, laboratory experiences, and hands-on demonstrations.
3. Consequently, students must demonstrate adequate functional use of visual, tactile, auditory and other sensory and perceptual abilities, to enable such observations and information acquisition necessary for academic and clinical performance.

### **B. Intellectual/conceptual abilities**

1. Students must demonstrate critical thinking skills so that they can problem-solve creatively, master abstract ideas, and synthesize information present in academic, laboratory and fieldwork/clinical settings that may present gray areas and ethical dilemmas.
2. Students must be able to measure, calculate, reason, analyze, process, integrate, synthesize, apply and retain facts, concepts, and data related to the art and science of health care.



3. In addition, students must be able to comprehend three-dimensional relationships and understand the spatial relationships of anatomic structures.
4. Students must be able to apply theoretical knowledge and current research evidence to specific client populations and diagnoses and justify the rationale for medical and therapeutic interventions.
5. Students must also develop a sense of socio-medical ethics and recognize and apply pertinent legal and ethical standards.

### **C. Cognitive demands**

1. The successful occupational therapy student maintains a high level of alertness and responsiveness during classroom and fieldwork situations.
2. The student must possess the ability to focus on a task for a prolonged period to allow for successful learning to take place.
3. In addition, the student must be able to recall information and organize information in an efficient and useful manner. This includes the ability to acquire, retain, and prioritize informational data, conceptualize and integrate abstract information, apply theoretical knowledge to specific client populations and justify a rationale for therapeutic interventions, and problem-solve to create innovative and practical solutions.

### **D. Communication skills**

1. Effective communication is critical for students to build relationships with faculty, advisors, fellow students, clients, clinical supervisors, other professionals, and care givers, in his/her various roles of learner, peer, student, and college/program representative.
2. Students must be able to gather, comprehend, utilize and disseminate information effectively, efficiently, and in accordance with professional standards. Students are required to communicate in the English language both verbally and in writing, at a level consistent with competent professional practice.
3. Students are expected to use grammar and vocabulary proficiently. They must be able to elicit information, gather information, and describe findings verbally and in writing (e.g. evaluation reports, treatment plans, progress notes, and discharge summaries), that are comprehensible by clients, caregivers, professionals and non-professionals.
4. Students must have the ability to use keyboards and accessories and computers for searching, recording, storing, and retrieving information.

### **E. Cultural competency**

1. Students must be able to communicate accurately, sensitively and effectively with clients and professionals from different cultural and social backgrounds.
2. They should be able to observe, recognize and understand non-verbal behavior.

3. They must be able to establish rapport with clients and communicate evaluation and treatment information effectively, while adhering to principles of confidentiality.

## **F. Behavioral and social skills**

1. Students must demonstrate emotional stability and be capable of developing mature and effective interpersonal relationships with other students, faculty, clinical supervisors, and other professionals.

2. Students must be able to tolerate physically and emotionally taxing workloads and to function effectively under stress.

3. They must be able to adapt to changing environments, display flexibility and function in the face of real-world ambiguities.

4. Students must exhibit the ability and commitment to work with individuals in fast-paced, demanding settings.

5. Students must acknowledge and manage personal biases in order to meet the needs of people from diverse cultures, age groups, and socioeconomic levels.

6. Students must be prepared to work with individuals who are severely medically involved, injured or disabled; be limited by cognitive, emotional and functional impairments; and exhibit extreme behavior that may elicit an aversive reaction. The ability to successfully interact with such individuals without being judgmental or prejudicial is critical to establishing a therapeutic relationship and maintaining one's professionalism, as indicated in the profession's Code of Ethics.

7. Students must demonstrate attributes of empathy, integrity, concern for others, interpersonal skills, interest, and motivation because such qualities are assessed throughout occupational therapy education.

8. Students must possess the emotional well-being required for use of their intellectual abilities, the exercise of care of patients, and the development of mature, sensitive, and effective relationships with patients.

9. Students must be able to adapt to ever-changing environments, display flexibility, and learn to function in the face of uncertainties and stresses which are inherent in the educational process, as well as the clinical problems of many patients.

## **G. Professional responsibility**

1. Students must exhibit the ability to unpredictable challenges of health/medical situations that require a high level of alertness and readiness for immediate and appropriate response without interference of personal or medical problems. This includes training for emergencies (e.g. CPR and infection control).

2. Students must adhere to policies of the college, the Program, and fieldwork/clinical sites. This may include, but is not limited to, professional dress and demeanor, conforming to the academic calendar, and meeting start dates for fieldwork/clinical assignments.

3. Students are responsible for travel to and from classes and fieldwork/clinical sites; attendance at classes and fieldwork/clinical assignments; and maintaining organizational skills and stamina for meeting performance criteria within assigned time frames.

4. Students must take the initiative to self-assess their own academic progress and direct their own learning.

5. They must work cooperatively and collaboratively with other students on assigned projects and participate willingly in a supervisory process involving external evaluation of their abilities and reasoning skills.

6. The faculty of the MUSC Division of Occupational Therapy is committed to comply with the letter and spirit of the Americans with Disabilities Act (ADA). Students requesting special accommodations for testing / examinations, lab courses, and learning experiences must have the appropriate documentation. The request for accommodations is made through the MUSC ADA compliance officer. For more information as well as the necessary request form, please visit this Website: <https://education.musc.edu/leadership/diversity/ada-resources>.

7. The faculty acknowledges its responsibility to our students and for the welfare of the clients treated or otherwise affected by students. MUSC is committed to promoting the educational welfare of its students relative to the educational programs of the university.

Adapted 2010 from Essential Function Statements by Brenau University, the University of South Dakota, American International College, and the University of Tennessee.

## **XIV. Diversity and Inclusion**

### **MUSC Strategic Plan for Diversity and Inclusion**

Our Purpose: To create an academic healthcare community where every member is respected and valued by leveraging differences in ways that allow people to understand and be understood and work together productively to change what's possible.

Diversity refers to the richness of human differences in socioeconomic status, language, race, ethnicity, nationality, sex, gender identity, sexual orientation, religion, geography, ability/disability, age, life experiences, personality and learning styles. Inclusion is the active, intentional and ongoing engagement with diversity— achieved through professional development, education, policy and practice.

The MUSC Division of Occupational Therapy welcomes and supports students from diverse backgrounds. A number of resources and groups on campus also exist to support students from diverse backgrounds. These include:

- CHP Student Diversity Leadership Council (SDLC)
- CHP Aprendiendo Juntos
- MUSC Office of Student Diversity
- MUSC Multicultural Student Advisory Board (MSAB)
- MUSC Alliance for Hispanic Health
- MUSC Alliance for Equality

## **XV. Occupational Therapy Code of Ethics (2015)**

### **Preamble**

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

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

The Code serves two purposes:

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

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

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

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

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

### **Core Values**

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

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

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

### **Principles and Standards of Conduct**

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

the inclusion of Principles that are consistently referenced as a guideline for ethical decision making.

## **Beneficence**

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

Beneficence includes all forms of action intended to benefit other persons. The term *beneficence* connotes acts of mercy, kindness, and charity (Beauchamp & Childress, 2013). Beneficence requires taking action by helping others, in other words, by promoting good, by preventing harm, and by removing harm. Examples of beneficence include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, helping persons with disabilities, and rescuing persons in danger (Beauchamp & Childress, 2013).

## **Related Standards of Conduct**

### **Occupational therapy personnel shall**

- A. Provide appropriate evaluation and a plan of intervention for recipients of occupational therapy services specific to their needs.
- B. Reevaluate and reassess recipients of service in a timely manner to determine whether goals are being achieved and whether intervention plans should be revised.
- C. Use, to the extent possible, evaluation, planning, intervention techniques, assessments, and therapeutic equipment that are evidence based, current, and within the recognized scope of occupational therapy practice.
- D. Ensure that all duties delegated to other occupational therapy personnel are congruent with credentials, qualifications, experience, competency, and scope of practice with respect to service delivery, supervision, fieldwork education, and research.
- E. Provide occupational therapy services, including education and training, that are within each practitioner's level of competence and scope of practice.
- F. Take steps (e.g., continuing education, research, supervision, training) to ensure proficiency, use careful judgment, and weigh potential for harm when generally recognized standards do not exist in emerging technology or areas of practice.
- G. Maintain competency by ongoing participation in education relevant to one's practice area.
- H. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the services are no longer beneficial.
- I. Refer to other providers when indicated by the needs of the client.
- J. Conduct and disseminate research in accordance with currently accepted ethical guidelines and standards for the protection of research participants, including determination of potential risks and benefits.

## **Nonmaleficence**

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

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



## Related Standards of Conduct

### Occupational therapy personnel shall

- A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.
- B. Avoid abandoning the service recipient by facilitating appropriate transitions when unable to provide services for any reason.
- C. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues, students, research participants, or others.
- D. Avoid any undue influences that may impair practice and compromise the ability to safely and competently provide occupational therapy services, education, or research.
- E. Address impaired practice and when necessary report to the appropriate authorities.
- F. Avoid dual relationships, conflicts of interest, and situations in which a practitioner, educator, student, researcher, or employer is unable to maintain clear professional boundaries or objectivity.
- G. Avoid engaging in sexual activity with a recipient of service, including the client's family or significant other, student, research participant, or employee, while a professional relationship exists.
- H. Avoid compromising rights or well-being of others based on arbitrary directives (e.g., unrealistic productivity expectations, falsification of documentation, inaccurate coding) by exercising professional judgment and critical analysis.
- I. Avoid exploiting any relationship established as an occupational therapy clinician, educator, or researcher to further one's own physical, emotional, financial, political, or business interests at the expense of recipients of services, students, research participants, employees, or colleagues.
- J. Avoid bartering for services when there is the potential for exploitation and conflict of interest.

## Autonomy

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

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

## Related Standards of Conduct

### Occupational therapy personnel shall

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

## Justice

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

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

## Related Standards of Conduct

### Occupational therapy personnel shall

- A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy.
- B. Assist those in need of occupational therapy services to secure access through available means.
- C. Address barriers in access to occupational therapy services by offering or referring clients to financial aid, charity care, or pro bono services within the parameters of organizational policies.
- D. Advocate for changes to systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy services.
- E. Maintain awareness of current laws and AOTA policies and Official Documents that apply to the profession of occupational therapy.
- F. Inform employers, employees, colleagues, students, and researchers of applicable policies, laws, and Official Documents.
- G. Hold requisite credentials for the occupational therapy services they provide in academic, research, physical, or virtual work settings.
- H. Provide appropriate supervision in accordance with AOTA Official Documents and relevant laws, regulations, policies, procedures, standards, and guidelines.
- I. Obtain all necessary approvals prior to initiating research activities.
- J. Refrain from accepting gifts that would unduly influence the therapeutic relationship or have the potential to blur professional boundaries and adhere to employer policies when offered gifts.
- K. Report to appropriate authorities any acts in practice, education, and research that are unethical or illegal.
- L. Collaborate with employers to formulate policies and procedures in compliance with legal, regulatory, and ethical standards and work to resolve any conflicts or inconsistencies.
- M. Bill and collect fees legally and justly in a manner that is fair, reasonable, and commensurate with services delivered.
- N. Ensure compliance with relevant laws and promote transparency when participating in a business arrangement as owner, stockholder, partner, or employee.
- O. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.
- P. Refrain from participating in any action resulting in unauthorized access to educational content or exams (including but not limited to sharing test questions, unauthorized use of or access to content or codes, or selling access or authorization codes).

## Veracity

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

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

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

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

### **Related Standards of Conduct**

#### **Occupational therapy personnel shall**

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

- J. Maintain privacy and truthfulness when utilizing telecommunication in delivery of occupational therapy services.

## **Fidelity**

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

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

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

## **Related Standards of Conduct**

### **Occupational therapy personnel shall**

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

- I. Respect the practices, competencies, roles, and responsibilities of their own and other professions to promote a collaborative environment reflective of interprofessional teams.
- J. Use conflict resolution and internal and alternative dispute resolution resources as needed to resolve organizational and interpersonal conflicts, as well as perceived institutional ethics violations.
- K. Abide by policies, procedures, and protocols when serving or acting on behalf of a professional organization or employer to fully and accurately represent the organization's official and authorized positions.
- L. Refrain from actions that reduce the public's trust in occupational therapy.
- M. Self-identify when personal, cultural, or religious values preclude, or are anticipated to negatively affect, the professional relationship or provision of services, while adhering to organizational policies when requesting an exemption from service to an individual or group on the basis of conflict of conscience.

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## **Ethics Commission (EC)**

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*Adopted by the Representative Assembly 2015 April C3.*

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

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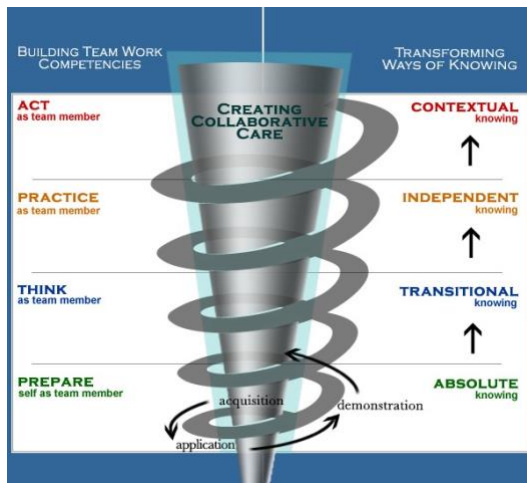
*Citation.* American Occupational Therapy Association. (in press). Occupational therapy code of ethics (2015). *American Journal of Occupational Therapy*, 69(Suppl. 3).



## XVI. MUSC Interprofessional Education Fellowship

### Purpose

The purpose of the MUSC Interprofessional Education Fellowship is to encourage interprofessional engagement among students and faculty. The program seeks to foster a new generation of graduates who can demonstrate interprofessional competencies that go beyond those developed within individual academic programs. Further, the fellowship strives to enrich collaborative learning experiences for MUSC students and promote a new level of professional development and leadership so that graduates will function as effective collaborators when they move into interprofessional health care delivery or research contexts.



### Design

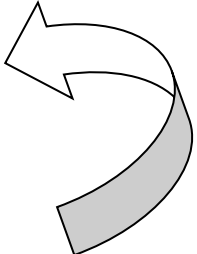
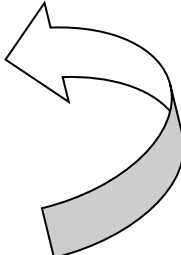
The design of the fellowship program reflects the learning spiral guiding the Creating Collaborative Care interprofessional education initiative at MUSC. Students will enhance their knowledge, skills and attitudes during phases of acquisition, application, and demonstration. In each of these three phases students will engage in a variety of formative and summative activities that strengthen professional development and leadership abilities.

### Guidelines for participation

- Interested students can apply to participate in the IPE fellowship through the Office of Interprofessional Initiatives: <https://education.musc.edu/students/interprofessional-initiatives>
- A faculty advisory committee will be appointed to guide students' progress through the fellowship activities.
- Upon achievement of all fellowship requirements described in the Framework, graduates' transcripts will include a notation of fellowship completion.
- Participation in the fellowship is open to all full-time students. For on-line students, permission to tailor the program requirements is needed.
- Fellowship activities must be completed at a minimum over 3 semesters and evidence of continued fellowship activity must be demonstrated.
- A current list of IP electives is located on the Office of Interprofessional Initiatives website: <https://education.musc.edu/students/interprofessional-initiatives/education/ip-elective-courses>

## Framework for MUSC Interprofessional Education Fellowship

Students must complete the following activities, and write a summative report reflecting upon their fellowship experiences and how these promoted their professional development and leadership abilities.

	<b>Objectives</b>	<b>Activities</b>
<p><b>Demonstration</b></p> 	<p><b>Knowledge</b> Use acquired knowledge of interprofessional collaboration to enhance health care or research.</p>	<p><b>Practicum experiences</b> Complete at least one of the following and following the activity, write a 1-2 page reflective paper about how the experience fostered leadership skills</p> <ul style="list-style-type: none"> <li>• South Carolina Rural Interdisciplinary Program of Training (SCRIPT)</li> <li>• Presidential Scholars Program</li> <li>• CLARION Competition</li> <li>• Mission trip involving multiple professions</li> <li>• Student developed practicum</li> </ul>
	<p><b>Skills</b> Demonstrate leadership in interprofessional collaborations as evidenced by participation in an interprofessional team context.</p>	
	<p><b>Attitudes</b> Advocate for an interprofessional perspective within health care delivery or research settings.</p>	
<p><b>Application</b></p> 	<p><b>Knowledge</b> Identify ways to apply an interprofessional approach that engages other professions and enriches one's own profession.</p>	<p>Elective courses</p> <ul style="list-style-type: none"> <li>• A current list of IP electives is located on the Office of Interprofessional Initiatives website: <a href="https://education.musc.edu/students/interprofessional-initiatives/education/ip-elective-courses">https://education.musc.edu/students/interprofessional-initiatives/education/ip-elective-courses</a></li> </ul>
	<p><b>Skills</b> Apply interprofessional collaborative skills in a variety of learning contexts.</p>	
	<p><b>Attitudes</b> Adopt a positive regard for interprofessional collaboration</p>	
	<p><b>Knowledge</b> Describe the scope of practice of a variety of health professions.</p>	<p><b>Core requirements</b> Complete all three core requirements</p>

<b>Acquisition</b>	<b>Skills</b> Demonstrate basic teamwork skills in an interprofessional environment	<ul style="list-style-type: none"> <li>• Attend IPE Day 1<sup>st</sup> or 2<sup>nd</sup> year experience and write a 1-page reflective paper about what was learned.</li> <li>• Using an evidenced-based approach, write a paper that discusses a model for teamwork, including reference to the literature and research about a particular team (healthcare, research, other).</li> <li>• Participate in a minimum of 15 hours of an interprofessional activity (in community, clinical, or research setting) and write a 1 page reflective paper about the experience.</li> </ul>
	<b>Attitudes</b> Recognize the value of interprofessional collaboration	

**XVII. International Travel**

The Medical University of South Carolina is engaged around the world through education activities, research and service of its faculty, staff, trainees and students. The University supports and encourages international travel and collaborations and recognizes that a global perspective is essential to its academic mission. In January 2014, the University implemented an international travel policy intended to promote the health, safety and security of all members of the MUSC community while traveling abroad.

This International Travel Policy applies to faculty, staff, trainees and students traveling outside of the United States for University-related purposes. This policy sets forth the requirements that faculty, staff, trainees and students must meet before and during university-related travel. \*For the full version of the policy, please refer to MUSC International Travel Policy (PDF). At <https://musc.policytech.com/dotNet/documents/?docid=4598&public=true>

General information and forms for travel can be found at: <http://globalhealth.musc.edu/international-travel-0>

**XVIII. Curriculum Table and Course Descriptions**

Occupational Therapy Doctorate (OTD) Curriculum: <https://education.musc.edu/students/enrollment/bulletin/colleges-and-degrees/health-professions/occupational-therapy-doctorate/curriculum>

Occupational Therapy Course Descriptions: <https://education.musc.edu/students/enrollment/bulletin/colleges-and-degrees/health-professions/course-descriptions>

**XIX. University Resources**

Counseling & Psychological Services (CAPS): <https://education.musc.edu/students/caps>  
 Behavioral Support Intervention Team (BSIT): <https://education.musc.edu/students/esl/bsit>  
 Department of Diversity, Equity and Inclusion: <https://education.musc.edu/leadership/diversity>  
 Student Organizations: <https://education.musc.edu/students/spsd/leadership/organizations>  
 MUSC Public Safety: <https://web.musc.edu/about/safety>