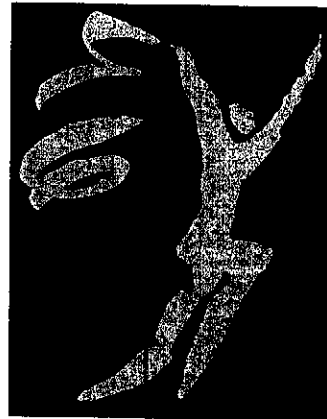


# **Department of Occupational Therapy Student Handbook Fieldwork Manual**



*Skills for the Job of Living*



**York College  
The City University of New York  
Effective Fall 2012**



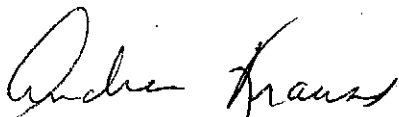
Department of Occupational Therapy  
School of Health and Behavioral Science  
Office: (718) 262-2720  
Fax: (718) 262-2767

Dear Occupational Therapy student,

On behalf of the faculty I'd like to welcome you to the professional phase of your academic Occupational Therapy preparation. You are about to begin a journey that will take you from the status of a student to a professional occupational therapist. This journey will not always be an easy one, in fact at some point you may feel overwhelmed by the challenges. Always remember that you have the qualifications to succeed or you would not have been eligible to begin this phase of the professional program. The faculty and I will be available to guide you during the next three and a half years and I encourage you to take advantage of their ability to be your mentors.

This handbook is your resource guide to the policies and procedures of the Occupational Therapy Department at York College CUNY. This handbook complements other important published materials, such as the York College Bulletin. This handbook should be read by each student right after orientation and then kept as a reference for future questions.

We welcome you and look forward to our next three and half years together.



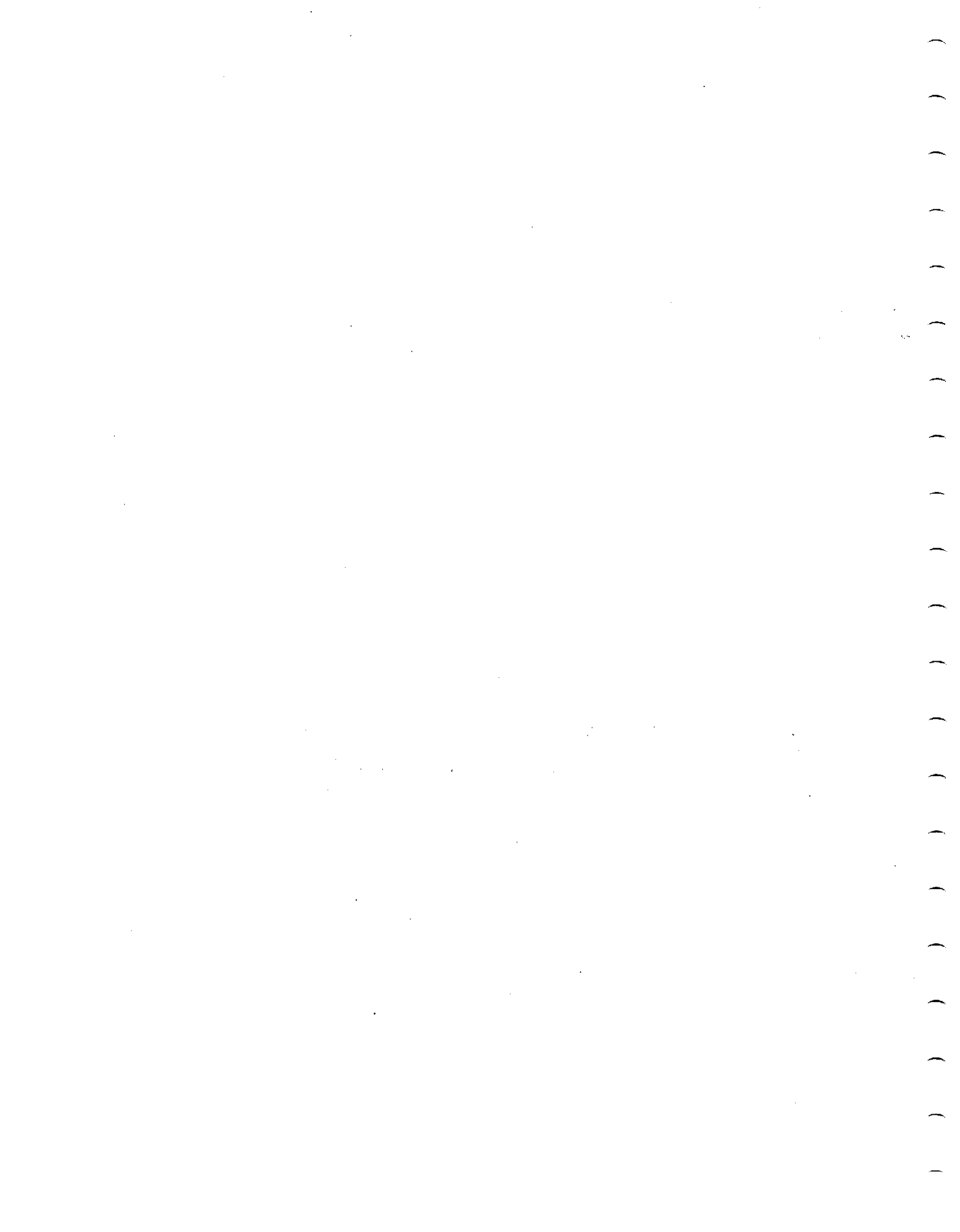
Andrea Krauss, DSW, OTR/L  
Director and Chair  
Department of Occupational Therapy





## TABLE OF CONTENTS

<b>PART I: STUDENT HANDBOOK</b> .....	<b>1</b>
<b>SECTION 1: PROGRAM INFORMATION</b> .....	<b>2</b>
Mission Statement .....	3
Educational Goals .....	3
Program Philosophy .....	3
Curriculum Design .....	4
Accreditation and Licensure .....	6
Notification of Disclosure .....	6
<b>SECTION 2: ACADEMIC INFORMATION</b> .....	<b>7</b>
Academic Standards.....	8
Criteria for Assignments .....	9
Withdrawing from a Course .....	9
Academic Probation and Dismissal .....	9
Academic Misconduct.....	10
Graduation Requirements.....	11
Additional Academic Requirements .....	11
<b>SECTION 3: STUDENT GUIDELINES</b> .....	<b>12</b>
Policies for Professional Behavior .....	13
York College Policy for Children on Campus .....	16
Special Accommodations .....	17
Student Advisement .....	18
Personal and General Lab Safety.....	19
Fire Evacuation Procedures .....	19
Procedure for Leave of Absence .....	20
<b>SECTION 4: AOTA CODE OF ETHICS/OT PRACTICE FRAMEWORK</b> .....	<b>21</b>
AOTA Code of Ethics.....	22
Occupational Therapy Practice Framework .....	35
<b>SECTION 5: FORMS</b> .....	<b>36</b>
<b>STUDENT HANDBOOK APPENDICES</b> .....	<b>59</b>
APPENDIX A: Course of Study and Faculty/Staff Directory .....	59
APPENDIX B: Scholarship Information .....	62
APPENDIX C: Important Word Meanings.....	69
<b>PART II: FIELDWORK MANUAL</b> .....	<b>72</b>
<b>SECTION 1: FIELDWORK MANUAL</b> .....	<b>73</b>
<b>SECTION 2: FIELDWORK FORMS</b> .....	<b>95</b>
<b>FIELDWORK MANUAL APPENDICES</b> .....	<b>113</b>
APPENDIX A: Universal Precautions .....	113
APPENDIX B: HIPPA Privacy Rules .....	115
APPENDIX C: Using Good Body Mechanics.....	141



# **Part 1**

## **Student Handbook**

# **Section 1**

## **Program Information**

## **MISSION STATEMENT**

To provide entry level professional skills in occupational therapy to a diverse urban population through evidence-based educational, fieldwork and community experiences. Graduates will be prepared to contribute to, and participate in the profession through direct service delivery, management of service delivery and research.

## **EDUCATIONAL GOALS**

The OT Program will prepare students to:

- Be active learners who utilize analysis and synthesis for critical thinking. Students will become self-aware, innovative, able to handle ambiguity and conflict and develop creative problem solving skills.
- Develop effective oral and written communication skills for collaborating with clients, colleagues, and families in a variety of contexts.
- Identify evaluate and apply research that supports practice decisions.
- Be life long learners who participate in and contribute to professional organizations and activities.
- Develop sound ethical practices and behaviors as practitioners, consultants, educators, researchers and administrators.
- Understand and intervene in social policies, communities, organizations, groups and individuals.
- Be role models who demonstrate a commitment to the college, community and the profession.

## **PROGRAM PHILOSOPHY**

In line with of The American Occupational Association's Philosophy of Education (AOTA,2003), the Occupational Therapy Program at York College emphasizes how human beings are dynamic and complex in nature. Human beings are constantly interacting in many different environments through their participation in occupations. These interactions occur in many different contexts and provide opportunities for growth throughout the lifespan. Active participation in occupations fosters adaptation and new learning, which in turn leads to further participation in meaningful occupations that enable human beings to develop the necessary skills for survival and self-actualization.

The occupational therapy faculty believes that learning is a collaborative process with students as active participants. The faculty will provide the varied contexts for learning experiences through both meaningful activities and didactic instruction. The students become increasingly self-directed in their movement through the program. Through the collaboration between faculty and students, students build upon prior academic knowledge, integrate new knowledge, learn clinical reasoning and how to become more self-reflective. The outcome of this process is a graduate who can synthesize their leaning and experiences from the program and go on to improve the lives of individuals who need occupational therapy services.

Our goals for our graduates are consistent with both the York Vision and the AOTA Vision in that we see our graduates as they go out into the workforce as critical thinkers who will continue to engage in ongoing learning, continue to improve their skills, contribute to the growth of the profession in practice and/or research in their communities, regionally and nationally.

## CURRICULUM DESIGN

The curriculum design of York College CUNY Occupational Therapy Program is based on the interaction of content knowledge concepts and occupational therapy process concepts. It is our belief that the interaction of these delineates the substance and the process of what occupational therapists know and do. Furthermore, the matrix of these interactions serves as an organizer for the relationship between the courses in our curriculum and the content within them.

### Knowledge Concepts

**Foundations.** Foundational knowledge includes introductory factual and conceptual knowledge related to client factors (e.g., body structures, body functions, values, beliefs), performance skills (e.g., sensory, motor, emotional, cognitive) and patterns (e.g., habits, routines), performance contexts and environments (e.g., cultural, personal, physical), activity demands (e.g., objects properties, space demands, social demands), areas of occupation (e.g., activities of daily living, instrumental activities of daily living, work, education, play), ethics, social justice, clinical management and clinical research.

**Skills.** Skills build on foundational knowledge, and include the acquisition and practice of **cognitive** operations necessary for problem identification and problem resolution, clinical reasoning, as well as analysis of clinical and research data; **procedural** skills necessary for analyzing and sequencing client task performance, administering assessments and interventions, eliciting adaptive responses, implementing activities using effective strategies; **affective** skills necessary for engaging and enabling client collaboration in the occupational therapy process, receiving and responding to feedback, valuing perspectives of others, weighing ethical issues, and therapeutic use of self; **motor** skills necessary for assisting clients, constructing and adjusting client devices, administering assessments and interventions, and arranging and adapting the physical environment.

**Applications.** Applied knowledge includes the integration of foundational knowledge and skills, using multiple theoretical approaches (e.g., developmental, motor learning, cognitive-behavioral, prevention) for implementing the occupational therapy process for clients, populations and organizations using various service delivery models (e.g., consultation, rehabilitation, home health, outpatient, community health), with sensitivity for cultural contexts, and social justice. Application also includes analysis and evaluation of client progress, new knowledge acquired from the research literature, and ethical issues associated with the occupational therapy process.

AOTA Commission on Practice. (2008). Occupational Therapy Practice Framework: Domain & Process, 2<sup>nd</sup> ed., *AJOT*, 62, 625-683.

Anderson, L.W., & Krathwohl, D. R. (2001). *A taxonomy for learning, teaching, and assessing: A revision of Bloom's Taxonomy of Educational Objectives*. New York: Longman.

### **The Occupational Therapy Process**

**Evaluation.** Evaluation includes selecting appropriate methods and measures to screen and evaluate individual clients, client populations, environments, and communities for the purpose of identifying occupational problems and potential resolutions. Evaluation also involves the appropriate administration and interpretation of selected tools and methods of assessment, including but not limited to observation, standardized testing and interviews. Evaluation includes measurement and documentation of change.

**Intervention.** Intervention includes the selection (based on activity analysis) and implementation of preparatory methods (e.g., sensory enrichment, instruction, orthotics), purposeful activities (e.g., practices, rehearses), and occupation-based tasks (e.g., prepares lunch, completes job application) which are meaningful to the client and consistent with the client's goals. Intervention can also include consultation, education and advocacy.

**Outcomes.** Outcomes for the individual client must be based on appropriate, reliable and valid measures. Outcomes can also focus on a population, or organization. Outcomes most commonly address occupational performance, participation, quality of life, as well as occupational justice.

AOTA Commission on Practice. (2008). Occupational Therapy Practice Framework: Domain & Process, 2<sup>nd</sup> ed., *AJOT*, 62, 625-683.

## ACCREDITATION and LICENSURE

The Occupational Therapy Department at York College CUNY is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449. AOTA's phone number is (301) 652-AOTA.

As an accredited program, students who graduate from the York College OT Program are 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 becomes an Occupational Therapist, Registered (OTR). In New York State, students who successfully complete the certification examination are eligible for New York State Licensure.

Federal Law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens; however, those students who are not US citizens or qualified aliens will be able to take the NBCOT exam.

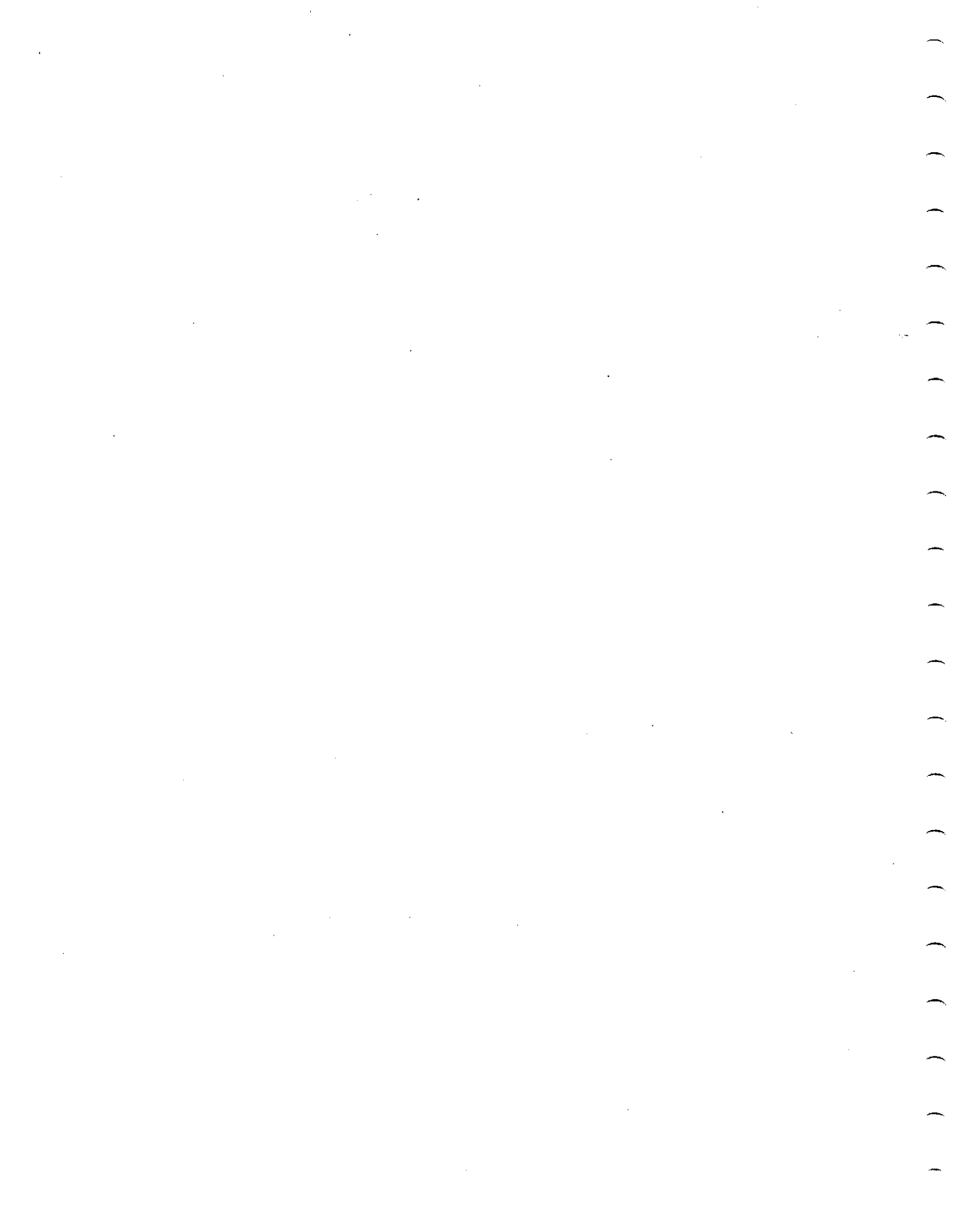
## NOTIFICATION OF DISCLOSURE

All applicants should be made aware that when making an application to the National Board for Certification in Occupational Therapy (NBCOT) you will be asked to answer questions regarding any felony convictions. NBCOT will consider any felony convictions on a case by case basis. **If you have a history of a felony conviction it is strongly recommended you contact NBCOT immediately, (800 S. Frederick Ave., suite 200, Gaithersburg, MD 20877 or call (301) 990-7979) to see if you will be eligible to take the certification exam.**



## **Section 2**

### **Academic Information**



## ACADEMIC STANDARDS

In order to progress through the occupational therapy program students must complete all didactic work within six years and demonstrate satisfactory academic performance.

Satisfactory academic performance is maintaining an **overall GPA of 2.8 for all 300 and 400 level courses per semester and an overall GPA of 3.0 in all 500 and 600 level courses per semester.**

C- is the lowest acceptable grade in OT courses. If a student receives a grade below a C- in any OT course, they are required to retake that course. In addition, student will have only one opportunity to repeat a course. Failing the same course twice is grounds for dismissal.

**NOTE** The GPA calculated is based only on the courses you have taken in the Occupational Therapy Program at York.

Students are responsible for monitoring their GPA.

### To check your own GPA:

Multiply the numerical index value of each grade received (see table below for the numerical index values of the letter grade) by the number of credits for the course then divide the sum by the total amount of credits.

For example:

Let say your earned one 3-credit A and one 3-credit B-, what is our GPA for that semester?  $3(4.0) + 3(2.7) = 12 + 8.1$  or  $20.1/6 = 3.35$ .

Index values for grades are as follows:

<b>Final Grade</b>	<b>Index Value</b>	<b>Numerical value</b>
A+	4.	97 - 100
A	4.	93 - 96.9
A-	3.70	90 - 92.9
B+	3.30	87 - 89.9
B	3.	83 - 86.9
B-	2.70	80 - 82.9
C+	2.30	77 - 79.9
C	2.0	73 - 76.9
C-	1.70	70 - 72.9
D+	1.30	67 - 69.9
D	1.0	60 - 66.9
F	0	0 - 59.9

**IMPORTANT:** When a student is concerned about how they are doing in any given class they should seek out assistance from their instructor and/or their advisor. In addition they should ask about resources on campus such as the writing center, student study groups or tutoring.

## **CRITERIA FOR ASSIGNMENTS**

1. All students are required to purchase the latest edition of *The Publication Manual* of the *American Psychological Association*. This text will serve as a guide for all student papers and projects that are handed in during their participation in their occupational therapy education.
2. Assignments are expected on time, **they will not be accepted if handed in late.**
3. Assignments are to be the **original** work of the student.
4. Academic work must be the original work of the student. Allowing one's work to be copied, sharing answers to an exam, giving or selling term papers are prohibited.

## **WITHDRAWING FROM A COURSE**

**Withdrawal from any one course constitutes a withdrawal from all courses in that particular semester, and students will be required to file a formal leave of absence request.**

## **ACADEMIC PROBATION AND DISMISSAL**

**A student will be placed on academic probation when:**

- Student does not maintain an overall 2.8 GPA per semester for the 300 and 400 level courses.
- Student does not maintain an overall 3.0 GPA per semester for 500 and 600 level courses.

When the student's GPA falls below the required 2.8 (for 300 and 400 level course work) or 3.0 (for 500 and 600 level course work) the student will be notified by their advisor that they have been placed on academic probation, and discuss the circumstances that led to their inability to maintain standards for retention in the Occupational Therapy Program.

The advisor will help the student explore the ways in which they can be more successful in the program. In addition the advisor will go over the program policies regarding probation and dismissal.

The student has one semester to raise their GPA to either the required 2.8 or 3.0 and thus be taken off from probation.

## **Procedure for appealing a grade**

1. When a student believes he/she has a grievance related to a grade he/she should approach the instructor first directly. If the student believes that he/she cannot not approach the instructor the student should bring the matter to his/her advisor and/or chairperson within two weeks of receiving the grade.
2. If the matter cannot be resolved between the student and instructor, the student must request a meeting with the chairperson and their advisor. If the matter is still unresolved, the student can then submit a written request for a formal appeal to the School of Health and Behavioral Sciences Appeals Committee within two weeks of receipt of grade.
3. The student will be notified when the committee can meet to hear the appeal.
4. The student should come to the meeting prepared to justify the grievance.
5. The student will be informed of the committee's decision in writing.

### **Grounds for dismissal are (but not limited to):**

- When a student's semester GPA falls below 2.25.
- When a student receives 2 failing grades in any one semester.
- When a student is on academic probation more than one semester.
- When a student engages in misconduct (see below).

### **Academic Deficit:**

- Students will not be allowed to transition from the BS to the MS component of the program with an academic deficit (overall GPA for 300 and 400 level courses must be 2.80).
- Students will not be eligible to graduate with an academic deficit (overall GPA for 500 and 600 level courses must be 3.0).

### **Academic Misconduct:**

1. **Cheating**, defined as but not limited to the following:  
use or giving of any unauthorized assistance in taking quizzes, tests, or examinations;
2. **Plagiarism** defined as but not limited to the following:
  - a. the use of, by paraphrase or direct quotation, of the published or unpublished work of another person without full and clear acknowledgement consistent with practices of the discipline;
  - b. unacknowledged use of materials prepared by another person or agency

engaged in selling of term papers or other academic materials.

**Acts of academic misconduct including but not limited to: plagiarism, cheating, use of drugs, breach of Occupational Therapy Ethics can be grounds for dismissal from the program.**

**Procedure for appealing a dismissal:**

1. To begin the process, a letter must be written to the chairperson requesting an appeal within two weeks of notification of dismissal.
2. The student will be notified by the School of health and Behavioral Sciences Appeals Committee when there will be a meeting for the appeal.
3. The student should come to the appeal meeting prepared to explain the circumstances that led to their dismissal and what plan they have to remediate or change circumstances to ensure future success in the program
4. The student will be notified of the committee's decision in writing.

## **GRADUATION REQUIREMENTS**

Completion of the course of study approved by the student's occupational therapy faculty advisor. Completion of courses in specified sequence, good academic standing in the College and in the Occupational Therapy Program and completion of Master's level project is required for graduation.

## **ADDITIONAL ACADEMIC REQUIREMENTS**

Students will be required to complete comprehensive exams at the end of the first and second years in the program. Students who score one standard deviation below the class mean will be required to design and successfully execute a plan of remediation in order to move forward in the program. Students will also be required to take a practice NBCOT exam prior to the start of level II fieldwork. Students who score one standard deviation below the class mean will be required to design and successfully execute a plan of remediation, and will also have to retake the practice test at their own expense.

## **Section 3**

### **Student Guidelines**





## POLICIES FOR PROFESSIONAL BEHAVIOR

Students are expected to learn, develop and maintain the professional behaviors and competencies which are put forth in the code of ethics (see section 4) and standards of the Occupational Therapy profession. Behavioral expectations for Occupational Therapy students at York College CUNY are demonstrated in some of the following ways:

1. Attendance is mandatory for all classes. Any student who will be absent should notify the faculty as early as possible. Faculty telephones all accept voicemail 24 hours a day. Excused absences include documented emergencies, illness, or special circumstances approved in advance.  
  
**\*Students who miss more than two class sessions will receive a 10 point deduction in their overall final grade. Students who miss more than three class sessions will automatically fail the course, except under extenuating circumstances for which the instructor has been informed. Class sessions include both lab and lecture sessions.**
2. The student is responsible for making up any material missed due to absence.
3. Students are expected to arrive promptly for class. Tardiness disturbs both the instructor and other members of the class, and is inconsiderate. **Two latenesses will be considered one unexcused absence.**
4. Students are expected to attend the section for which they are registered.
5. It is the student's responsibility to inform their instructor of any special needs **within the first 2 weeks of class.**
6. Students are responsible to take examinations on assigned days and times. Make up examinations are at the individual professors discretion.
7. Students must register for a York e-mail address; this is to be reported to the department secretary **within the first 2 weeks of class.**
8. Students are responsible for notifying the department secretary of any changes in their address or phone number.
9. Students are expected to actively participate in the Occupational Therapy Club. This participation is an important beginning in being an active member of their professional community.
10. Students are **required** to join the American Occupational Therapy Association (AOTA) the **first week** of classes. This will enable students to access reading materials including receiving bi-monthly journals. Students are eligible for a special student rate and can apply at [www.aota.org](http://www.aota.org). AOTA membership cards should be brought into the office so they can be copied for student file.

11. Cell phones must be turned off and put away at all times during class; students may use their cell phones in cases of emergency only.

\*According to the York College Bulletin, any student who has been excessively absent from a course and does not present adequate documentation to the instructor, may receive the grade of WU (unofficial withdrawal), which is computed as an F.

## **12. Dress Code:**

Students must maintain a neat and clean appearance befitting students attending professional education.

### **Classroom and Laboratory Setting:**

In the classroom environment, students are to wear articles of clothing that are non-offensive and appropriate for activity. The Occupational Therapy Program considers t-shirts with sexual, alcohol or drug related expressions to be offensive. When guests are present in the classroom and laboratories the student is **expected to dress professionally**. No caps or hats in class (except for religious purposes).

### **Outside of the classroom when representing the Occupational Therapy Program:**

Students on fieldwork or classroom assignment outside of class are expected to conform to the dress requirements of the setting.

**Identification badges will be required during such experiences unless otherwise indicated.**

The professional work environment is different from the college. Dress codes are usually written in consideration of the clients that are served, the types of services provided, the type of facility, safety, and so as not to distract from the services delivered or to offend clients, families, or other staff.

**In general, the following constitutes appropriate 'casual professional' dress.**

- Skirts or slacks and tailored shirts with a collar and sleeves
- Clothing that is clean, pressed, appropriately fitted, and in good repair
- Undergarments
- Hose or socks
- Minimum amount of discreet jewelry and / or watch
- Moderate colors and styles
- Appropriate personal hygiene is expected and must be maintained daily
- Hair must be appropriately clean and groomed daily. Extreme hair coloring is prohibited.
- Comfortable shoes with a low or no heel (closed toe & heel for medical facilities)

In general, the following are NOT appropriate:

- Extreme colors or styles
- Caps and hats worn indoors, unless for religious reasons
- Jeans
- High heels
- Elaborate dangling jewelry / Jewelry from pierced body parts other than the ear (e.g. eyebrow, nose, tongue, lip rings, etc.)
- Revealing, faded, torn, wrinkled, ill fitting or soiled clothing
- Tattoos that should otherwise be concealed
- Heavy perfume / scents
- Nontraditional colors of nail polish and artificial nails
- Personal pagers and telephones that are left on
- T-shirts, halters, tank tops, backless or sleeveless shirts or blouses, short skirts, sweatshirts, "jogging outfits", shirts or blouses with slogans, and short shirts that expose the naval/abdomen

13. **OT Department Lab spaces.** The Occupational Therapy Program is fortunate to have lab space and equipment dedicated to supporting student education. All students hold equal responsibility with the faculty and staff in keeping these spaces safe and clean.

- Students are expected to clean up after themselves when using equipment like the microwave and refrigerator. **Students will no longer be allowed to eat in lab spaces if the labs are not kept clean.**
- Student OT Club will oversee weekly check ups on lab space cleanliness.
- **Absolutely no equipment, supplies, testing materials may be removed from any of the OT Labs without authorization.**
- **Students are responsible for replacing any materials they borrow that become damaged. All equipment will be examined prior to checking out, and examined again when returned.**

**ADL Lab (room 1 E11)**

- Students are welcome to store their lunches in the lab refrigerator, however, anything stored must be dated. At the end of the week anything remaining will be thrown away.
- Students may also use the microwave, all food cooked in the microwave should be covered; **spills should be cleaned up immediately.**
- Eating in this lab is permitted at the tables only.

**Computer Lab (room 1E09)**

- **Absolutely no eating or drinking is permitted in the computer lab.**
- **Absolutely no personal software, programs, games, etc. are to be loaded** on department computers, nor are any programs to be removed.
- Students are required to provide their own USB devices for saving their data files.
- Any problems with equipment should be reported immediately.

## **YORK COLLEGE POLICY CHILDREN IN THE WORKPLACE/ON CAMPUS**

**This policy addresses the issue of students and employees bringing children on campus.**

The College has an obligation to its students, staff and visitors to conduct its operations and maintain its facilities in a manner consistent with its mission as an institution of higher education. There may be occasions when brief visits by children under the age of 17 of faculty, staff and students may be necessary.

**Below are guidelines governing children visits to the campus.**

1. Minor children may visit College offices and facilities for limited periods of time at the discretion of the supervisor of the office or facility that is the destination of the parents or caretakers. **However, children are not permitted in classrooms during instructional periods and not in laboratories even when classes are not in session.**
2. Minor children will be subject to the same conditions as any other visitor to the College. Parents or caretakers must sign-in their children at the security desks and indicate the purpose of the visit and its expected duration.
3. Regular, repeated visits by children are not permitted. For example: a parent who brings his/her child to work everyday between 4 p.m. and 5 p.m.
4. Children are not permitted in high risk, high security and possibly dangerous areas.
5. Children are not permitted in the classroom during regular class/testing sessions.
6. Children of faculty and staff are not permitted in advisement/counseling sessions for students.
7. It is a parent's or caretaker's responsibility to supervise his or her children at all times while they are present on the College premises.
8. During periods of high peak elementary and middle school closings, limited consideration may be extended at the discretion of the supervisor, with the exceptions of 4, 5 and 6 above.

## **SPECIAL ACCOMMODATIONS**

A reasonable accommodation is intended to reduce the effects that a disability may have on a student's performance. Accommodations do not lower course standards or alter degree requirements, but give students a better opportunity to demonstrate their abilities.

To be eligible for accommodation, the student must contact the Coordinator of Disability Services, at extension 2272, room AC-1G02. This contact should be made as early as possible. It is the student's responsibility to provide medical or other diagnostic documentation of disability and limitations. If documentation is inadequate, students may be asked to participate in additional evaluation prior to receiving requested accommodations. Each student will be responsible for making timely and appropriate disclosures and requests to Disability Services for accommodations. Each student will also be responsible for actively participating in securing needed accommodations or auxiliary aids.

It is a student's responsibility to self-identify through established procedures. If a student approaches a faculty or staff member and discloses a disability, but does not have documentation from Disability Services, the faculty/staff person has a responsibility to direct the student to Disability Services. The faculty will make reasonable accommodations for students with documented disabilities, as determined by the Disability Services office.

## **STUDENT ADVISEMENT/ PROFESSIONAL DEVELOPMENT EVALUATION**

Students are required to meet with their advisors once a semester to review the student's academic and professional progress. In the **Fall semester students are required to make appointments to see their advisors either the last week in October or first week in November; in the Spring semester appointments should be scheduled either the last week in March or the first week in April.**

Student sign up sheets for meetings will be posted at least 1 week prior to scheduled meetings. To prepare for these meetings students are required to:

- Complete the professional development plan each semester prior to the Meeting, faculty may add comments at the meeting.
- As part of students continued self reflection, students will prepare Self-appraisal form (copy of form in appendix).

Students' advisors will complete a Student Semester Evaluation Summary during the advisement meeting. Copies of the student self-assessment, development plan and evaluation summary will be kept in the student file (copy of form in appendix).

Copies of all forms are available in the department office 1E12.

## **PERSONAL AND GENERAL LABORATORY SAFETY**

All students must read and understand the information on laboratory safety and emergency procedures before using the laboratories. With good judgment, the chance of an accident can be minimal. Nevertheless, lab work spaces are full of potential hazards that can cause serious injury and or damage to the equipment.

### **GENERAL GUIDELINES**

1. Never eat, drink, or smoke while working in the laboratory.
2. Read labels carefully.
3. Do not use any equipment unless you are trained and approved as a user by your instructor.
4. Wear safety glasses or face shields when working with hazardous materials and/or equipment.
5. Keep the work area clear of all materials except those needed for your work. Coats should be hung in the appropriate hook. Extra books, purses, etc. should be kept away from equipment that requires air flow or ventilation to prevent overheating.
6. Equipment Failure - If a piece of equipment fails while being used, report it immediately to your instructor or the Lab Technician. Never try to fix the problem yourself because you could harm yourself and others.
7. Clean up your work area before leaving.
8. Wash hands before leaving the lab and before eating

### **FIRE EVACUATION PROCEDURES**

Excerpted from the York College Emergency Procedure Handbook

The handbook can be found in it's entirety at:

[www.york.cuny.edu/administrative/public-safety/emergency-procedures](http://www.york.cuny.edu/administrative/public-safety/emergency-procedures)

Know your Emergency Evacuation Route in advance. Know your Evacuation Assembly Point in advance. Also be prepared to use an alternate exit in case your primary route is obstructed. Plan how you would escape in case of a fire. Know your escape routes well enough to be able to make your way in the dark or in dense smoke.

### **WHEN THE EVACUATION ALARM SOUNDS -YOU MUST LEAVE THE BUILDING!!!!!!**

It is a violation of New York State Law to fail to leave a building when the fire alarm is sounding. Always assume it is a real emergency and leave the building. It is unlawful for any person to prevent, or order another person from leaving the building when the alarm is sounding.

- Be aware that whenever the fire alarm sounds it may signal a very real emergency situation.
- Remain calm and proceed to evacuate the area in an orderly manner. Do not rush, push or panic. Rely on planning and knowledge.
- Assist disabled persons to evacuate the area. Be particularly aware of persons with sight or hearing disabilities.
- If there is smoke, stay low, it will be easier to breathe.
- Before opening any door, touch the door with the back of your hand. Do not open a door that is warm or hot.
- Close doors behind you to prevent fire spread, but make sure that you can reopen them if you need to retreat.

**Listen for instructions from:**

- Building & Floor Coordinators
- Fire Wardens
- Security & Public Safety Officers
- Building & Grounds Personnel
- Other Faculty & Staff
- Never use an elevator to evacuate unless directed to do so by the NYC Fire Department.

## **PROCEDURE FOR LEAVE OF ABSENCE**

Students who have extenuating circumstances beyond their control may apply for a leave of absence. To apply for this leave, students must submit a formal letter to the Chair, including an explanation of the extenuating circumstances. The Chair will review the request with the department faculty and a determination will be made. The time period for a leave is limited to one year. This period cannot be less or more than one year.



## **Section 4**

### **AOTA Code of Ethics OT Curriculum Framework**



# OCCUPATIONAL THERAPY CODE OF ETHICS AND ETHICS STANDARDS (2010)

## PREAMBLE

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

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

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

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

While much has changed over the course of the profession's history, more has remained the same. The profession of occupational therapy remains grounded in seven core concepts, as identified in the *Core Values and Attitudes of Occupational Therapy Practice* (AOTA, 1993): *altruism, equality, freedom, justice, dignity, truth, and prudence*. *Altruism* is the individual's ability to place the needs of others before their own. *Equality* refers to the desire to promote fairness in interactions with others. The concept of *freedom* and personal choice is paramount in a profession in which the desires of the client must guide

our interventions. Occupational therapy practitioners, educators, and researchers relate in a fair and impartial manner to individuals with whom they interact and respect and adhere to the applicable laws and standards regarding their area of practice, be it direct care, education, or research (*justice*). Inherent in the practice of occupational therapy is the promotion and preservation of the individuality and *dignity* of the client, by assisting him or her to engage in occupations that are meaningful to him or her regardless of level of disability. In all situations, occupational therapists, occupational therapy assistants, and students must provide accurate information, both in oral and written form (*truth*). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions to direct them in their area(s) of practice (*prudence*). These seven core values provide a foundation by which occupational therapy personnel guide their interactions with others, be they students, clients, colleagues, research participants, or communities. These values also define the ethical principles to which the profession is committed and which the public can expect.

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

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

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

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

## DEFINITIONS

- **Recipient of service:** Individuals or groups receiving occupational therapy.
- **Student:** A person who is enrolled in an accredited occupational therapy education program.

- **Research participant:** A prospective participant or one who has agreed to participate in an approved research project.
- **Employee:** A person who is hired by a business (facility or organization) to provide occupational therapy services.
- **Colleague:** A person who provides services in the same or different business (facility or organization) to which a professional relationship exists or may exist.
- **Public:** The community of people at large.

## **BENEFICENCE**

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

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

Occupational therapy personnel shall

- A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy.
- B. Provide appropriate evaluation and a plan of intervention for all recipients of occupational therapy services specific to their needs.
- C. Reevaluate and reassess recipients of service in a timely manner to determine if goals are being achieved and whether intervention plans should be revised.
- D. Avoid the inappropriate use of outdated or obsolete tests/assessments or data obtained from such tests in making intervention decisions or recommendations.
- E. Provide occupational therapy services that are within each practitioner's level of competence and scope of practice (e.g., qualifications, experience, the law).
- F. Use, to the extent possible, evaluation, planning, intervention techniques, and therapeutic equipment that are evidence-based and within the recognized scope of occupational therapy practice.

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

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

I. Refer to other health care specialists solely on the basis of the needs of the client.

J. Provide occupational therapy education, continuing education, instruction, and training that are within the instructor's subject area of expertise and level of competence.

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

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

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

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

## **NONMALEFICENCE**

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

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

Occupational therapy personnel shall

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

## AUTONOMY AND CONFIDENTIALITY

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

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

Occupational therapy personnel shall

- A. Establish a collaborative relationship with recipients of service including families, significant others, and caregivers in setting goals and priorities throughout the intervention process. This includes full disclosure of the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention(s); and/or any reasonable alternatives to the proposed intervention.
- B. Obtain consent before administering any occupational therapy service, including evaluation, and ensure that recipients of service (or their legal representatives) are kept informed of the progress in meeting goals specified in the plan of intervention/care. If the service recipient cannot give consent, the practitioner must be sure that consent has been obtained from the person who is legally responsible for that recipient.
- C. Respect the recipient of service's right to refuse occupational therapy services temporarily or permanently without negative consequences.
- D. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program/educational institution.
- E. Obtain informed consent from participants involved in research activities, and ensure that they understand the benefits, risks, and potential outcomes as a result of their participation as research subjects.
- F. Respect research participant's right to withdraw from a research study without consequences.



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

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

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

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

## **SOCIAL JUSTICE**

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

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

Occupational therapy personnel shall

A. Uphold the profession's altruistic responsibilities to help ensure the common good.

B. Take responsibility for educating the public and society about the value of occupational therapy services in promoting health and wellness and reducing the impact of disease and disability.

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

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

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

F. Provide services that reflect an understanding of how occupational therapy service delivery can be affected by factors such as economic status, age, ethnicity, race, geography, disability, marital status, sexual orientation, gender, gender identity, religion, culture, and political affiliation.

G. Consider offering *pro bono* ("for the good") or reduced-fee occupational therapy services for selected individuals when consistent with guidelines of the employer, third-party payer, and/or government agency.

## PROCEDURAL JUSTICE

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

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

Occupational therapy personnel shall

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

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

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

- D. Be familiar with established policies and procedures for handling concerns about the Code and Ethics Standards, including familiarity with national, state, local, district, and territorial procedures for handling ethics complaints as well as policies and procedures created by AOTA and certification, licensing, and regulatory agencies.
- E. Hold appropriate national, state, or other requisite credentials for the occupational therapy services they provide.
- F. Take responsibility for maintaining high standards and continuing competence in practice, education, and research by participating in professional development and educational activities to improve and update knowledge and skills.
- G. Ensure that all duties assumed by or assigned to other occupational therapy personnel match credentials, qualifications, experience, and scope of practice.
- H. Provide appropriate supervision to individuals for whom they have supervisory responsibility in accordance with AOTA official documents and local, state, and federal or national laws, rules, regulations, policies, procedures, standards, and guidelines.
- I. Obtain all necessary approvals prior to initiating research activities.
- J. Report all gifts and remuneration from individuals, agencies, or companies in accordance with employer policies as well as state and federal guidelines.
- K. Use funds for intended purposes, and avoid misappropriation of funds.
- L. Take reasonable steps to ensure that employers are aware of occupational therapy's ethical obligations as set forth in this Code and Ethics Standards and of the implications of those obligations for occupational therapy practice, education, and research.
- M. Actively work with employers to prevent discrimination and unfair labor practices, and advocate for employees with disabilities to ensure the provision of reasonable accommodations.
- N. Actively participate with employers in the formulation of policies and procedures to ensure legal, regulatory, and ethical compliance.
- O. Collect fees legally. Fees shall be fair, reasonable, and commensurate with services delivered. Fee schedules must be available and equitable regardless of actual payer reimbursements/contracts.
- P. Maintain the ethical principles and standards of the profession when participating in a business arrangement as owner, stockholder, partner, or employee, and refrain from working for or doing business with organizations that engage in illegal or unethical business practices (e.g., fraudulent billing, providing occupational therapy services beyond the scope of occupational therapy practice).

## VERACITY

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

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

Occupational therapy personnel shall

- A. Represent the credentials, qualifications, education, experience, training, roles, duties, competence, views, contributions, and findings accurately in all forms of communication about recipients of service, students, employees, research participants, and colleagues.
- B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.
- C. Record and report in an accurate and timely manner, and in accordance with applicable regulations, all information related to professional activities.
- D. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.
- E. Accept responsibility for any action that reduces the public's trust in occupational therapy.
- F. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, students, research participants, or the public.
- G. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.
- H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.

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

J. Not plagiarize the work of others.

## **FIDELITY**

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

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

Occupational therapy personnel shall

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

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

C. Take adequate measures to discourage, prevent, expose, and correct any breaches of the Code and Ethics Standards and report any breaches of the former to the appropriate authorities.

D. Attempt to resolve perceived institutional violations of the Code and Ethics Standards by utilizing internal resources first.

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

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

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

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

## References

American Occupational Therapy Association. (1993). Core values and attitudes of occupational therapy practice. *American Journal of Occupational Therapy*, 47, 1085–1086.

American Occupational Therapy Association. (2005). Occupational therapy code of ethics (2005). *American Journal of Occupational Therapy*, 59, 639–642.

American Occupational Therapy Association. (2006). Guidelines to the occupational therapy code of ethics. *American Journal of Occupational Therapy*, 60, 652–658.

American Occupational Therapy Association. (2004). Policy 5.3.1: Definition of occupational therapy practice for State Regulation. *American Journal of Occupational Therapy*, 58, 694–695.

Beauchamp, T. L., & Childress, J. F. (2009). *Principles of biomedical ethics* (6th ed.). New York: Oxford University Press.

Braveman, B., & Bass-Haugen, J. D. (2009). Social justice and health disparities: An evolving discourse in occupational therapy research and intervention. *American Journal of Occupational Therapy*, 63, 7–12.

Maiese, M. (2004). *Procedural justice*. Retrieved July 29, 2009, from [http://www.beyondintractability.org/essay/procedural\\_justice/](http://www.beyondintractability.org/essay/procedural_justice/)

Purtillo, R. (2005). *Ethical dimensions in the health professions* (4th ed.). Philadelphia: Elsevier/Saunders.

Veatch, R. M., & Flack, H. E. (1997). *Case studies in allied health ethics*. Upper Saddle River, NJ: Prentice-Hall.

## **Authors**

### **Ethics Commission (EC):**

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

*Adopted by the Representative Assembly 2010CApr17.*

**Note.** This document replaces the following rescinded Ethics documents  
2010CApril18: the *Occupational Therapy Code of Ethics (2005)* (*American Journal of Occupational Therapy*, 59, 639–642); the *Guidelines to the Occupational Therapy Code of Ethics* (*American Journal of Occupational Therapy*, 60, 652–658); and the *Core Values and Attitudes of Occupational Therapy Practice* (*American Journal of Occupational Therapy*, 47, 1085–1086).

Copyright © 2010 by the American Occupational Therapy Association, Inc. To be published in 2010 in the *American Journal of Occupational Therapy*, 64 (November/December Supplement).

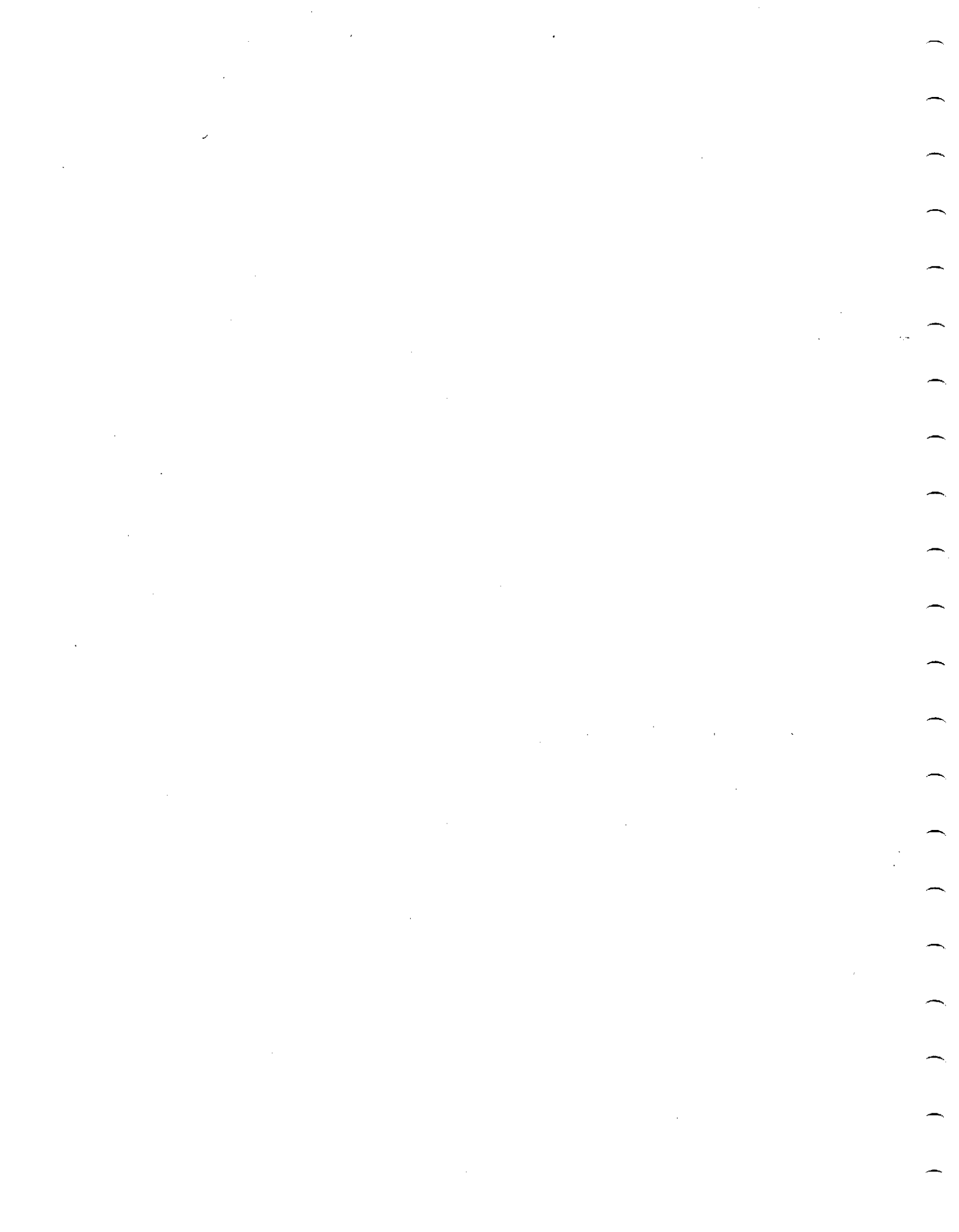
## Occupational Therapy Practice Framework

Areas of Occupation	Client Factors	Performance Skills	Performance Patterns	Context and Environment	Activity Demands
Activities of Daily Living (ADL)	Values, Beliefs, and Spirituality	Sensory Perceptual Skills	Habits	Cultural	Objects Used and Their Properties
Instrumental Activities of Daily Living (IADL)	Body Functions	Motor and Praxis Skills	Routines	Personal	Space Demands
Rest and Sleep	Body Structures	Emotional Regulation Skills	Roles	Physical	Social Demands
Education		Cognitive Skills	Rituals	Social	Sequencing and Timing
Work		Communication and Social Skills		Temporal	Required Actions
Play				Virtual	Required Body Functions
Leisure					Required Body Structures
Social Participation					



## **Section 5**

### **Forms**



**YORK COLLEGE  
THE CITY UNIVERSITY OF NEW YORK  
DEPARTMENT OF OCCUPATIONAL THERAPY**

To our new Occupational Therapy Students:

Welcome to Occupational Therapy Program at York College. This handbook has been designed as a supplement to the York College Bulletin; please note that it does not replace the information in the Bulletin. It has been prepared to assist you in the Occupational Therapy Program.

As a new student in our program one of the first responsibilities you have is to acquaint yourself with the information in this handbook. We expect that you will read this carefully. When you have completed reading the handbook please tear off, fill out and hand in the bottom of this sheet. Please be prepared to hand this in at the first class you attend in our program or you will not be allowed to enter.

-----

Name (Please Print) \_\_\_\_\_  
Date: \_\_\_\_\_

I have read and understand the Occupational Therapy Student Handbook.

Signature: \_\_\_\_\_



**YORK COLLEGE  
THE CITY UNIVERSITY OF NEW YORK  
DEPARTMENT OF OCCUPATIONAL THERAPY**

To our new Occupational Therapy Students:

Welcome to Occupational Therapy Program at York College. This handbook has been designed as a supplement to the York College Bulletin; please note that it does not replace the information in the Bulletin. It has been prepared to assist you in the Occupational Therapy Program.

As a new student in our program one of the first responsibilities you have is to acquaint yourself with the information in this handbook. We expect that you will read this carefully. When you have completed reading the handbook please tear off, fill out and hand in the bottom of this sheet. Please be prepared to hand this in at the first class you attend in our program or you will not be allowed to enter.

-----

Name (Please Print) \_\_\_\_\_  
Date: \_\_\_\_\_

I have read and understand the Occupational Therapy Student Handbook.

Signature: \_\_\_\_\_



## **York College Policy on Academic Integrity (excerpted from the York College Academic Integrity Policy and Procedures, 2007)**

**Cheating is the unauthorized use or attempted use of material, information, notes, study aids, devices or communication during an academic exercise. The following are some examples of cheating, but by no means is it an exhaustive list:**

• Copying from another student during an examination or allowing another to copy your work. • Unauthorized collaboration on a take home assignment or examination. • Using notes during a closed book examination. • Taking an examination for another student, or asking or allowing another student to take an examination for you. • Changing a graded exam and returning it for more credit. • Submitting substantial portions of the same paper to more than one course without consulting with each instructor. • Preparing answers or writing notes in a blue book (exam booklet) before an examination. • Allowing others to research and write assigned papers or do assigned projects, including use of commercial term paper services. • Giving assistance to acts of academic misconduct/ dishonesty. • Fabricating data (all or in part). • Submitting someone else's work as your own. • Unauthorized use during an examination of any electronic devices such as cell phones, palm pilots, computers or other technologies to retrieve or send information.

**Plagiarism is the act of presenting another person's ideas, research or writings as your own. The following are some examples of plagiarism, but by no means is it an exhaustive list:**

• Copying another person's actual words without the use of quotation marks and footnotes attributing the words to their source. • Presenting another person's ideas or theories in your own words without acknowledging the source. • Using information that is not common knowledge without acknowledging the source. • Failing to acknowledge collaborators on homework and laboratory assignments. **Internet plagiarism** includes submitting downloaded term papers or parts of term papers, paraphrasing or copying information from the internet without citing the source, and "cutting & pasting" from various sources without proper attribution.

**Obtaining Unfair Advantage is any activity that intentionally or unintentionally gives a student an unfair advantage in his/her academic work over another student. The following are some examples of obtaining an unfair advantage, but by no means is it an exhaustive list:**

• Stealing, reproducing, circulating or otherwise gaining advance access to examination Material. • Depriving other students of access to library materials by stealing, destroying, defacing, or concealing them. • Retaining, using or circulating examination materials which clearly indicate that they should be returned at the end of the exam. • Intentionally obstructing or interfering with another student's work.

### **Falsification of Records and Official Documents**

**The following are some examples of falsification, but by no means is it an exhaustive list:**

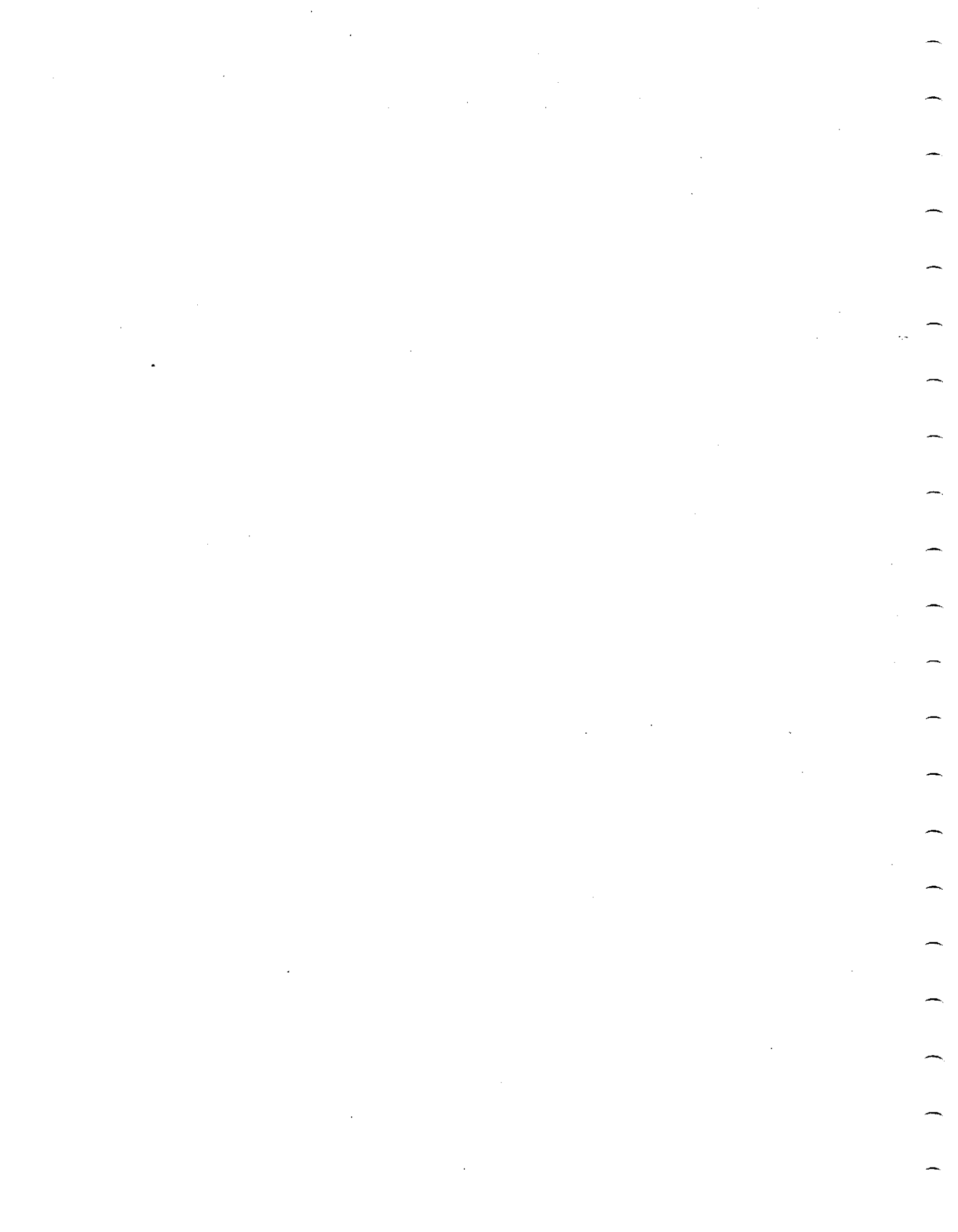
• Forging signatures of authorization. • Falsifying information on an official academic record. • Falsifying information on an official document such as a grade report, letter of permission, drop/add form, ID card or other college document.

-----

I acknowledge that I have received and read the information from the York College Academic Integrity Policy and Procedures which defines cheating, plagiarism, obtaining Unfair Advantage, and falsification of records and official documents. I understand that such action may result in penalties, including failing grades, suspension, and expulsion, as provided by the procedures of the Department and the College.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## **York College Policy on Academic Integrity (excerpted from the York College Academic Integrity Policy and Procedures, 2007)**

**Cheating is the unauthorized use or attempted use of material, information, notes, study aids, devices or communication during an academic exercise. The following are some examples of cheating, but by no means is it an exhaustive list:**

- Copying from another student during an examination or allowing another to copy your work.
- Unauthorized collaboration on a take home assignment or examination.
- Using notes during a closed book examination.
- Taking an examination for another student, or asking or allowing another student to take an examination for you.
- Changing a graded exam and returning it for more credit.
- Submitting substantial portions of the same paper to more than one course without consulting with each instructor.
- Preparing answers or writing notes in a blue book (exam booklet) before an examination.
- Allowing others to research and write assigned papers or do assigned projects, including use of commercial term paper services.
- Giving assistance to acts of academic misconduct/ dishonesty.
- Fabricating data (all or in part).
- Submitting someone else's work as your own.
- Unauthorized use during an examination of any electronic devices such as cell phones, palm pilots, computers or other technologies to retrieve or send information.

**Plagiarism is the act of presenting another person's ideas, research or writings as your own. The following are some examples of plagiarism, but by no means is it an exhaustive list:**

- Copying another person's actual words without the use of quotation marks and footnotes attributing the words to their source.
  - Presenting another person's ideas or theories in your own words without acknowledging the source.
  - Using information that is not common knowledge without acknowledging the source.
  - Failing to acknowledge collaborators on homework and laboratory assignments.
- Internet plagiarism** includes submitting downloaded term papers or parts of term papers, paraphrasing or copying information from the internet without citing the source, and "cutting & pasting" from various sources without proper attribution.

**Obtaining Unfair Advantage is any activity that intentionally or unintentionally gives a student an unfair advantage in his/her academic work over another student. The following are some examples of obtaining an unfair advantage, but by no means is it an exhaustive list:**

- Stealing, reproducing, circulating or otherwise gaining advance access to examination Material.
- Depriving other students of access to library materials by stealing, destroying, defacing, or concealing them.
- Retaining, using or circulating examination materials which clearly indicate that they should be returned at the end of the exam.
- Intentionally obstructing or interfering with another student's work.

### **Falsification of Records and Official Documents**

**The following are some examples of falsification, but by no means is it an exhaustive list:**

- Forging signatures of authorization.
- Falsifying information on an official academic record.
- Falsifying information on an official document such as a grade report, letter of permission, drop/add form, ID card or other college document.

-----

I acknowledge that I have received and read the information from the York College Academic Integrity Policy and Procedures which defines cheating, plagiarism, obtaining Unfair Advantage, and falsification of records and official documents. I understand that such action may result in penalties, including failing grades, suspension, and expulsion, as provided by the procedures of the Department and the College.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**YORK COLLEGE  
THE CITY UNIVERSITY OF NEW YORK BS/MS  
OCCUPATIONAL THERAPY PROGRAM**

**Essential Functions for Admission and Matriculation to the York College  
B.S. / M.S. Occupational Therapy Program**

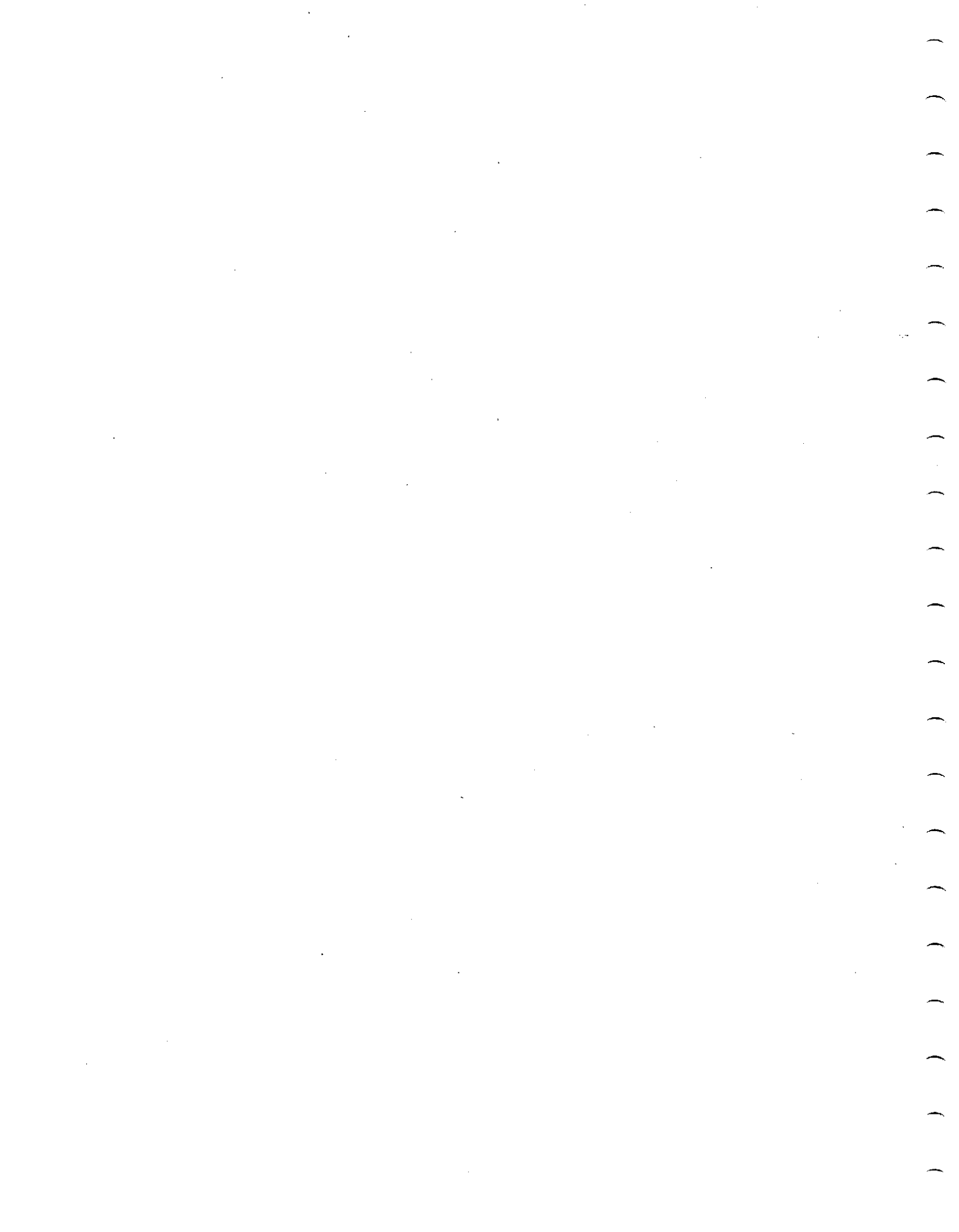
Students enrolled in the York College B.S./ M.S. Program in Occupational Therapy are expected to meet standards in addition to academic competence, that reflect personal characteristics necessary for successfully completing our course of study. These functions are not related to one's ability to function in a specific role as an occupational therapist, but rather to be able to function in any role as an occupational therapist, in any practice setting. In order to succeed in our program, students must be able to demonstrate multiple skills and abilities that span the academic, motor, emotional, and social nature of our profession.

Please review the essential functions<sup>1</sup> as described in this document, and verify with your signature that you have the capability to meet these standards. This document must be signed and returned to our office the first day of classes to be placed in your file.

If you have any questions regarding this document, please contact Dr. Andrea Krauss.

---

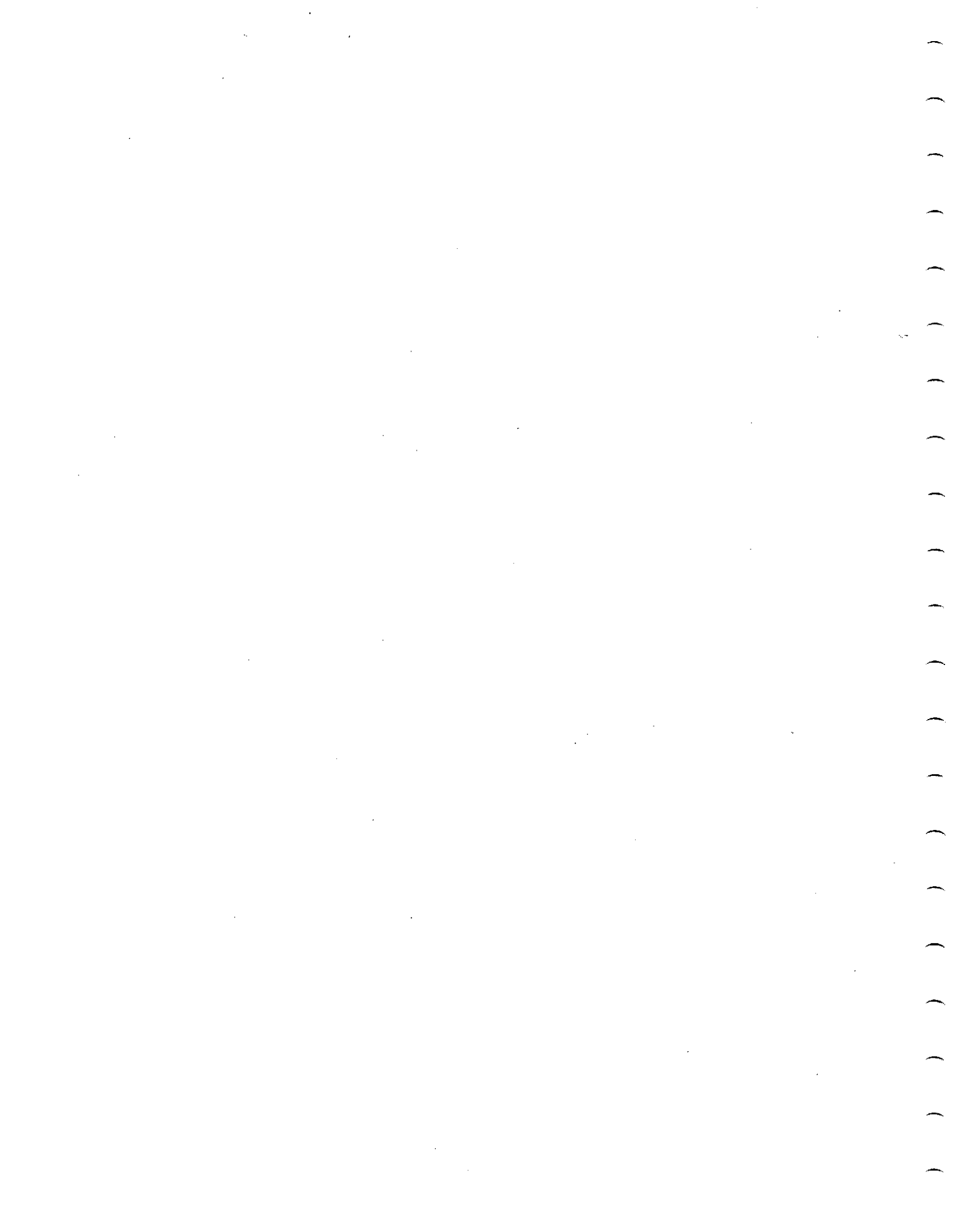
<sup>1</sup> These standards were derived from documents prepared by the American – Occupational Therapy Association (Educating Students with Disabilities: What Academic and Fieldwork Educators Need to Know, 1997) and from the New York Institute of Technology (Technical Standards for Admission Matriculation to the Occupational Therapy Program / Student Handbook, 1998).



**YORK COLLEGE  
THE CITY UNIVERSITY OF NEW YORK  
BS/MS OCCUPATIONAL THERAPY PROGRAM**

**Essential Functions for Occupational Therapy Students**

- The commitment to work in an intense setting which challenges the individual to meet the needs of people of diverse cultures, age groups, and challenges. These individuals may be severely injured, limited by cognitive, emotional, and functional deficits and whose behavior may create at times an aversive reaction. This ability to interact with these individuals without being judgmental or prejudiced is critical in establishing one's professionalism and therapeutic relationship.
- The ability and commitment to work with individuals without regard to the nature of their illness or disability, culture, or age group.
- The ability to communicate verbally and in writing, using appropriate grammar and vocabulary, in order to build relationships with faculty, advisors, fellow graduate students, coworkers, and clients and their significant others. Proficiency in communication includes transactions with individuals and groups in learner, collegial, consultative, leadership, and task roles. Students must be able to elicit information, gather information, describe findings, and understand non-verbal behavior.
- The ability to meet the challenges of any environment that requires a readiness for immediate and appropriate response without interference of personal or medical problems. This requires training for emergencies (e.g., infection control).
- The ability to travel independently to and from classes and fieldwork assignments on time, and possess the organizational skills and stamina for performing required tasks and assignments within allotted time frames.
- Commitment to the adherence of policies of the college, the occupational therapy program, and the fieldwork sites. This includes matters ranging from professional dress and behavior, to attending to the occupational therapy program's academic schedule, which may differ from the college's academic calendar and is subject to change at any time.
- Emotional health for full utilization of intellect, the exercise of good judgment, prompt completion of responsibilities, and the development of mature sensitive and effective relationships with others. Working with persons in need often requires taxing workloads and adaptation to changing and challenging environments requiring flexibility and a spirit of cooperation.



- Critical thinking skills in order to be able to problem solve creatively, to master abstract ideas, and to synthesize information in order to handle the challenges of the academic, laboratory, and fieldwork settings.
  - Physical coordination to be able to handle moving clients and to direct clients in varied practice settings. Visual acuity and independent mobility, fine and gross movements, equilibrium, and the use of touch are essential to safety of clients, significant others, and staff.
  - Commitment to the code of ethics of the profession and behavior that reflects a sense of right and wrong in the helping environment.
- 

**I have reviewed the essential functions for the Occupational Therapy Program at York College. My signature below indicates that, to the best of my knowledge, I am able to meet these standards.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

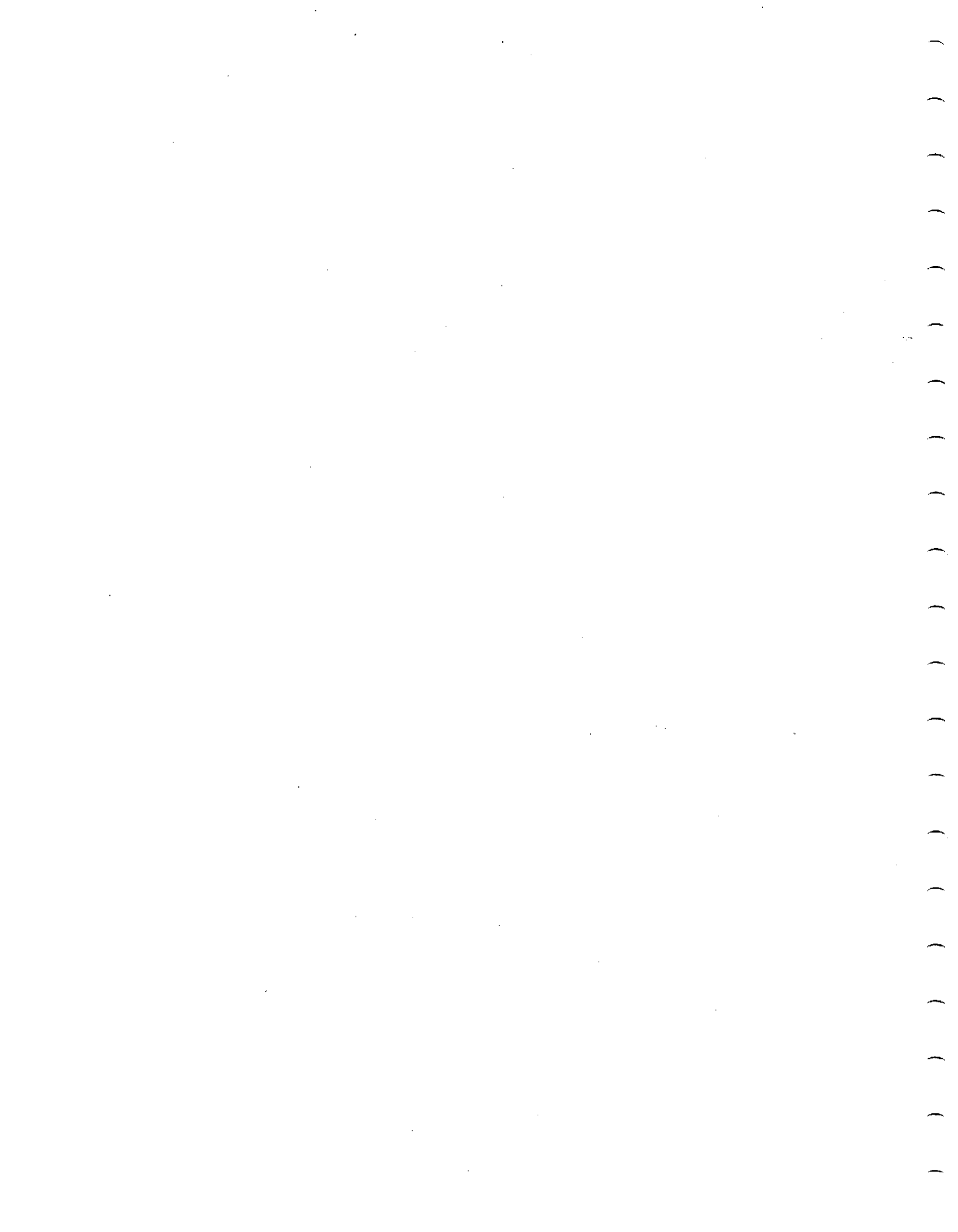




YORK COLLEGE  
THE CITY UNIVERSITY OF NEW YORK  
BS/MS OCCUPATIONAL THERAPY PROGRAM

**Essential Functions for Occupational Therapy Students**

- The commitment to work in an intense setting which challenges the individual to meet the needs of people of diverse cultures, age groups, and challenges. These individuals may be severely injured, limited by cognitive, emotional, and functional deficits and whose behavior may create at times an aversive reaction. This ability to interact with these individuals without being judgmental or prejudiced is critical in establishing one's professionalism and therapeutic relationship.
- The ability and commitment to work with individuals without regard to the nature of their illness or disability, culture, or age group.
- The ability to communicate verbally and in writing, using appropriate grammar and vocabulary, in order to build relationships with faculty, advisors, fellow graduate students, coworkers, and clients and their significant others. Proficiency in communication includes transactions with individuals and groups in learner, collegial, consultative, leadership, and task roles. Students must be able to elicit information, gather information, describe findings, and understand non-verbal behavior.
- The ability to meet the challenges of any environment that requires a readiness for immediate and appropriate response without interference of personal or medical problems. This requires training for emergencies (e.g., infection control).
- The ability to travel independently to and from classes and fieldwork assignments on time, and possess the organizational skills and stamina for performing required tasks and assignments within allotted time frames.
- Commitment to the adherence of policies of the college, the occupational therapy program, and the fieldwork sites. This includes matters ranging from professional dress and behavior, to attending to the occupational therapy program's academic schedule, which may differ from the college's academic calendar and is subject to change at any time.
- Emotional health for full utilization of intellect, the exercise of good judgment, prompt completion of responsibilities, and the development of mature sensitive and effective relationships with others. Working with persons in need often requires taxing workloads and adaptation to changing and challenging environments requiring flexibility and a spirit of cooperation.



- Critical thinking skills in order to be able to problem solve creatively, to master abstract ideas, and to synthesize information in order to handle the challenges of the academic, laboratory, and fieldwork settings.
- Physical coordination to be able to handle moving clients and to direct clients in varied practice settings. Visual acuity and independent mobility, fine and gross movements, equilibrium, and the use of touch are essential to safety of clients, significant others, and staff.
- Commitment to the code of ethics of the profession and behavior that reflects a sense of right and wrong in the helping environment.

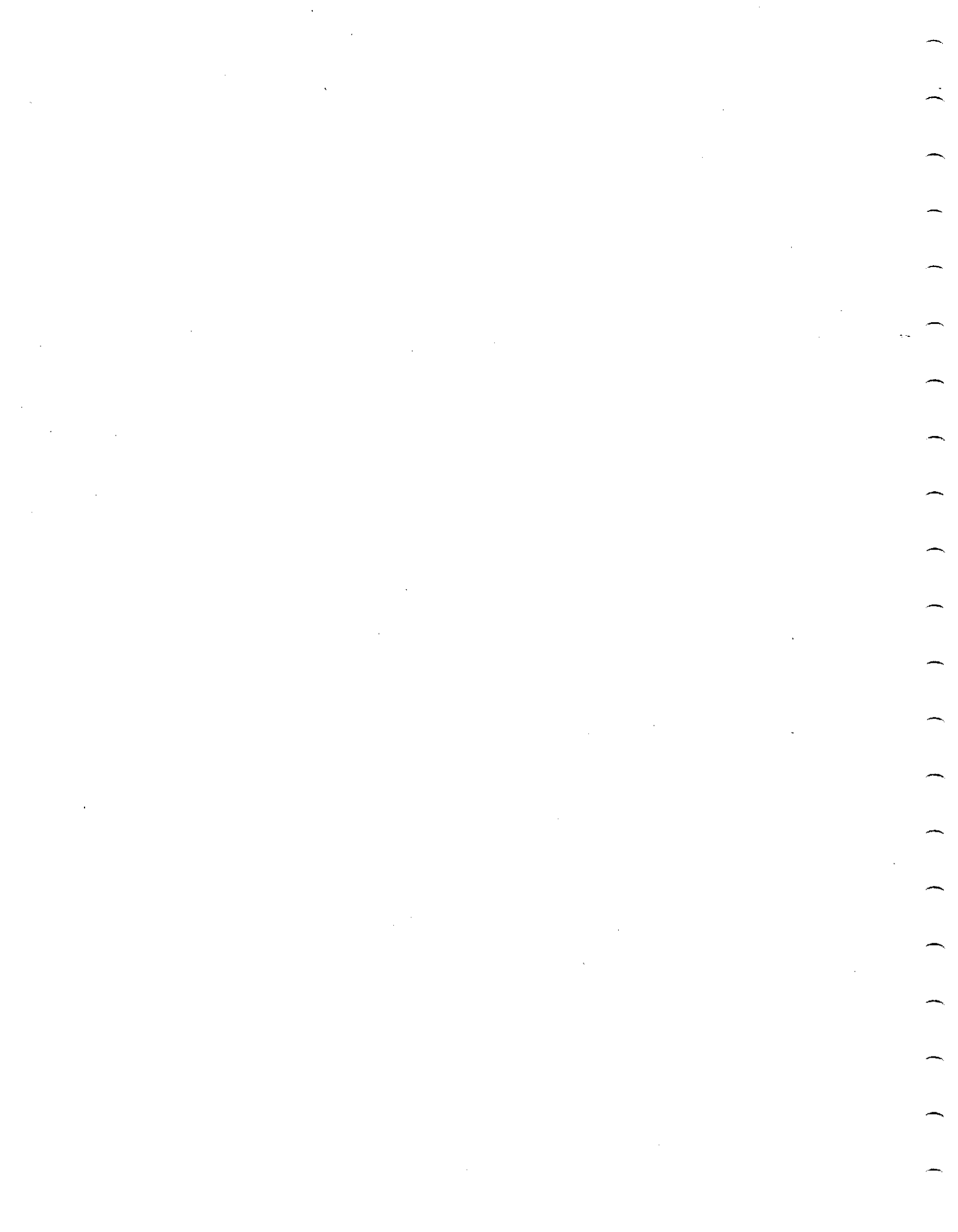
-----

**I have reviewed the essential functions for the Occupational Therapy Program at York College. My signature below indicates that, to the best of my knowledge, I am able to meet these standards.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



## CHANGE OF PERSONAL INFORMATION FORM

Program: Occupational Therapy

Name: \_\_\_\_\_  
Student Name - Print Clearly

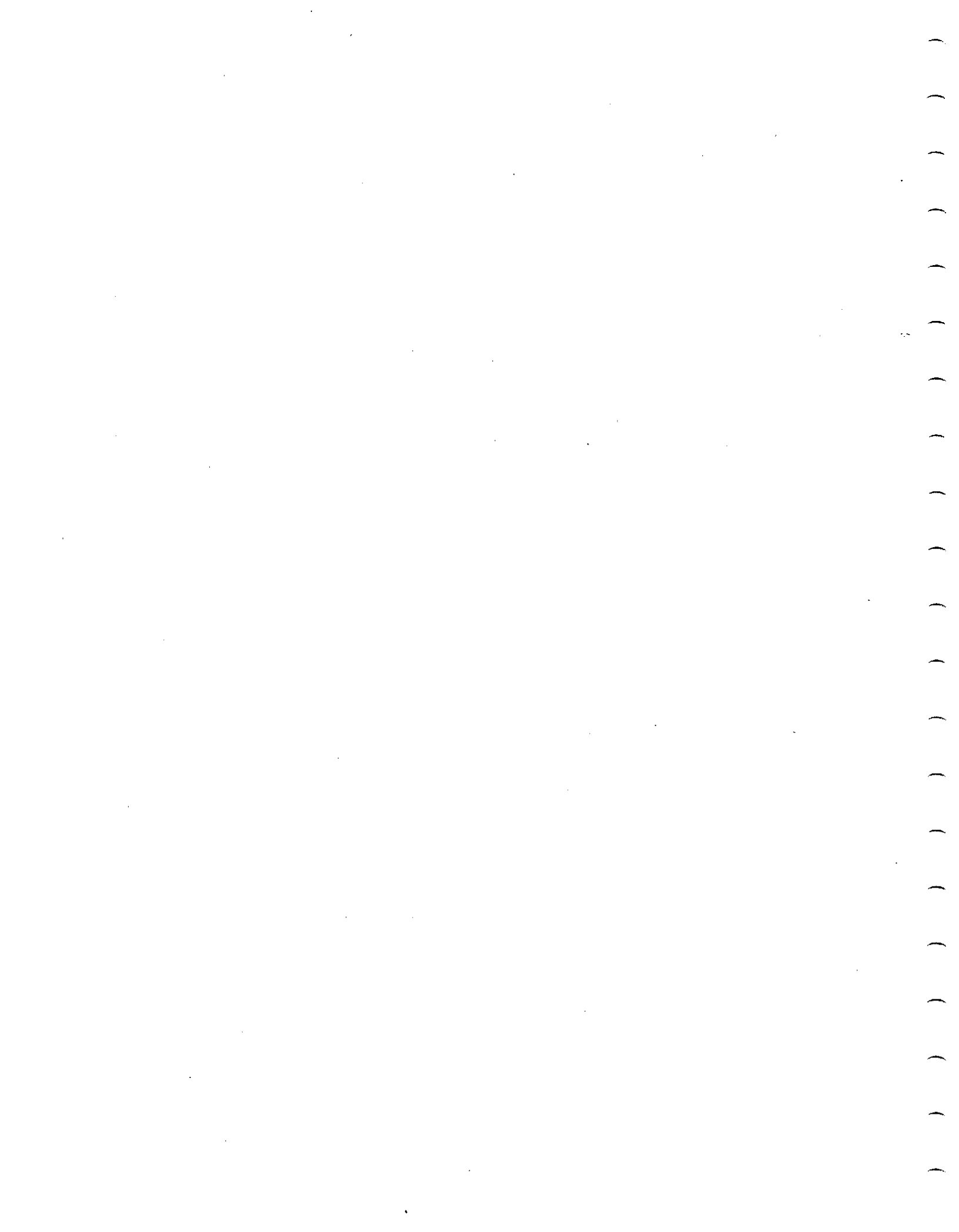
Social Security # \_\_\_\_\_

Please be advised that as of \_\_\_\_\_ the following information has  
changed: (date)

check  
all that  
apply

- ☐ Name: \_\_\_\_\_
- ☐ Address \_\_\_\_\_
- ☐ Home Phone Number: \_\_\_\_\_
- ☐ Cell Phone Number: \_\_\_\_\_
- ☐ E-Mail: \_\_\_\_\_
- ☐ Emergency Contact Person: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## CHANGE OF PERSONAL INFORMATION FORM

Program: Occupational Therapy

Name: \_\_\_\_\_  
Student Name - Print Clearly

Social Security # \_\_\_\_\_

Please be advised that as of \_\_\_\_\_ the following information has  
changed: (date)

check  
all that  
apply

☐ Name: \_\_\_\_\_

☐ Address \_\_\_\_\_

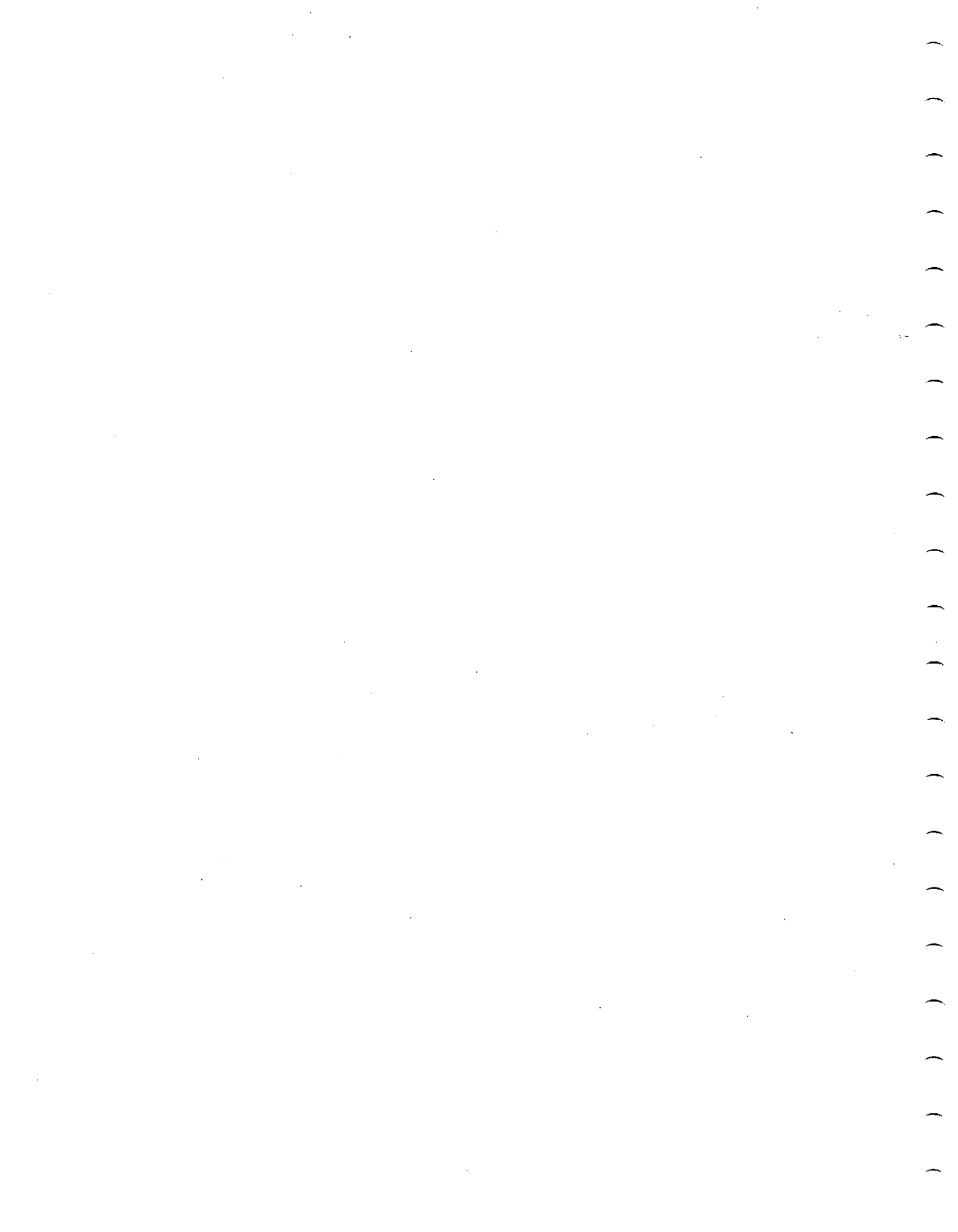
☐ Home Phone Number: \_\_\_\_\_

☐ Cell Phone Number: \_\_\_\_\_

☐ E-Mail: \_\_\_\_\_

☐ Emergency Contact Person: \_\_\_\_\_

☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# STUDENT PROFESSIONAL DEVELOPMENT FORM

Student Name \_\_\_\_\_ Fall ☐ Spring ☐

Advisor \_\_\_\_\_ Year \_\_\_\_\_

When completing this form think about your strengths and areas of needed growth related to professional behavior and competence in OT technical skills.

## STRENGTHS:

## AREAS FOR FURTHER DEVELOPMENT:

## PLAN AND GOALS:

Professional Skill Development: (Cooperation, Organization, etc.)

Technical Skill Development : ( Growth in a content area, completing readings etc.)

Strategies for achievement of above goals (ideas you have to achieve your goals):

Date to review plan/goals: ☐ Next semester evaluation ☐ Other: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## STUDENT SEMESTER EVALUATION SUMMARY

Student Name \_\_\_\_\_ Fall [ ] Spring [ ]

Advisor \_\_\_\_\_ Year \_\_\_\_\_

### Academic Progress:

Midterm Status: Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_  
Probation Yes \_\_\_\_\_ No \_\_\_\_\_

### Review of Student Professional Development Plan:

Progress toward Professional Goal(s):

Progress toward Technical Skill Competence Goal(s):

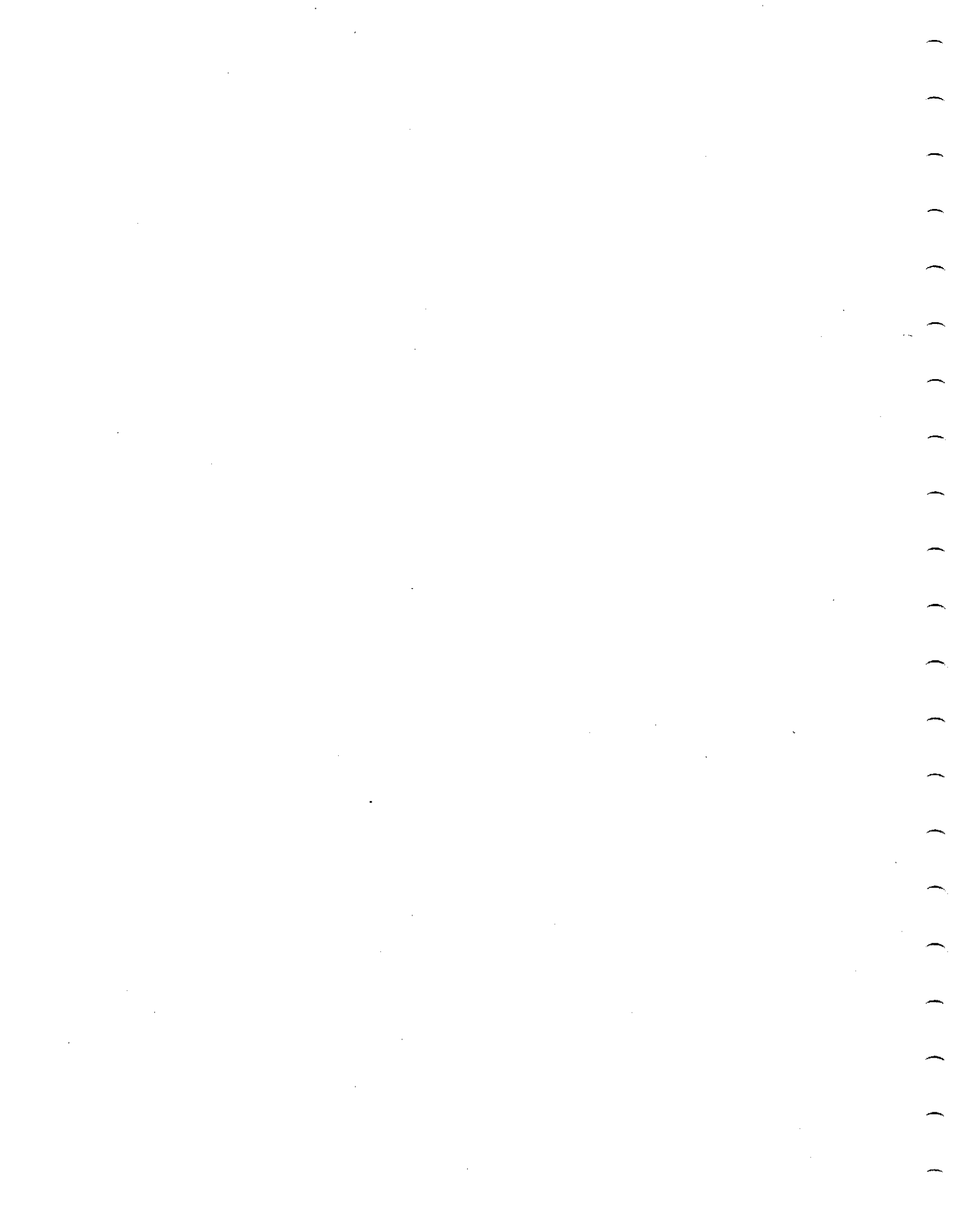
### Additional Comments: (From faculty or student, Initial comments)

I have read and discussed all of the above with a faculty member of the Department of Occupational Therapy at York College CUNY.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

- adapted from the USD handbook



**YORK COLLEGE THE CITY UNIVERSITY OF NEW YORK  
DEPARTMENT OF OCCUPATIONAL THERAPY**

**STUDENT PROFESSIONAL DEVELOPMENT RATING SHEET**

Student Name \_\_\_\_\_

	1 <sup>st</sup> Year FALL	1 <sup>st</sup> year SPRING	2 <sup>nd</sup> Year FALL	2 <sup>nd</sup> Year SPRING	3 <sup>rd</sup> Year FALL	3 <sup>rd</sup> Year SPRING	4 <sup>th</sup> Year FALL	4 <sup>th</sup> Year SPRING
1. Attendance								
2. Commitment to learning								
3. Laboratory Performance								
4. Time Management								
5. Communication								
6. Clinical Reasoning/Problem Solving								
7. Professional Behaviors								
Total								

Rating Scale: 0 Fails to meet criteria, 1: Elementary skills, 2: Developing Skills 3: Meets criteria

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Student's Signature \_\_\_\_\_ Date \_\_\_\_\_



# APPRAISAL OF STUDENT PROFESSIONAL DEVELOPMENT<sup>1</sup>

Use this form to track the development of professional behaviors critical to successful clinical performance.

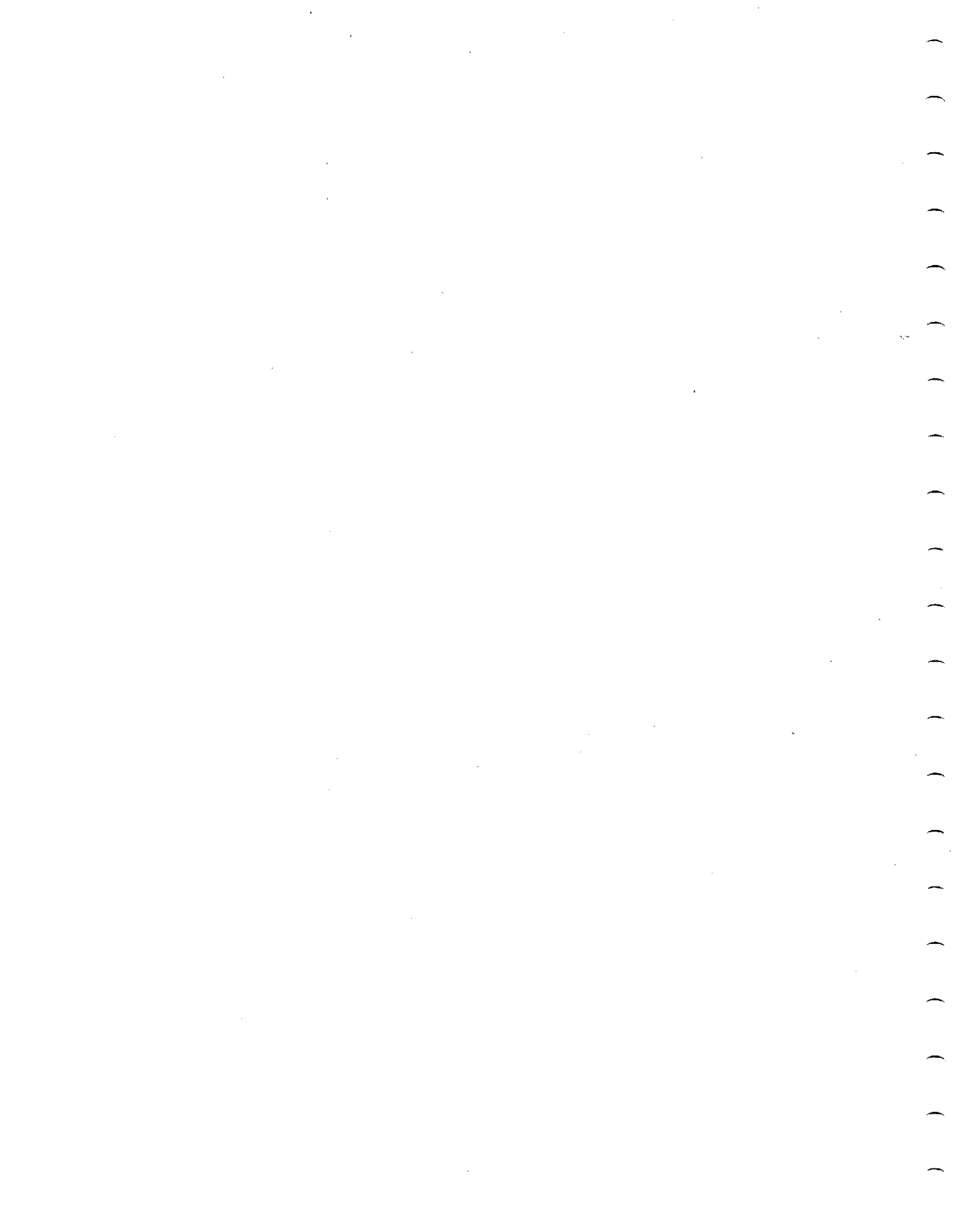
Rating	0 Fails to Meet Criteria	1 Elementary Skills	2 Developing Skills	3 Meets Criteria
1. ATTENDANCE	Frequently absent without explanation; is tardy or leaves early.	Occasionally absent, tardy, or leaves session early.	Usually notifies professor if cannot be in class; rarely tardy, seldom leaves early.	Consistently on time, remains in class entire session; absent only with justification.
2. COMMITMENT TO LEARNING	Frequently creates a disturbance in classroom, e.g., by involvement in off-task behaviors. Appears inattentive during lectures and discussions. Does not offer opinions or ask for clarification. Declines when encouraged to become more involved.	Occasionally appears distracted or disturbs others. Seldom volunteers information; comments indicate inadequate preparation. Frequently asks for statement of material.	Avoids distraction other students; demonstrates active listening. Volunteers information which shows preparation. Requests clarification of information.	Listens attentively in class. Promotes an effective learning environment by participation actively in class discussions, group projects and class presentation. Questions reflect analysis and synthesis of material. Understands commitment to life long learning.
3. LABORATORY PERFORMANCE	Difficulties performing lab assignments. Fails to meet standards for task performance; does not follow guidelines for safety precautions or handling of tools, equipment, or supplies.	Requires on-going supervision in order to meet standards for task performance. Participates with prompting in hands-on experiences; needs supervision for safety and maintenance issues.	Participates in most lab activities. Requires occasional supervision to meet standards of laboratory performance.	Participates in all lab activities, consistently listens to directions, and practices clinical skills under supervision. For lab performance.
4. TIME MANAGEMENT	Falls behind in work; fails to address issues of pace; blames others for failure to meet deadlines.	Gives personal excuses for falling behind; has difficulty using given strategies to meet deadlines.	Request assistance if falling behind, shows initiative in use of strategies to maintain academic work load.	Prioritizes tasks and responsibilities to meet deadlines.
5. COMMUNICATION	Cannot express ideas clearly in writing; argues or verbally attacks rather than discussing ideas, concepts or issues. Rarely makes eye contact. Unaware of body posture communication.	Written communication is awkward with frequent errors; debates rather than discusses ideas; often fails to respond to other ideas presented. Monopolizes conversation. Occasionally makes eye contact; rarely uses body posture to indicate interest or attention.	Writes clearly after spending time editing; listens to the ideas of others; offers own ideas as options. Usually makes eye contact; body posture generally communicates interest or engaged attention.	Writing is fluent and clear; open to the perspectives of others; readily presents ideas and verbalizes opposing opinions with constructive results. Uses eye contact appropriately. Body posture, consistently communicates interest or engaged attention.

P R O F E S S I O N A L S K I L L S

<sup>1</sup> This material adapted from: NYIT handbook

"Professional Development Assessment", J. Kasar, M. Clark, D. Watson, S. Pfister 1994; "Student Responsibilities for Learning," Texas State University form.

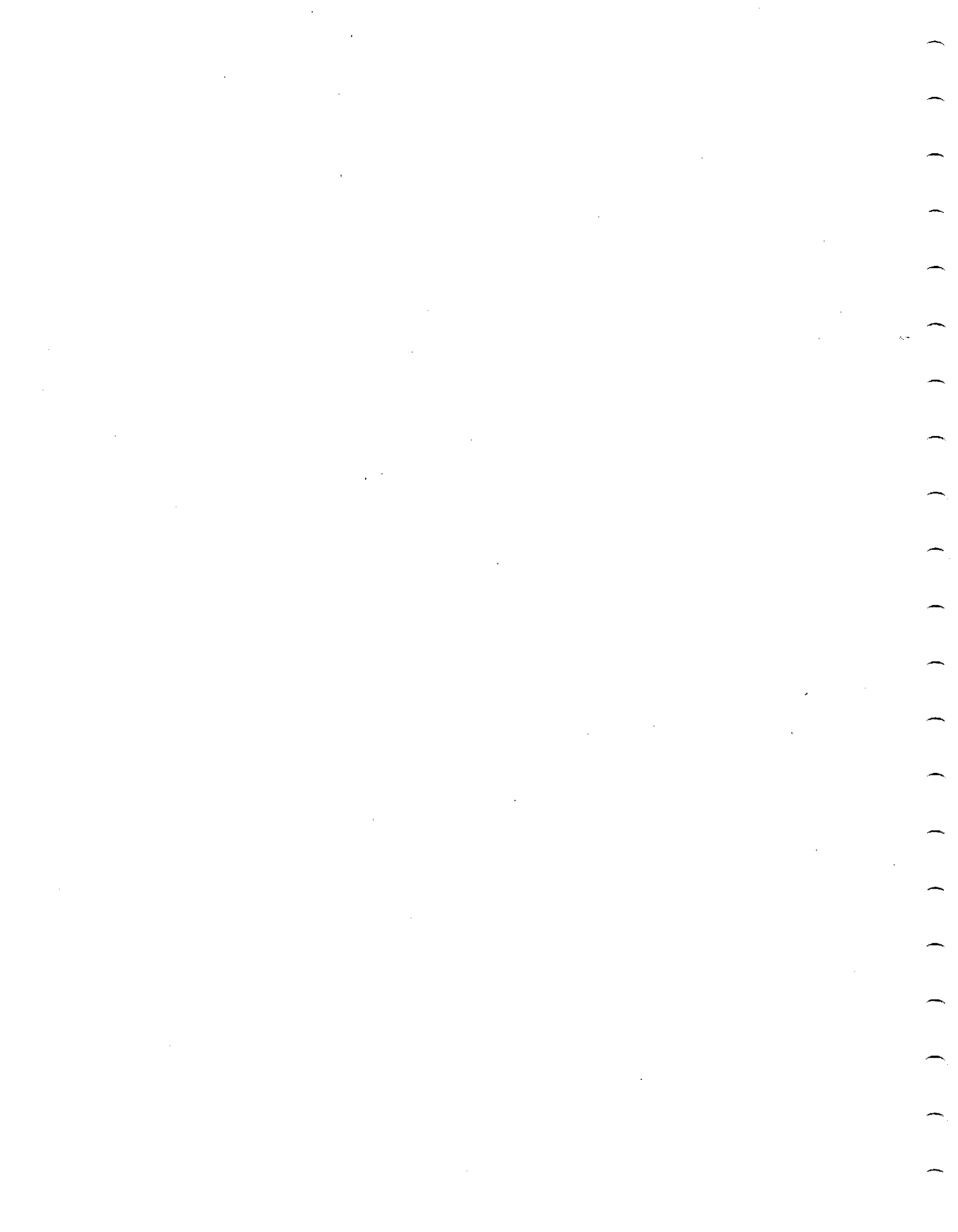
"Fieldwork Evaluation Form," Wisconsin; "Professional Development Evaluation Form," Occupational Therapy Educational Program of the Medical University of South Carolina





6. CLINICAL REASONING/PROBLEM SOLVING	Fails to identify errors and lapses in task behavior; difficulty analyzing and synthesizing new information.	Recognizes error and lapses in behaviors but fails to analyze and synthesize the information toward solution of problem	Identifies problems; requires assistance to interpret, strategize, and implement solutions.	Consistently and accurately identifies problems; proposes alternative solutions to complex issues and situations. Selects and implements appropriate strategies for problem resolution.
7. PROFESSIONAL BEHAVIORS	Interpersonal interactions are typically complaints, whining, and attribution of blame to others; bringing up issues after the fact. Inappropriate attire. Behavior is consistent with OT code of ethics.	Presents personal reasons for failure to meet responsibilities; criticizes indirectly. Rarely shows initiative, performs poorly in difficult situations. Inconsistent behavior regarding attire. Indicates initial awareness of OT code of ethics.	Accepts constructive criticism; assumes responsibility for commitments and mistakes; maintains supportive interactions of others; efforts; participates in extra-curricular activities. Adequately performs in difficult situation. Usually appropriately dressed. Will acknowledge code of ethics in most situations.	Maintains professional presentation and composure and displays appropriate and competent self assurance in difficult situations; requests feedback on strengths and weaknesses and modifies behavior appropriately; demonstrates flexibility by adjusting to change; contributes to group cohesiveness through knowledge and awareness of others; behavior is consistent with OT code of ethics. <sup>2</sup>

<sup>2</sup>See York Occupational Therapy Student Handbook; Occupational Therapy Code of Ethics



# STUDENT PROFESSIONAL DEVELOPMENT FORM

Student Name \_\_\_\_\_ Fall ☐ Spring ☐

Advisor \_\_\_\_\_ Year \_\_\_\_\_

When completing this form think about your strengths and areas of needed growth related to professional behavior and competence in OT technical skills.

## STRENGTHS:

## AREAS FOR FURTHER DEVELOPMENT:

## PLAN AND GOALS:

Professional Skill Development: (Cooperation, Organization, etc.)

Technical Skill Development : ( Growth in a content area, completing readings etc.)

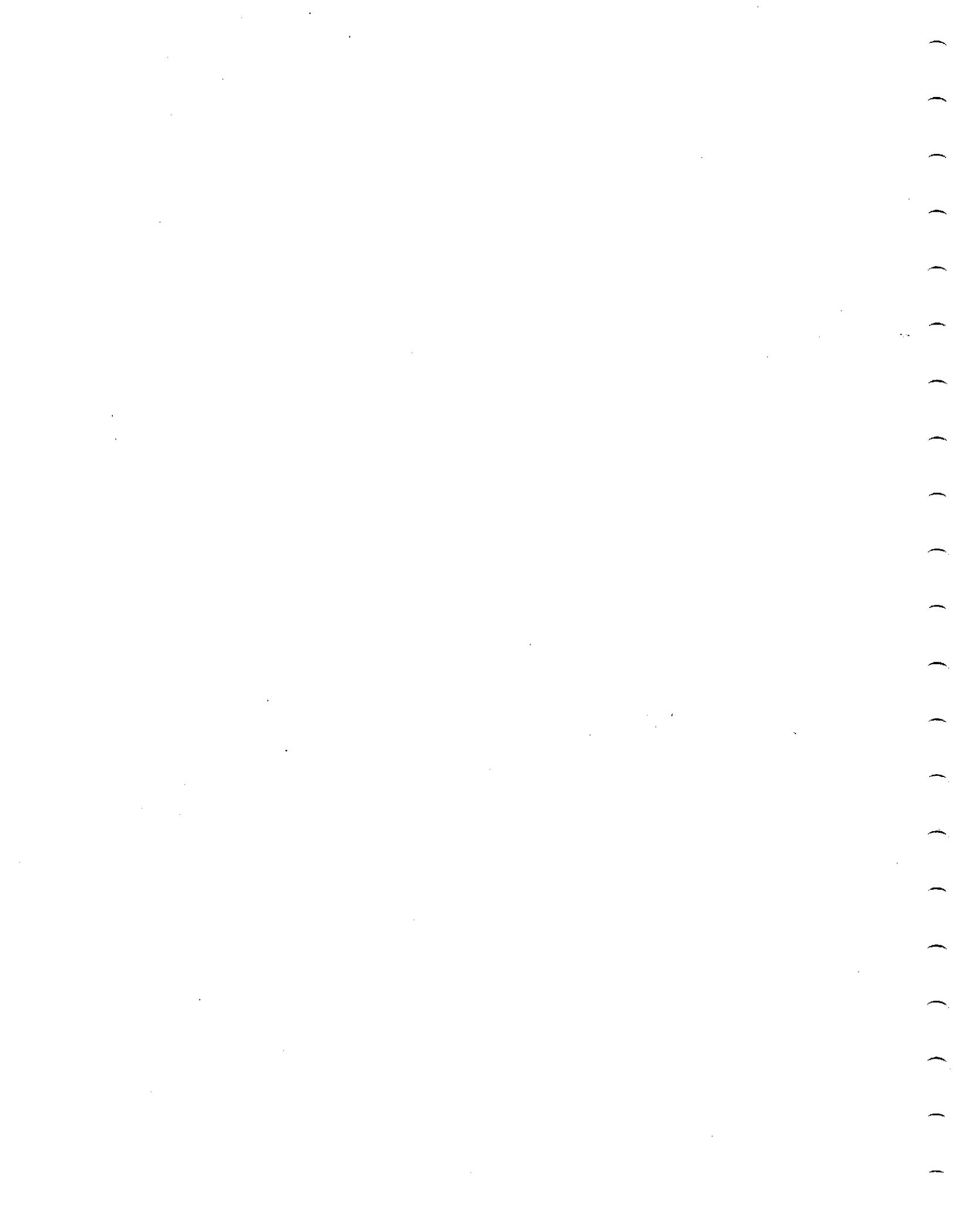
Strategies for achievement of above goals (ideas you have to achieve your goals):

Date to review plan/goals: ☐ Next semester evaluation ☐ Other: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## STUDENT SEMESTER EVALUATION SUMMARY

Student Name \_\_\_\_\_ Fall [ ] Spring [ ]

Advisor \_\_\_\_\_ Year \_\_\_\_\_

### Academic Progress:

Midterm Status: Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_  
Probation Yes \_\_\_\_\_ No \_\_\_\_\_

### Review of Student Professional Development Plan:

Progress toward Professional Goal(s):

Progress toward Technical Skill Competence Goal(s):

### Additional Comments: (From faculty or student, Initial comments)

I have read and discussed all of the above with a faculty member of the Department of Occupational Therapy at York College CUNY.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

- adapted from the USD handbook



**YORK COLLEGE THE CITY UNIVERSITY OF NEW YORK  
DEPARTMENT OF OCCUPATIONAL THERAPY**

**STUDENT PROFESSIONAL DEVELOPMENT RATING SHEET**

Student Name \_\_\_\_\_

	1 <sup>st</sup> Year FALL	1 <sup>st</sup> year SPRING	2 <sup>nd</sup> Year FALL	2 <sup>nd</sup> Year SPRING	3rd Year FALL	3rd Year SPRING	4th Year FALL	4th Year SPRING
1. Attendance								
2. Commitment to learning								
3. Laboratory Performance								
4. Time Management								
5. Communication								
6. Clinical Reasoning/Problem Solving								
7. Professional Behaviors								
Total								

Rating Scale: 0 Fails to meet criteria, 1: Elementary skills, 2: Developing Skills 3: Meets criteria  
 Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Student's Signature \_\_\_\_\_ Date \_\_\_\_\_





# APPRAISAL OF STUDENT PROFESSIONAL DEVELOPMENT <sup>1</sup>

Use this form to track the development of professional behaviors critical to successful clinical performance.

Rating	0 Fails to Meet Criteria	1 Elementary Skills	2 Developing Skills	3 Meets Criteria
1. ATTENDANCE	Frequently absent without explanation; is tardy or leaves early.	Occasionally absent, tardy, or leaves session early.	Usually notifies professor if cannot be in class; rarely tardy, seldom leaves early.	Consistently on time, remains in class entire session; absent only with justification.
2. COMMITMENT TO LEARNING	Frequently creates a disturbance in classroom, e.g., by involvement in off-task behaviors. Appears inattentive during lectures and discussions. Does not offer opinions or ask for clarification. Declines when encouraged to become more involved.	Occasionally appears distracted or disturbs others. Seldom volunteers information; comments indicate inadequate preparation. Frequently asks for statement of material.	Avoids distraction other students; demonstrates active listening. Volunteers information which shows preparation. Requests clarification of information.	Listens attentively in class. Promotes an effective learning environment by participation actively in class discussions, group projects and class presentation. Questions reflect analysis and synthesis of material. Understands commitment to life long learning.
3. LABORATORY PERFORMANCE	Difficulties performing lab assignments. Fails to meet standards for task performance; does not follow guidelines for safety precautions or handling of tools, equipment, or supplies.	Requires on-going supervision in order to meet standards for task performance. Participates with prompting in hands-on experiences; needs supervision for safety and maintenance issues.	Participates in most lab activities. Requires occasional supervision to meet standards of laboratory performance.	Participates in all lab activities, consistently listens to directions, and practices clinical skills under supervision. For lab performance.
4. TIME MANAGEMENT	Falls behind in work; fails to address issues of pace; blames others for failure to meet deadlines.	Gives personal excuses for falling behind; has difficulty using given strategies to meet deadlines.	Request assistance if falling behind, shows initiative in use of strategies to maintain academic work load.	Prioritizes tasks and responsibilities to meet deadlines.
5. COMMUNICATION	Cannot express ideas clearly in writing; argues or verbally attacks rather than discussing ideas, concepts or issues. Rarely makes eye contact. Unaware of body posture communication.	Written communication is awkward with frequent errors; debates rather than discusses ideas; often fails to respond to other ideas presented. Monopolizes conversation. Occasionally makes eye contact; rarely uses body posture to indicate interest or attention.	Writes clearly after spending time editing; listens to the ideas of others; offers own ideas as options. Usually makes eye contact; body posture generally communicates interest or engaged attention.	Writing is fluent and clear; open to the perspectives of others; readily presents ideas and verbalizes opposing opinions with constructive results. Uses eye contact appropriately. Body posture, consistently communicates interest or engaged attention.

P R O F E S S I O N A L S K I L L S

<sup>1</sup> This material adapted from: NYIT handbook "Professional Development Assessment," J. Kasar, M. Clark, D. Watson, S. Plesien 1994; "Student Responsibilities for Learning," "Texas State University form," "Fieldwork Evaluation Form," "Wisconsin Council," "Professional Development Evaluation Form," Occupational Therapy Educational Program of Health Professions of the Medical University of South Carolina



6. CLINICAL REASONING/PROBLEM SOLVING	Fails to identify errors and lapses in task behavior; difficulty analyzing and synthesizing new information.	Recognizes error and lapses in behaviors but fails to analyze and synthesize the information toward solution of problem	Identifies problems; requires assistance to interpret, strategize, and implement solutions.	Consistently and accurately identifies problems; proposes alternative solutions to complex issues and situations. Selects and implements appropriate strategies for problem resolution.
7. PROFESSIONAL BEHAVIORS	Interpersonal interactions are typically complaints, whining, and attribution of blame to others; bringing up issues after the fact. Inappropriate attire. Behavior is consistent with OT code of ethics.	Presents personal reasons for failure to meet responsibilities; criticizes indirectly. Rarely shows initiative, performs poorly in difficult situations. Inconsistent behavior regarding attire. Indicates initial awareness of OT code of ethics.	Accepts constructive criticism; assumes responsibility for commitments and mistakes; maintains supportive interactions of others; efforts; participates in extra-curricular activities. Adequately performs in difficult situation. Usually appropriately dressed. Will acknowledge code of ethics in most situations.	Maintains professional presentation and composure and displays appropriate and competent self assurance in difficult situations; requests feedback on strengths and weaknesses and modifies behavior appropriately; demonstrates flexibility by adjusting to change; contributes to group cohesiveness through knowledge and awareness of others; behavior is consistent with OT code of ethics. <sup>2</sup>

<sup>2</sup>See York Occupational Therapy Student Handbook; Occupational Therapy Code of Ethics



**Appendix A**  
**Course of Study**  
**Faculty and Staff Directory**



## BS/MS Occupational Therapy Program Plan of Study

Third Year		Spring	
OT 313 Fundamentals of Occupational Therapy	3 credits	OT 316 Functional Human Physiology/ Lecture & Lab	4 credits
OT 315 Functional Human Anatomy/ Lecture & Lab	4 credits	OT 318 Clinical Kinesiology/Lect. & Lab	4 credits
OT 321 Occupational Analysis/ Lect. & Lab	3 credits	OT 319 Common Medical Conditions	3 credits
OT 322 Occupation Through the Life Span	<u>3 credits</u>	OT 423 Collaboration in OT	<u>4 credits</u>
<b>Total: 13 credits</b>		<b>Total: 15 credits</b>	
Fourth Year		Spring	
OT 403 Advanced Occupational Analysis	3 credits	OT 504 Advanced Neuroscience	3 credits
OT 411 Occupational Therapy Process I: Pediatric Intervention	4 credits	OT 505 Occupational Therapy Process I: Physical Intervention	4 credits
OT 417 Research Methods	3.5 credits	OT 508 Occupational Therapy Process I: Psychosocial Intervention	4 credits
OT 432 Neuroscience	<u>3.5 credits</u>	OT 517 Research Design	3 credits
<b>Total: 14 credits</b>		OT 518 Research Seminar I	<u>1 credit</u>
		<b>Total: 15 credits</b>	
Fifth Year		Spring	
OT 506 Occupational Therapy Process II: Physical Intervention	4 credits	OT 641 Fieldwork II (Full-time Internship Experience) Occupational Therapy Practice I	1 credit
OT 509 Occupational Therapy Process II: Psychosocial Intervention	4 credits	OT 642 Fieldwork II (Full-time Internship Experience) Occupational Therapy Practice II	<u>1 credit</u>
OT 513 Systems Management	3 credits	<b>Total: 2 credits</b>	
OT 519 Research Seminar II	1 credit		
OT 523 Use of Orthotics in OT	1 credit		
OT 524 Use of Physical Agent Modalities	<u>1 credit</u>		
<b>Total: 14 credits</b>			
Sixth Year			
OT 522 Research Seminar IV	2 credits		
OT 643 Capstone Community Experience	4 credits		
OT 644 Advanced OT Theory & Practice	3 credits		
OT 645 A or B Occupational Therapy Practice	3 credits		
OT 647 Assistive Technology	<u>2 credits</u>		
<b>Total: 14 credits</b>			

DEPARTMENT OF OCCUPATIONAL THERAPY FACULTY AND STAFF  
ACADEMIC YEAR 2012-2013  
PHONE (718) 262-2720 FAX (718) 262-2767

**Faculty**

<u>Name</u>	<u>Ext.</u>	<u>Room</u>	<u>E-mail</u>
Dr. Andrea Krauss (Chairperson)	2727	1E12D	<a href="mailto:akrauss@york.cuny.edu">akrauss@york.cuny.edu</a>
Prof. Donald Auriemma	2725	1C09	<a href="mailto:auriemma@york.cuny.edu">auriemma@york.cuny.edu</a>
Dr. Tamara Avi-Itzhak	3761	1E12F	<a href="mailto:taitzhak@york.cuny.edu">taitzhak@york.cuny.edu</a>
Prof. Sharon Faust	2736	1E12C	<a href="mailto:faust@york.cuny.edu">faust@york.cuny.edu</a>
Dr. Beverly Horowitz	2724	1E12B	<a href="mailto:bhorowitz@york.cuny.edu">bhorowitz@york.cuny.edu</a>
Dr. Lillian Kaplan	2762	1E12G	<a href="mailto:kaplan@york.cuny.edu">kaplan@york.cuny.edu</a>

**Manager, Academic Support Services**

Ms. Janet Guidi	3875	1E12	<a href="mailto:jguidi@york.cuny.edu">jguidi@york.cuny.edu</a>
-----------------	------	------	--

**College Lab Technician**

Mr. Robert Saby, Head CLT	2859	1E12	<a href="mailto:rsaby@york.cuny.edu">rsaby@york.cuny.edu</a>
---------------------------	------	------	--

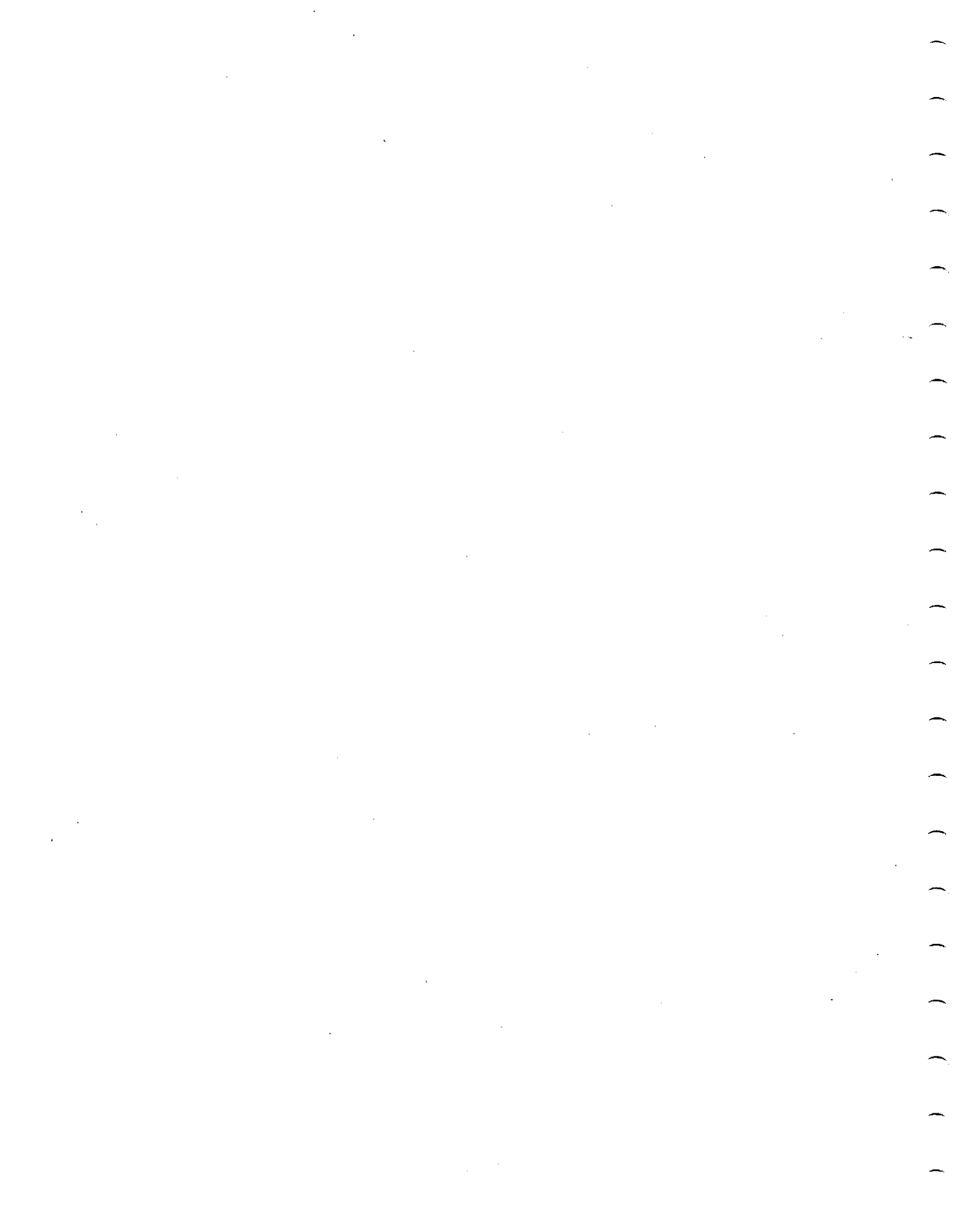
**Staff**

Ms. Tiffany Cardona, CA	2720	1E12	<a href="mailto:tcardona2@york.cuny.edu">tcardona2@york.cuny.edu</a>
-------------------------	------	------	--



## **Appendix B**

### **Scholarship Information**



## SCHOLARSHIP INFORMATION

The following is not an exhaustive list of scholarship opportunities. Please see the department or the Office of Student Activities for additional resources.

### **The American Occupational Therapy Foundation (AOTF)**

Approximately 90 scholarship opportunities available for Occupational Therapy students

<http://www.aotf.org/scholarshipsgrants/scholarshipprogram/eligibilityandscholarshipavailability.aspx>

### **AMBUCS Scholars Program**

Scholarship opportunities for students pursuing degrees in various therapies

<http://www.ambucs.com/scholarship-program-information/>

### **Department Of Education Scholarship**

Students in the York College BS/MS Program of Occupational Therapy of good standing may apply for Department of Education scholarships after attending one year. See the program Director Dr. Andrea Krauss for more details.

### **Sallie Mae Fund Unmet Need Scholarship Program: (5/31)**

For undergraduate students who demonstrate financial need of more than \$1,000 without loans, have a combined family income of \$30,000 or less, and have a cumulative grade point average between 2.5 and 3.0. Eligible students must submit both a copy of the student application and financial aid administration form. Contact: Scholarship America, 1505 Riverview Road, P.O. Box 297, St. Peter, MN 56082/WEB: <http://www.thesalliemafund.org/>

### **J.W. Saxe Memorial Fund: (3/15)**

\$1,500 offered to graduate and undergraduate students working in public service fields. The award is meant to enable students to gain practical experience in public service by taking a lot paying or no pay job internship by supplementing their income. Preference given to students who already have an internship lined up. Contact: 1524 31<sup>st</sup> St. N.W. Washington, DC 20007/WEB: <http://www.jwsaxefund.org/>

### **Leopold Schepp Foundation: (no deadline)**

Applicants must be citizens of the U.S. or permanent residents and have a minimum GPA of 3.0. Award is based on character, ability, and financial need. Undergraduate age limit is 30. To receive an application the applicant must write the Leopold Schepp Foundation. A personal interview in New York is part of the application process. No funds are provided for travel. Contact: 551 Fifth Ave. Ste. 3000 New York, NY 10176-2597 for a brochure with more details. <http://www.scheppfoundation.org/>

### **Sertoma: (5/1)**

Student must have a clinically significant bilateral hearing loss. Must be enrolled in a degree-seeking program with a 3.2 GPA. Contact: Sertoma International, \$1,000 Scholarship for Hearing Impaired Students, 1912 East Meyer Blvd., Kansas City, MO 64132-1174/WEB: <http://www.sertoma.org/>

**The Charles Shafae' Scholarship Fund: (9/1)**

You must be a legal resident of the U.S. or an international student with a valid visa. Age 18-22 with GPA 3.2 or more. Essay covering these three questions: What degree do you plan on attaining and what are your goals once you have it? Using your college or university education, how do you intend to make your mark on the world? How is your new degree going to affect your career goals? **SUBMIT ON-LINE ONLY.** Contact: 1-866-693-EDIT(3348)/WEB: <http://www.papercheck.com/scholarships.html>

**Sigma Alpha Iota: (varies)**

Various awards available for Sigma Alpha Iota members. Contact: 7 Hickey Drive, Framingham Ctr, MA 01701-8812/Phone: (508) 872-0735

**New York State Black Occupational Therapy Caucus Scholarship: (12/1)**

The Delores B. Chandler Scholarship is awarded to qualified black students in recognition of academic performance and commitment to community service. The \$800 scholarships will be awarded to students matriculating in an accredited professional program. Students must be full or part-time black students who are New York state residents and enrolled in an accredited state occupational therapy program, have a GPA of 2.5 or better over the course of two semesters of core occupational therapy courses, and have demonstrated a commitment to community service in the spirit of Delores B. Chandler. For more information see Professor Sharon Faust. <http://www.nysbotc.com/>

**Society of Daughters of the United States Army: (3/1)**

Must have a minimum GPA of 3.0. Must be the daughter or granddaughter of a career warrant or commissioned officer of the U.S. army who 1) is currently on active duty; 2) retired after 20 years of service; or 3) was medically retired after 20 years of service; 4) died while on active duty or retiring with 20 or more years of active service. The U.S. army must have been the primary occupation of the father or grandfather. Must send SASE for application. Contact: Scholarship Chairman, 7717 Rockledge Court, Springfield, VA 22152-3854

**Soroptimist Foundation: (12/1)**

The Women's Opportunity Award is open to female heads of household who demonstrate financial need and are motivated to achieve educational and career goals. Must be attending college. Note: This is a monetary award that is taxable. WEB: [www.soroptimist.org](http://www.soroptimist.org)

**Spina Bifida Association of America: (4/2)**

Applicant must have spina bifida, must be a high school graduate or possess a GED, and applicant must be enrolled in or accepted to an accredited college, junior college, vocational school, or business school. Contact: 4590 MacArthur Boulevard NW, Suite 250, Washington, DC 20007-4226/Phone: (202) 944-3285/WEB: [www.sbaa.org](http://www.sbaa.org)

**Patrick Stewart Human Rights Scholarship: (3/15)**

Awards are for summer internships or short-term human rights projects to gain practical experience in the field. Amnesty International USA awards scholarships to be used for travel, materials and other expenses for hands-on experience as an activist. Must be a U.S. citizen and a college student. Propose a specific project or internships that addresses a human rights issue that you have interest or experience in. Contact: Amnesty International Field Program, 600 Pennsylvania Ave. SE, 5<sup>th</sup> Floor, Washington, DC 20003/PHONE: (202) 544-0200/WEB: <http://www.amnestyusa.org/patrickstewart/>

**Sunshine Lady Foundation: (on-going)**

Must be a woman who has survived domestic (partner abuse) violence. Must be a U.S. citizen or legal resident of the U.S., exhibit financial need, and have a desire to upgrade skills for career advancement or reenter the job market. Officially accepted in an accredited U.S. college/university. Contact: 4900 Randall Parkway, Suite H, Wilmington, NC 28403/PHONE: 910-397-7742/WEB: <http://www.wispinc.org/>

**Talbots Women's Scholarship Fund: (3/4)**

Must be a woman, currently residing in the U.S. who is enrolled or planning to enroll in a full- or part-time undergraduate course of study at an accredited two- or four-year college, university, or vocational-technical school. Must have graduated from high school before September 1002. Must have at least two semesters or a minimum of 24 credits left to complete undergraduate degree as of beginning of fall 2002. Contact: 1505 Riverview Rd. P.O. Box 297 St. Peter, MN 56082/Phone: (507) 931-1682/WEB: <http://www.talbotsinc.com/brands/talbots/charitable.asp>

**TextbookX.com (12/15)**

Available to U.S. college students, legal residents of U.S., or an international student with a valid visa. Write a 250-750 word essay: Does science leave room for faith? Does faith leave room for science? Make reference to one book that has influenced your thoughts. ONLINE APPLICATION ONLY. WEB: <http://www.textbookx.com/scholarship/>

**Third Wave Scholarship for Young Women: (5/1 & 10/1)**

For full or part time students age 30 or younger who are enrolled at or have been accepted to an accredited college, university, or community college. The primary criterion for this scholarship is financial need. Students should also be involved as activists, artists, or cultural workers working on issues such as racism, homophobia, sexism, or other forms of inequality. Contact: 511 W 25<sup>th</sup> St. Suite 301, New York, NY 10001/Phone: 212-675-0700/E-mail: [info@thirdwavefoundation.org](mailto:info@thirdwavefoundation.org)/WEB: <http://www.thirdwavefoundation.org/>

**Transgender Scholarship and Education Legacy Fund: (2/1, 8/1)**

Applicants must be transgender identified who will be enrolled in a post-secondary program in helping and caring such as social work, health care, religious services or law. Applicants must not be a prior winner of this award and must be living full time in a gender or sex role that is different from the one assigned to them at birth. Contact: TSELF Award Committee, P.O. Box 540229, Waltham, MA 02454-0229/(781) 899-2212.WEB: <http://www.tself.org/>

**Harry S. Truman Foundation: (12/2)**

Must be nominated by the college and be a junior or senior working toward a career in government or public service and show an exemplary community service record. Contact: 712 Jackson Place, NW Washington, DC 20006/Phone: (202) 395-483/WEB: [www.truman.gov/](http://www.truman.gov/)

**Tylenol Scholarship Fund: (1/15)**

Many scholarships available for undergraduate level study at an accredited two or four year college or university or a vocational-technical school. Selection based on academic record, leadership responsibilities in school and community, and a clear statement of education goals. Contact: 1505 Riverview Road, P.O. Box 88 St. Peter, MN, 560882/WEB: <http://www.tylenol.com/scholarship/>

**Ulman Cancer Fund for Young Adults: (4/1)**

Matt Stauffer Memorial Scholarship supports the financial needs of college students who are battling, or have overcome cancer and who display financial need. Contact: PMB #505, 4725 Dorsey Hall Drive, Suite A, Ellicott City, MD 21042/PHONE: 410-964-0202/E-mail: [scholarship@ulmanfund.org](mailto:scholarship@ulmanfund.org)/ WEB: <http://www.ulmanfund.org/University-Outreach/College-Scholarship-Program.aspx>

**An Uncommon Legacy Foundation, Inc. (7/1)**

Outstanding lesbian students in either graduate or undergraduate studies. Consideration will be given based on the following factors: academic performance, honors, personal/financial hardship, and service to the gay and lesbian community. Contact: P.O. Box 33727, Washington, DC 20033/PHONE: (202) 265-1926/WEB: <http://www.uncommonlegacy.org/>

**Union Plus Scholarship (1/31)**

Must be a spouse or dependant of a union participating in the Union Plus program. Participating union members from Puerto Rico, Canada, Guam and Virgin Islands and U.S. citizens are eligible. Contact: Union Privilege, 1125 15<sup>th</sup> St., N.W., Suite 300, Washington, DC 20005/WEB: <http://www.unionplus.org/benefits/education/scholarships/up.cfm>

**The U.S. Department of Health and Human Services Bureau of Health Professions**

The Scholarships for Disadvantaged Students program provides scholarships to full-time, financially needy students from disadvantaged backgrounds, enrolled in health professions and nursing programs. <http://bhpr.hrsa.gov/dsa/sds.htm>

**Elie Wiesel Prize in Ethics Essay Contest: (12/2)**

Must be a full time student in junior or senior year enrolled in an accredited college or university in the US or Canada. Essay of 3,000-4,000 words must be student's original, unpublished work. Contact: The Elie Wiesel Foundation for Humanity, 529 Fifth Avenue, Suite 1802, New York, NY 10017/WEB: <http://www.eliewiesel.org/>

**Women In Defense: (7/1, 12/1)**

Must be a U.S. citizen and obtained junior year status in an accredited university. Must be pursuing a career in Engineering, Computer Science, Physics, Mathematics, Business, Law, International Relations, Political Science, Operations Research, or Economics. Others will be considered if the applicant can successfully demonstrate relevance to a career in the areas of national security or defense. Contact: HORIZONS Foundation, c/o National Defense Industrial Association, 2111 Wilson Blvd., Suite 400, Arlington, VA 22201-3061/PHONE: 703-247-2552/WEB: <http://wid.ndia.org/horizon/index.htm>

**Women of the Evangelical Lutheran Church of America: (ELCA) (4/1)**

Several scholarships for Undergraduate and Graduate students who are over 21 years old and a member of an ELCA congregation. Contact: 8765 W. Higgins. R., Chicago, IL 60631/PHONE: 1-800-638-3522/WEB: <http://www.elca.org/wo/scholpro.html>

**Women's Research and Education Institute: (2/15)**

Offers a fellowship to enable women graduate students to work in the field in a congressional office. Contact: 1750 New York, Ave., NW, Suite 350 Washington, DC 20006/ Phone: (202) 628-0444 <http://www.wrei.org/>

**Writers of the Future: (1/1, 10/1, 4/1, 7/1)**

New and amateur writers of new short stories or novelettes of science fiction or fantasy. Original, unpublished prose up to 17,000 words. No works intended for children. May submit quarterly. Contact: L. Ron Hubbard's Writers of the Future Contest. P.O. Box 1630, Los Angeles, CA 90078/WEB: <http://www.writersofthefuture.com/>

**Zeta Phi Beta Sorority, Inc.: (2/1)**

Offers a variety of graduate and undergraduate scholarships for women, both members and non-members of Zeta Phi Beta Sorority, Inc. Areas of study include medicine, education, counseling, and anthropology. Contact: Zeta Phi Beta Sorority, Inc., National Educational Foundation, 1734 New Hampshire Avenue, NW, Washington, DC 20009/WEB: <http://www.zphib1920.org/>

**WEB PAGE SCHOLARSHIPS**

1. AOTA Scholarship resources  
<http://www.aota.org/Students/Aid/Scholarships.aspx>
2. Health Careers Foundation  
<http://www.hcfinfo.org/services.html>
3. Ron Brown Scholarships Leadership, community service, all fields.  
<http://www.RonBrown.org>
4. Jackie Robinson Foundation Scholarships All Fields  
<http://www.JackieRobinson.org>
5. Project Excellence Scholarships Community Service, all fields  
<http://www.project-excellence.com>
6. United College Fund Scholarships Awards Vary (Details at Site)  
<http://www.uncf.org/programs>
7. Intel Science Talent Search Scholarships  
Must present a scientific research project  
<http://www.sciserv.org>
8. Gates Millennium Scholarships Based on Financial need  
<http://www.gmsp.org>
9. ARMY Scholarships (For Historically Black Colleges)  
Must be enrolled in Army ROTC  
<http://www.usarotc.com/index.html>
10. Cola-Cola Scholars Scholarships  
Scholars with academic, leadership, and talent qualities.  
<http://www.coca-colascholars.org>

11. Ambassadorial Scholarships Bilingual Students (Any language)  
<http://www.rotary.org/foundafipn/education/ambscho.html>
12. Ronald McDonald House Charities & The United Negro College Fund  
Must be studying at a HBCU that is member of the UNCF  
<http://www.mcdonalds.com/countries/usa/community/education/scholarshipindex.html>
13. Alpha Kappa Alpha Scholarship  
<http://www.akaeafg.org/scholarshipprogram>
14. National Alliance for Excellence Scholarship  
Students competitors with talent  
<http://www.excellence.org/progrpms.html>
15. Harry S. Truman Scholarship  
For students who intend to pursue a career in public service or government  
<http://www.truman.gov>



## **Appendix C**

### **Important Word Meanings**



## IMPORTANT WORD MEANINGS

Good answers to essay questions depend in part upon a clear understanding of the meanings of important directive words. Words like *explain*, *compare*, *contrast*, and *justify* indicate the way in which the material is to be presented. Background knowledge of the subject matter is essential, but evidence of this knowledge is not enough. If you are asked to *compare* the British and the American secondary school systems, you will get little or no credit if you *criticize* the school systems and you are not answering the question if you merely explain how the systems operate. A paper is satisfactory only if it answers directly the question that was asked.

The words that follow are frequently used in essay examinations. Learn their meanings. (Definitions are followed by examples).

1. Enumerate .name over, one after another; list in concise form. Enumerate the great Dutch painters of the 17<sup>th</sup> century.
2. Evaluate .give the good points and the bad ones; appraise; give an opinion regarding the value of; talk over the advantages and the limitations. Evaluate the contributions of teaching machines.
3. Contrast .bring out the points of difference. Contrast the novels of Jane Austen and William Makepeace Thackeray.
4. Explain .make clear; interpret; make plain; tell "how" to do; tell the meaning of Explain how, at times, cold can trigger a full-scale rainstorm.
5. Describe .give an account of; tell about; give a word picture of. Describe the pyramids of Giza.
6. Define .give the meaning of a word or concept; place in the class of which it belongs and set it off from other items in the same class. Define the term "archetype".
7. Compare .bring out points of similarity and points of difference. Compare the legislative branches of the state government and the national government.
8. Discuss .talk over; consider from various points of view; present the different sides of Discuss the use of pesticides in controlling mosquitoes.
9. Criticize .state your opinion of the correctness of merits of an item or issue; criticism may approve or disapprove. Criticize the increasing use of executive agreement in international negotiations.
10. Trace- follow the course of; follow the trail of; give a description of progress. Trace the development of television in school instruction.
11. Interpret- make plain; give the meaning of; give your thinking about; translate. Interpret the poetic line, "The sound of a cobweb snapping is the noise of my life".
12. Prove- establish the truth of something by giving factual evidence or logical reasons. Prove that in a full-employment economy, a society can get more of one product by giving up another product.

13. Illustrate- use a word picture, a diagram, a chart, or a concrete example to clarify a point. Illustrate the use of catapults in the amphibious warfare of Alexander the Great.
14. Summarize- sum up; give the main points briefly. Summarize the ways in which man preserves food.

# **Part 2**

## **Fieldwork Manual**

# **Section 1**

## **Fieldwork Manual**

## **PURPOSE OF THIS MANUAL**

- This manual has been prepared to assist the student and fieldwork educator in the clinical portion of the BS/MS Occupational Therapy Program at York College of CUNY. The policies and procedures in this manual have been established to guide each student in attaining entry-level competence as an occupational therapy professional. All students are required to abide by these policies and procedures.

## **PHILOSOPHY OF FIELDWORK EDUCATION**

- The Accreditation Council for Occupational Therapy Education (ACOTE) and York College consider fieldwork to be an integral component of the educational curriculum. Fieldwork Education prepares each student for practice as a generalist and includes broad exposure to current practice settings. The BS/MS Occupational Therapy Program at York College, CUNY has established affiliation agreements with variety clinical sites including general hospitals, rehabilitation centers, mental health facilities and community treatment centers, skilled nursing facilities, pediatric facilities and schools.
- Agreements are continually developed to ensure each student receives an exposure to a wide range of occupational therapy practice across the lifespan.
- The Occupational Therapy program's curriculum prepares the student to analyze clinical problems, develop appropriate treatment services and convey information to clients, colleagues and other health professionals. As a practitioner, a therapist must be competent in providing a wide range of patient care services, as well as participating in research and administrative activities. The fieldwork experiences throughout the educational process are critical in assisting the student to achieve these competencies.
- The Accreditation Council for OT Education (ACOTE) requires that occupational therapy education include both Level I and Level II Fieldwork. The goal of Level I fieldwork is to introduce students to the clinical experience, to apply knowledge to practice, and to develop an understanding of the needs of clients. The goal of Level II fieldwork is to develop competent, entry-level, occupational therapists. Level II fieldwork provides in-depth experiences in delivering occupational therapy services to clients across the lifespan and in a variety of settings, focusing on the application of purposeful and meaningful occupation and/or research, administration and management of occupational therapy services.

**\*Note- A level I fieldwork experience can never count toward or replace a level II experience**

## **FIELDWORK EXPERIENCES**

Fieldwork is the first opportunity for students to have a clinical experience. The experiences are designed to help students make the connection between the classroom and practice.

At York College the BS/MS Occupational Therapy Program fieldwork is divided into two sections:

### **Fieldwork I**

- The current Fieldwork Level I experiences for the BS/MS program at York College CUNY have been integrated into the educational objectives and curriculum design within the didactic component of the program. All Fieldwork I experiences involve one full day each week, for 12 weeks per course, at a facility that provides health care to the community. Fieldwork I is tied to specific course curricula with grading practices and course credits reflected in the individual course syllabi of OT 505, 506, 508 and 509.
- Experiential Learning experiences are reflected in the Service Learning and Observational portions of the curriculum. Students in the OT 423 Collaboration in Occupational Therapy, OT 645A or B Occupational Therapy Practice, participate in a structured learning experience that combines service to the community with student learning. Emphasis is on therapeutic use of self, professional behaviors, collaboration, and social consciousness with clients. In OT 411, Pediatric Assessment/Intervention course, students will observe assessment and treatment in facilities that provide pediatric health care to the community.

### **Fieldwork II**

- Fieldwork Level II occurs after the completion of the didactic portion of the program and involves 24 weeks of full Time clinical work applying theory of treatment in two different supervised clinical settings. All Level II Fieldwork experiences must be completed within one year following academic coursework.

### **York College Capstone in the Community Experience:**

- Capstone Community Experience builds upon and applies content from OT513. Application includes needs assessments of community agencies to identify potential roles for occupational therapy (emerging areas of practice). Outcomes include an in-service at the agency, a brochure describing the potential role of occupational therapy within the agency, and a presentation to peers.



## **REQUIREMENTS OF THE PROFESSION FOR FIELDWORK PLACEMENTS**

**Accreditation Council For Occupational Therapy Education (ACOTE) of  
The American Occupational Therapy Association, Inc.**

### **ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST**

Adopted August 2006, Effective January 1, 2008

**The Accreditation Council for Occupational Therapy Education (ACOTE) of the  
American Occupational Therapy Association (AOTA) accredits educational programs  
for the occupational therapist. The Standards comply with the United States  
Department of Education (USDE) criteria for accrediting agencies.**

#### **Standards Related to Fieldwork Education.**

##### **B.10.0. FIELDWORK EDUCATION**

**Fieldwork education is a crucial part of professional preparation and is best integrated as a component of the curriculum design. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under supervision and for professional role modeling. The academic fieldwork coordinator is responsible for the program's compliance with fieldwork education requirements. The academic fieldwork coordinator will**

B.10.1.	Document the criteria and process for selecting fieldwork sites. Ensure that the fieldwork program reflects the sequence, depth, focus, and scope of content in the curriculum design.
B.10.2.	Ensure that the academic fieldwork coordinator and faculty collaborate to design fieldwork experiences that strengthen the ties between didactic and fieldwork education.
B.10.3.	Provide fieldwork education in settings that are equipped to meet the curriculum goals, provide educational experiences applicable to the academic program, and have fieldwork educators who are able to effectively meet the learning needs of the students.
B.10.4.	Ensure that the academic fieldwork coordinator is responsible for advocating the development of links between the fieldwork and didactic aspects of the curriculum, for communicating about the curriculum to fieldwork educators, and for maintaining contracts and site data related to fieldwork placements.
B.10.5.	Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives, identifying site requirements, and communicating with the student and fieldwork educator about progress and performance during fieldwork.
B.10.6.	Document a policy and procedure for complying with fieldwork site health requirements and maintaining student health records in a secure setting.

B.10.7.	Ensure that the ratio of fieldwork educators to student(s) enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.
B.10.8.	Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner in accordance with the policy adopted by the program.
B.10.9.	For programs in which the academic and fieldwork components of the curriculum are provided by two or more institutions, responsibilities of each sponsoring institution and fieldwork site must be clearly documented in a memorandum of understanding. For active Level I and Level II fieldwork sites, programs must have current fieldwork agreements or memoranda of understanding that are signed by both parties. (Electronic contracts and signatures are acceptable.)
B.10.10	Documentation must be provided that each memorandum of understanding between institutions and active fieldwork sites is reviewed at least every 5 years by both parties. Programs must provide documentation that both parties have reviewed the contract.
<b>The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients. The program will</b>	
B.10.11	Ensure that Level I fieldwork is integral to the program's curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.
B.10.12	Ensure that qualified personnel supervise Level I fieldwork. Examples may include, but are not limited to, currently licensed or credentialed occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists.
B.10.13	Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork.
<b>The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and research, administration, and management of occupational therapy services. It is recommended that the student be exposed to a variety of clients across the life span and to a variety of settings. The program will</b>	
B.10.14	Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.
B.10.15	Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered,

	meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.
B.10.16	Require a minimum of 24 weeks' full-time Level II fieldwork. This may be completed on a part-time basis as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies as long as it is at least 50% of a full-time equivalent at that site.
B.10.17	Ensure that the student is supervised by a currently licensed or credentialed occupational therapist who has a minimum of 1 year of practice experience subsequent to initial certification, and is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program.
B.10.18	Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).
B.10.19	Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as is appropriate for the setting, the severity of the client's condition, and the ability of the student.
B.10.20	Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or credentialed occupational therapist with at least 3 years of professional experience. Supervision must include a minimum of 8 hours per week. Supervision must be initially direct and then may be decreased to less direct supervision as is appropriate for the setting, the client's needs, and the ability of the student. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.
B.10.21	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the American Occupational Therapy Association <i>Fieldwork Performance Evaluation for the Occupational Therapy Student</i> or equivalent).
B.10.22	Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice. Such fieldwork must not exceed 12 weeks.

### Student Responsibilities: Fieldwork I and II

Task	Date Completed	Comment/Follow up
Complete these general requirements for all fieldwork assignments: <ul style="list-style-type: none"> <li>• Arrange transportation for fieldwork</li> <li>• Lab coat</li> <li>• Patch for Phys Dys purchased from OT Department</li> <li>• Professional dress</li> <li>• Professional behavior</li> <li>• Liability Insurance</li> </ul>		
Participate in fieldwork meetings & advisements scheduled by Fieldwork Coordinator <ul style="list-style-type: none"> <li>• Attend all scheduled FW meetings</li> <li>• Keep check on e mail</li> <li>• Complete personal data sheet and update each semester</li> </ul>		
Register for all coursework prior to participating in Level 1 or 2 fieldwork. <i>Students must be registered for the specific course (OT505, OT506, OT508, OT509, OT641, OT642) before attending fieldwork.</i>		
Investigate assigned placement: <ul style="list-style-type: none"> <li>• Review "This is It" File</li> <li>• Explore web site</li> </ul>		
Contact site/ supervisor: <ul style="list-style-type: none"> <li>• Confirm placement</li> <li>• Work hours</li> <li>• Dress code</li> <li>• Health forms required (physical)</li> <li>• Criminal BG check? Fingerprinting? Other Site Specific Forms?</li> <li>• Drug testing?</li> <li>• Arrange interview &amp; visit (required for most Level II)</li> </ul>		
Prepare for interview <ul style="list-style-type: none"> <li>• Prepare questions</li> <li>• Review practice area</li> <li>• Get directions &amp; take a 'test drive'</li> <li>• Dress professionally</li> <li>• Send or bring health forms as required</li> </ul>		
Complete the Personal Data Sheet for Student Fieldwork Experience and the Student Information Sheet for Fieldwork Interview, prior to Level II placement.		

Develop resource notebook and review content/practice area		
Review assignments for Level I fieldwork, bring & discuss with supervisor on first day		
Attend fieldwork each day and complete assignments required by site AND York College		
Actively participate in the supervision process. Discuss any problems related to fieldwork placements with the Fieldwork Coordinator and your direct supervisor		
Complete Student Evaluation of Level I Fieldwork Form and submit it to the Fieldwork Coordinator		
Complete Student Evaluation of Level II Fieldwork Form and submit it to the Fieldwork Coordinator.		
Complete Preliminary Fieldwork Feedback form by the end week 4 of Level II Fieldwork Placement.		

*This section covers **general** policies and procedures for all Fieldwork Experiences.*

*As students begin fieldwork experiences each should be aware of expectations for professional behavior and prepared for the fieldwork environment.*

*Please be aware that all students **MUST** maintain personal health insurance and professional liability insurance at all times (See Appendix)*

## **FIELDWORK MEETINGS**

Fieldwork meetings are designed to provide students with preparatory information about fieldwork and occupational therapy practice. The purpose of fieldwork meetings, are to enable students to enter into their fieldwork experiences with confidence.

A fieldwork meeting will be scheduled prior to students going out on Level I and Level II experience. An additional meeting for Level II students will be scheduled during week 6 of their affiliations. Topics to be discussed at the meeting include, supervisor's expectations, paperwork, site preparation, documentation, liability insurance, medicals, student evaluation, and fieldwork failure policies.

## **BLACKBOARD**

All fieldwork forms will be posted on blackboard under the appropriate course name and number. The Fieldwork Coordinator will post necessary information on blackboard. Students on fieldwork are required to check their email and course site on blackboard weekly.

## **LIABILITY/MALPRACTICE INSURANCE**

Fieldwork I, begins at the beginning of the 4<sup>th</sup> semester of the program. An Introduction to fieldwork will be conducted the 3<sup>rd</sup> semester of the program. Purchasing Liability Insurance before the spring semester begins is one of the requirements. Students are required to maintain the status of their insurance throughout Fieldwork Level I and II experiences.

## HEALTH REQUIREMENTS

All occupational therapy students must complete and submit health forms to **STUDENT HEALTH SERVICES** prior to entering the program, and **update these annually**. Students who do not comply will not be allowed to participate in practicum experience, and thus will be unable to continue in the program.

Each fieldwork facility has its own medical requirements. Most facilities require a physical exam, a full battery of medical titers and a PPD. The nurse at York has a student immunization record form and a medical information form, which should be given to your doctor to fill out. Each student must then give a copy to the nurse to be maintained in the Health Office. This process must be in place by the end of the 3<sup>rd</sup> semester in the program.

Most clinical sites require copies of student health information. **It is the responsibility of the student to provide assigned clinical site required health information in accordance with the sites requested time frame for submission of this documentation.**

Certain clinical sites may require additional medical or other information including but not limited to drug testing, fingerprinting and criminal background and history check. The costs of these requirements are the student's responsibility. **ALL STUDENTS MUST BE IN COMPLIANCE WITH THE OCCUPATIONAL THERAPY PROGRAM'S POLICY ON STUDENT HEALTH AND IMMUNIZATIONS. ANY STUDENT NOT IN COMPLIANCE WITH HEALTH REQUIREMENTS WILL NOT BE PERMITTED TO PARTICIPATE IN CLINICAL EXPERIENCES.**

***Students should retain a copy of all documents for their personal files!!***

## CRIMINAL BACKGROUND CHECKS/FINGERPRINTING

***A student's ability to begin clinical/fieldwork and complete the national certification (NBCOT) and state licensure process for entry into professional practice may require submitting documentation of background check for any history of criminal offenses.*** Fieldwork placement sites have standards for determining potential employees, volunteers or fieldwork students/interns appropriate qualifications to provide services to their clients.

To meet the various healthcare licensing and accreditation standards, students must comply with all clinical affiliation/professional practice mandates governing criminal background checks, fingerprinting, and/or drug and alcohol testing. Therefore the student may be required to submit one or more of the following prior to clinical placement confirmation and/or application for national certification/state licensure:

- Criminal arrest record background check through the State Bureau of Investigation
- Central registry check for child abuse charges
- Drug and Alcohol testing
- Driving record

A student's refusal to consent with any of the above verifications may result in the student not being eligible for placement in required clinical fieldwork experiences. If the student agrees to the verification process and the results are deemed unacceptable by the personnel

standards of that clinical facility, the student will be notified by the testing agency and placement at that facility would be denied to the student.

## **ATTENDANCE**

Attendance at all fieldwork experiences is mandatory. Except for illness or emergencies, there are no acceptable reasons for clinic absences. Every effort must be made to avoid absences during fieldwork experiences. Please refer to Level I and Level II sections of this manual for specific procedures to follow in the event that you must be absent. All absences must be made up at the convenience of your clinical supervisor.

Students must be flexible in their ability to meet the scheduling requirements of their assigned placements. For example, certain clinics do not follow the normal working day and occasionally evening or Saturday hours may be scheduled. The student must follow the fieldwork centers calendar with reference to holidays.

In some cases there maybe sites that can offer some flexibility to students special scheduling needs; this is to be discussed with the fieldwork coordinator in advance. If there is some accommodation made with respect to scheduling the student must still participate in 12 full weeks equivalent of practicum experience.

## **TRANSPORTATION**

There is no guarantee of how close in distance fieldwork placements will be. Placements are determined for the students' optimal experience in fieldwork.

**The student must arrange transportation to all fieldwork sites assigned.** A student with a special circumstance that requires special consideration for a placement should make an appointment to discuss this with the Fieldwork Coordinator. The student should be aware that this may greatly limit clinical options available to him/her.

## **SNOW DAYS/WEATHER CONDITIONS:**

1. When York College is closed due to poor weather conditions, the student *is expected to* attend clinical affiliations if he/she can do so **safely**.
2. If an absence must occur due to weather conditions, the absence must be made up as per the requirement specific to Level I or Level II fieldwork.
3. Clinical supervisors are requested to notify the student and the Fieldwork Coordinator in the event that their department is unexpectedly closed or a supervisor's employment is terminated.

## **PUNCTUALITY**

Punctual attendance at the fieldwork site is mandatory. Punctuality is of critical importance in clinical practice. Repeated tardiness constitutes a serious problem, and may hamper successful completion of the clinical requirements. Leaving clinical facilities early to attend to personal business is not permitted.

## **ATTIRE**

A professional appearance is part of the student dress code. In general, students should follow the following guide for appropriate dress in the clinic:

- the student must be neat and well groomed at all times
- name badge should be worn at all times (see below)
- comfortable, stable shoes must be worn with non slip soles, no open toes
- clothing that will allow modesty and ease of movement when working with client should be worn
- perfumes or after shave lotions which are excessively pungent should be avoided
- long dangling earrings and excessive jewelry should be avoided
- hair and nails should be neat and appropriately groomed
- a watch with a second hand should be worn
- NO CELL PHONES, BLACKBERRY'S OR TEXT MESSAGING WHILE ON FIELDWORK

The fieldwork site has the right to request a specific uniform. The site also has the option to ask a student to alter his/her dress if it is found to be inappropriate in the opinion of the supervisor. Please check with the fieldwork supervisor for specifics on appropriate dress prior to arriving at the site.

### **AGENCY DRESS CODES REFLECT THE NEED FOR SAFETY FOR BOTH CLIENTS AND STAFF**

## **PROFESSIONAL EXPECTATIONS and BEHAVIOR**

Each student should expect to be treated by his/her supervisor and co-workers with dignity and respect at all times. Each student should be supplied with adequate and reasonable resources to complete his/her work. Remember each supervisor has agreed to be available for assistance and feedback throughout your experience.

In turn, each student is expected to behave in a professional, ethical and respectful manner at the fieldwork site. All occupational therapy students must abide by the American Occupational Therapy Code of Ethics (*see Student Handbook*). Each student should be aware at all times that he/she represents the BS/MS Occupational Therapy Program at York College, CUNY and the profession of occupational therapy as well as him/herself.

Professionalism includes maintaining confidentiality of all clinical information and respect for the clients, co-workers and fieldwork supervisor(s). The use of sound judgment in all clinical situations is part of professionalism as is the use of discretion and diplomacy. The student must at all times show respect for the clinics equipment and supplies. Proper attire, timeliness and attendance are also included in the category of professional behavior. The student must handle personal and professional problems so that they do not interfere with the performance of clinical duties.

Professional behavior requires 100 percent performance at all times. Students demonstrating unprofessional behavior shall expect to fail their fieldwork regardless of their performance in other skill areas.



The policies and procedures of each site vary considerably, including the student role, dress code and any other special requirements. This information will be made available to the student during the interview, or the orientation process to the fieldwork site.

## **SAFETY**

To decrease vulnerability and reduce the possibility of an incident, each student must take responsibility for learning about the fieldwork site's environment and become aware of potential risks.

The student must adhere consistently to all **safety regulations** at each fieldwork site. Safety for the clients, other staff, and for the student is of utmost importance.

Fieldwork supervisors should provide a brief orientation to safety procedures, emergencies, fire, potential terror, and patient incidents.

The student must be sure he/she is aware of the centers policies and procedures concerning patient incidents, fire and emergencies. The student should ask the supervisor questions to clarify these procedures, if they are not clear.

**\*Failure to abide by all safety regulations with respect to clients and placement are grounds for automatic failure.**

### ***Five important steps to being aware of and managing risk:***

1. *Be alert to your surroundings.*
2. *Identify potential risks.*
3. *Understand guidelines and expectations from the University and the employer.*
4. *Consider solutions to potential problems.*
5. *Inform your site supervisor and the Fieldwork Coordinator immediately of any concern.*

### ***Should an incident take place:***

1. *Document all facts, including the date, time, persons involved and the situation (pay attention to your feelings & do not minimize them.)*
2. *Report all concerns, including safety and personnel problems, to your Supervisor and Fieldwork Coordinator within 24 hours.*
3. *If necessary, seek medical attention.*

### ***Travel Safety:***

1. *Take caution if parking in garages or poorly lit parking areas.*
2. *Avoid walking to your car alone after dark.*

### ***Interpersonal Hazards:***

#### ***Harassment***

1. *Harassment of fieldwork students/interns based upon age, gender, ethnicity, race or disability is illegal.*
2. *Immediately report any harassment to Fieldwork Coordinator and Fieldwork Supervisor.*
3. *Harassment of others by a student at the fieldwork site will result in dismissal from the program and/or possible suspension from the College. This behavior could also result in legal action.*

#### ***Sexual Assault***

*To reduce the risk of becoming a victim of sexual assault:*

1. *Refrain from a dating relationship with any member of the organization and this is forbidden with any clients.*
2. *Set limits, do not give mixed messages.*
3. *Trust 'gut feeling' about situations to avoid. Seek out supervision if unsure.*
4. *Be clear and responsible in communication with others.*
5. *If necessary, be forceful, firm and assertive in communication with others.*
6. *Be aware of non verbal cues that can alert to a potential problem.*
7. *Get away from any situation at the first sign of feeling unsafe*

## **CONFIDENTIALITY OF CLIENT INFORMATION**

The student must adhere consistently to the Health Insurance Privacy and Portability Act, (HIPAA), regarding confidentiality of patient/client information. General guidelines follow, however each fieldwork site must inform the student of specific policies enforced at the facility: (See Appendix for HIPPA Regulations)

- Discussion of client information only with other professionals who "need to know"
- Avoid discussions in elevator, cafeteria, or any public areas
- Do not look at any client's information unless YOU "Need to Know"
- Client interview: whatever a client discloses to you is Confidential. Choose location for interview carefully. Consult your supervisor for HIPAA regulation, speak softly in semi-private rooms
- Do not leave medical record information out, open, in any way visible
- Do not take any part of medical record home
- Shred all sensitive paper data
- Position computer screen so others cannot read confidential information
- Make sure you log off computer when documentation is done electronically
- Never give out your pass code to anyone
- Do not fax any part of the medical record
- Do not leave voice mail message regarding client condition
- Direct any visitors inquiring about patient information to the information desk
- Remind others to follow confidentiality policy
- For case presentation, do not use ANY identifiable information including: Name, location, all/any dates (including date of admission, discharge, surgery, DOB, referral date)
- Do not include any Numbers: medical record, health plan, social, e mail, address, vehicle, license, web site etc.
- You may include client's age if under 90 years, may not if over 90 years
- May include race, ethnicity, marital status
- No photos, permission of facility and client for videotape

## **PHYSICAL HANDLING OF THE CLIENT**

The supervisor should be very specific with regards to the center's policies concerning the physical handling of the client/patient by OT students. The supervisor should tell the student directly what clearance or supervision is needed to perform range of motion exercises, neuromuscular facilitation, transfers and other physical skill interventions.

The student must be certain he/she is aware of and follows through on the centers policies and procedures for physical handling of the patient/client as described above. Again, if the student is unsure, he/she should clarify this with the student supervisor.

## **PATIENT PRECAUTIONS & CONTRAINDICATIONS:**

The student must pay careful attention to patient precautions (weight bearing, motion restrictions, cardiac and behavioral). If the student is unsure about precautions or the correct technique to follow, these should always be clarified with the supervisor prior to the treatment session. The supervisor should review patient precautions with the student therapist until the supervisor is certain the student knows where to find this information and is able to follow through with the precautions correctly.

## **INFECTION CONTROL**

Infection control is of critical importance. Thorough hand washing is imperative before and after working with any client. Hand washing is also necessary at the beginning and end of the workday. Standard Precautions must be strictly adhered to at all times. The student should review the attached information on Standard Precautions (See Appendix).

The Fieldwork Supervisor is encouraged to review the center policies on Infection Control including Standard Universal Precautions with each student.

## **BODY MECHANICS**

In order to ensure safety for both the student and the client, the student must use correct body mechanics at all times while handling clients/patients, especially when performing transfers. The student should review and practice the on Body Mechanics (See Appendix). The fieldwork supervisor is encouraged to provide immediate and specific feedback to the student on his/her body mechanics to prevent injury.

## **MEDICAL PROBLEMS AND EMERGENCIES AT THE FIELDWORK SITE**

The student should consult with his/her own physician for all medical concerns. In the case of a medical emergency while at the fieldwork site, the fieldwork site will provide for or arrange emergency care. The student must pay for emergency services with his/her personal health insurance.

## **STUDENT SUPPORT**

Any student who is having trouble with fieldwork and/or requires special consideration or assistance is encouraged to seek it during the first week of fieldwork or as soon as the need arises.

### **A Note for Students with Disabilities**

If you have a documented disability, or think you might have one, you may be eligible for accommodations in academic classes, under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. Disabilities may include those that are permanent or temporary and include, but are not limited to: learning disabilities, ADHD, medical issues, psychological or psychiatric problems, limited mobility, low vision or blindness, and hearing impairments. Students are not permitted to negotiate accommodations directly with professors. To receive special accommodations or assistance, please self-identify at the Office of Service for Students with Disabilities, located in the counseling center room 1G02 or call 718-262-2272.

### **Essential Functions for Occupational Therapy Students**

The Occupational Therapy curriculum has extensive fieldwork requirements including Level I and Level II experiences. The document describing the *Essential Functions For Occupational Therapy Students* located in the OT Student manual, also applies to education at the fieldwork site. Performance on Level II Fieldwork is evaluated using the "AOTA Fieldwork Performance Evaluation". Student performance on both Level I and Level II fieldwork is evaluated by the occupational therapy fieldwork educator at the clinical site.

Each fieldwork/clinical site has site-specific *Essential Functions* for performance as an occupational therapy student at that facility. Every student is required to meet the *Essential Functions* of the site. Students with specific disabilities are advised to bring their special needs to the attention of the University Disability Support Services and the Director of Clinical Education within the Occupational Therapy Program. When these conditions are met, the Fieldwork Coordinator can better work with the student to determine an appropriate field placement. Disclosure of a disability to the fieldwork site is the responsibility of the student. When the student has disclosed to the fieldwork site, the Fieldwork Coordinator will work with the on-site fieldwork educator and the student to determine the need for any *reasonable accommodation* in meeting the *Essential Functions* of an occupational therapy student at this fieldwork site.

Regardless of accommodation, the student must meet the *Essential Functions* of the site and receive a Passing grade on the "AOTA Fieldwork Performance Evaluation".

The program will make every attempt to accommodate student needs, yet it may not be able to assure that accommodation is universally available, as each fieldwork site has site-specific essential functions.

### **COORDINATION OF FIELDWORK EDUCATION**

Fieldwork education is a collaborative effort between the BS/MS Occupational Therapy Program at York College, CUNY and each fieldwork site. The Fieldwork Coordinator communicates ongoing information about the BS/MS Occupational Therapy Program at York College and its curriculum design to the fieldwork sites. The Fieldwork Coordinator also communicates practice information from fieldwork sites back to the OT faculty for curriculum review.

An executed affiliation agreement must be established between the BS/MS Occupational Therapy Program at York College, CUNY and the fieldwork site before a student may begin

their clinical experience at the facility. This can be a lengthy process as both the school and the fieldwork site must agree on terms of the affiliation agreement. Occasionally, the BS/MS Occupational Therapy Program at York College, CUNY is unable to come to mutually acceptable terms with a fieldwork site and an affiliation agreement cannot be established. In these cases, students cannot complete fieldwork at the facility.

Information on the fieldwork sites is available for students to review. This information typically includes a facility data form and feedback on the fieldwork experience provided by previous students. Students are encouraged to review this information prior to beginning a fieldwork experience at a particular site.

## **FIELDWORK PARTICIPANTS ROLES AND RESPONSIBILITIES**

### **FIELDWORK COORDINATOR**

The Fieldwork Coordinator is the faculty member responsible for monitoring the fieldwork experiences. Other faculty members are also involved in various aspects of fieldwork throughout the program. This includes teaching occupational therapy theory and practice related to the content area of each of the fieldwork experiences. Level I fieldwork experiences (objectives and assignments) are designed by the faculty member teaching the specific course in conjunction with the clinical fieldwork site.

The **Fieldwork Coordinator** is responsible for the following:

- Following all conditions outlined in the Affiliation Agreement.
- Establishing and maintains the necessary communication between the fieldwork site and the program, including assuring all written affiliation agreements between York College, CUNY and the fieldwork placement sites are signed and reviewed.
- Serving as a resource to the fieldwork sites in establishing and maintaining a suitable clinical education program.
- Maintaining a current information file on each fieldwork placement.
- Orienting all students to purpose and procedures for fieldwork education.
- Advising each student in regards to fieldwork placement planning.
- Assigning all eligible students to fieldwork experiences.
- Providing all necessary information to the center at least 4 weeks prior to the students' arrival, including student personal data sheet, course objectives, assignments and evaluations.
- Is available to the students at York College for guidance and supervision while the student attends fieldwork.
- Ensuring that each student receives proper assessment and supervision during the fieldwork experience.
- Serving as a liaison to the Occupational Therapy Program throughout the students' fieldwork experiences. On-site visits are scheduled on an as needed basis.
- Holding 1-2 fieldwork meetings while Level II experiences are in progress. Students and clinical supervisors attend these meetings. Each meeting has specific topics and agenda items pertinent to the specific experiences and clinical education.
- Coordinating continuing education for fieldwork educators on topics related to supervision, clinical education and OT theory and practice.

### **CLINICAL FIELDWORK EDUCATOR**

All individuals involved in student education at the fieldwork site are considered **fieldwork educators**. Other terminology is used at the various clinical sites including 'clinical instructor', 'clinical educator', 'and student educator 'or' student supervisor'.

At the fieldwork site, there may be a **Clinical Education Coordinator** who actively participates in the communication process between the 2 institutions. This person or an otherwise appointed **fieldwork educator** at the site, takes care of administrative responsibilities for fieldwork education at the center, which includes the following:

- Following all conditions outlined in the Affiliation Agreement.
- Maintaining and oversees the clinical education program.
- Working with the Fieldwork Coordinator to schedule students at the fieldwork site.
- Collaborating with the Fieldwork Educator in the development of a clinical program to provide the best opportunity for implementation of theoretical concepts from the academic program including development of fieldwork objectives.
- Develops a student manual which includes an orientation to the facility and objectives for Level II fieldwork experiences.
- Updates the AOTA Fieldwork Data Form on an annual basis

*The **clinical education coordinator** may or may not actively supervise students.*

The **student supervisor/fieldwork educator** is the person who provides the day-to-day supervision for the occupational therapy students.

In order to supervise Level II students, the student supervisor must be a certified and appropriately licensed occupational therapist with at least one-year of experience. Qualified personnel including certified occupational therapists and occupational therapy assistants, teachers, social workers, physical therapists, nurses etc may supervise level I Fieldwork.

The **fieldwork educator/student supervisor** is responsible for the following:

- Following terms outlined in the established Affiliation Agreement between the BS/MS Program at York College, CUNY and the fieldwork site
- Providing an orientation to the placement which should be documented in a student manual
- Reviewing safety and emergency procedures
- Developing a plan for supervision of the student
- Exercising good judgment in assigning clients/patients to the students and supervises the provision of OT services, while maintaining responsibility for all client/patient care.
- Assessing the knowledge, skill, clinical reasoning, and professional development of the student by completing a midterm and final evaluation with the student for both Level I and Level II fieldwork. Level II performance is evaluated using the AOTA Fieldwork Performance Evaluation, which is based on the centers written behavioral objectives.

- Notifying the student and Fieldwork Coordinator when a concern about the student's performance arises.

## **STUDENT**

The student is the individual who is enrolled in the BS/MS Occupational Therapy Program at York College, CUNY. The student must work with the Fieldwork Coordinator and the Clinical Fieldwork Educator to ensure that the fieldwork experience is optimal.

The **student** is responsible for the following:

- Following all conditions outlined in the Affiliation Agreement
- Registering for all coursework prior to participating in fieldwork. **Students must be registered for the specific course (OT 505, OT 506, OT 508, OT 509, OT 641, OT 642).**
- Actively participates in the fieldwork planning process with the Fieldwork Coordinator.
- Complies with all student policies and procedures described in this manual.
- Submits updated student health information to student health services annually
- Follows the Occupational Therapy Code of Ethics and Professional Behavior as discussed in this manual.
- Schedules and participates in an interview for Level II fieldwork placement, and for Level I fieldwork when required by the site.
- Calls the center to obtain travel instructions and work hours at least one week prior to the start of the experience.
- Complies with all health facility policies and procedures, submits required health information to assigned fieldwork site following time line required by the site.
- Actively participates in the supervision process.
- Completes ongoing self-assessments during the fieldwork process.
- Discusses any problems related to fieldwork placements with the Fieldwork Coordinator and the Clinical Fieldwork Educator in a timely fashion.
- Remains at the fieldwork site for the duration of the experience unless extenuating circumstances require an interruption or change in the placement.
- Completes an evaluation of the fieldwork site at the completion of the experience.

(Adapted from: AOTA Guide to Fieldwork Education, 1994)

## **STUDENT ASSIGNMENT TO FIELDWORK SITES**

Students will be assigned a placement in a fieldwork site for each Level I and Level II fieldwork experiences. The students will meet individually on an ongoing basis with the Fieldwork Coordinator to plan for the optimal experiences to meet each student's needs and interests.

The planning process for Level II experiences will begin early in the Occupational Therapy Program.

Note that there are many hours devoted to planning clinical assignments and, whenever possible, student preferences will be addressed. The primary concern of the Fieldwork

Coordinator is to ensure that the maximum education benefits for all students are met on fieldwork.

Students with specific requests or special needs for fieldwork placements will need to discuss this with the Fieldwork Coordinator early in the planning process. The Fieldwork Coordinator will make final selection for fieldwork placements.

**Students are not permitted to contact fieldwork educators or arrange their own fieldwork experiences. A student interested in a particular facility or geographic area should discuss this with the Director of Clinical Education.**

The fieldwork sites are largely in the state of New York. The student can expect driving distances of up to one and one half hours from York College.

One or more students may be assigned to a site at any given time. The Student may encounter students from other colleges or universities at the site where assigned.

### **CANCELLATIONS**

Because of changes in health care systems and the difficulty in predicting staffing patterns, there are times when a fieldwork reservation is cancelled by the site. When a fieldwork cancellation occurs, the Fieldwork Coordinator will reassign the student a new fieldwork site as quickly as possible.

### **FIELDWORK FAILURE POLICY**

#### **Fieldwork Level I Failure Policy**

It is the responsibility of the student to contact the Fieldwork Coordinator if they are experiencing problems that are serious enough to impact clinical performance during Fieldwork Level I. This contact is necessary so that all supports are utilized to assist the students during the Fieldwork I experience.

For courses 505, 506, 508 and 509 a total average score of 3 is required on the Fieldwork I Evaluation Form. A cumulative average lower than 3 constitutes a Failure in Fieldwork Level I and will require that the student repeat that rotation and receive the passing average of 3. The Fieldwork Coordinator will work with the student on skill development; including improving communication skills and professional behaviors. Failure of any Fieldwork level I rotation twice, are grounds for dismissal from the BS/MS Occupational Therapy Program at York College, CUNY.

#### **Fieldwork Level II Failure Policy**

It is the responsibility of the student to contact the Fieldwork Coordinator if they are experiencing problems that are serious enough to impact clinical performance during Fieldwork Level I. This contact is necessary so that all supports are utilized to assist the students during the Fieldwork I experience.

If determined by the affiliating clinical facility that a student is failing at any point in their 12 week rotation:



1. A report from the clinical supervisor, in addition to the scored Fieldwork Evaluation Form, will be submitted to the Occupational Therapy Program by the facility.
2. The Fieldwork Coordinator of the Occupational Therapy Program will then determine if the student is in jeopardy of failing their Fieldwork Level II Experience.
3. The faculty will then meet to examine the documentation of the facility and will determine whether the student has indeed failed their Fieldwork Level II Experience.
4. Students will **not be allowed to withdraw from a Level II fieldwork experience after the second week.**
5. **Students that chose to withdraw after two weeks will be given an automatic F for the experience; those who withdraw within the first two weeks risk having a delay for placement in a different setting.**

**A student who then is considered to have failed their Fieldwork Level II Experience will be required to:**

1. Meet with the Fieldwork Coordinator to discuss issues and address skill development.
2. Formulate a remediation plan of the student's own design, addressing weakness determined on their affiliation. **The plan must be approved by the faculty. The student then must submit written documentation that they have implemented their remediation plan before being allowed to start another affiliation.**

*The starting time for another affiliation will be dependent on the student's ability to complete and implement their remediation plan, as well as the availability of appropriate fieldwork sites by the program.*

**\*\*Two failures of Fieldwork Level II will result in the termination of the student from the BS/MS Occupational Therapy Program at York College, CUNY.**

## **SUGGESTIONS TO MAKE FIELDWORK II SUCCESSFUL:**

### **REQUIREMENTS:**

- Study the Fieldwork Evaluation Form. Students should familiarize themselves with the components of this form, as this form will be used to evaluate their performance and reflect the grade earned for the experience
- Students should make a copy of all graded evaluation forms for their own records.
- Students will also be required to complete a Student Evaluation of the facility.
- **Note: Students will receive an incomplete grade (INC) for missing student and facility evaluation forms.**
- **Update your medical yearly.** Some facilities have site specific medical forms. These forms will be provided for you by your Fieldwork Coordinator.
- **Renew your liability insurance.** No one will be allowed to go on fieldwork without current insurance.

## **PROFESSIONAL BEHAVIORS:**

- Students should find out **ALL REQUIREMENTS AND RESPONSIBILITIES** for their affiliations from their fieldwork supervisor **BEFORE** they start any affiliations. Students should ask if there is a **FIELDWORK MANUAL** or written requirements from the facility.
- Students should talk with their fieldwork supervisor about their learning needs and styles, as early as possible.
- Students should find out how often and what kind of supervision is available.
- Remember: dress, punctuality, responsibility, reliability, and proper communication are all professional behaviors.
- Students should communicate with their fieldwork supervisors and special needs (i.e. religious holidays, etc). Students should arrange with their supervisors to make up the missed time. Remember that if any personal commitments or problems arise, it is best to be honest and straightforward **Early** so that arrangements could be made for coverage of your caseload.
- Students should find out the policy of the facility regarding sick days, holidays, etc. There is no written rule that students are allowed 3 sick days. Students are required to complete 12 weeks (some facilities require 13 weeks).
- All work- in-services, notes, presentations, etc, should be of publishable quality.
- Use supervision responsibly and be assertive of your needs. **Honesty is the Best Policy. If there are any concerns or questions, please contact the Fieldwork Coordinator.**
- Be flexible and proactive.

## **STUDY HABITS:**

- Remember you are expected to review material regularly. If you have advanced warning of the diagnosis of the patient you will be evaluating, make sure to review your etiology on the disease/injury.
- Be prepared to grade up or down your planned activity
- Challenge yourself to be creative
- Practice over the summer (manual muscle testing, goniometry, and transferring as well as safety precautions for hip and knee replacements) review treatment plans, treatment techniques and assessment tools from your course work, etc.

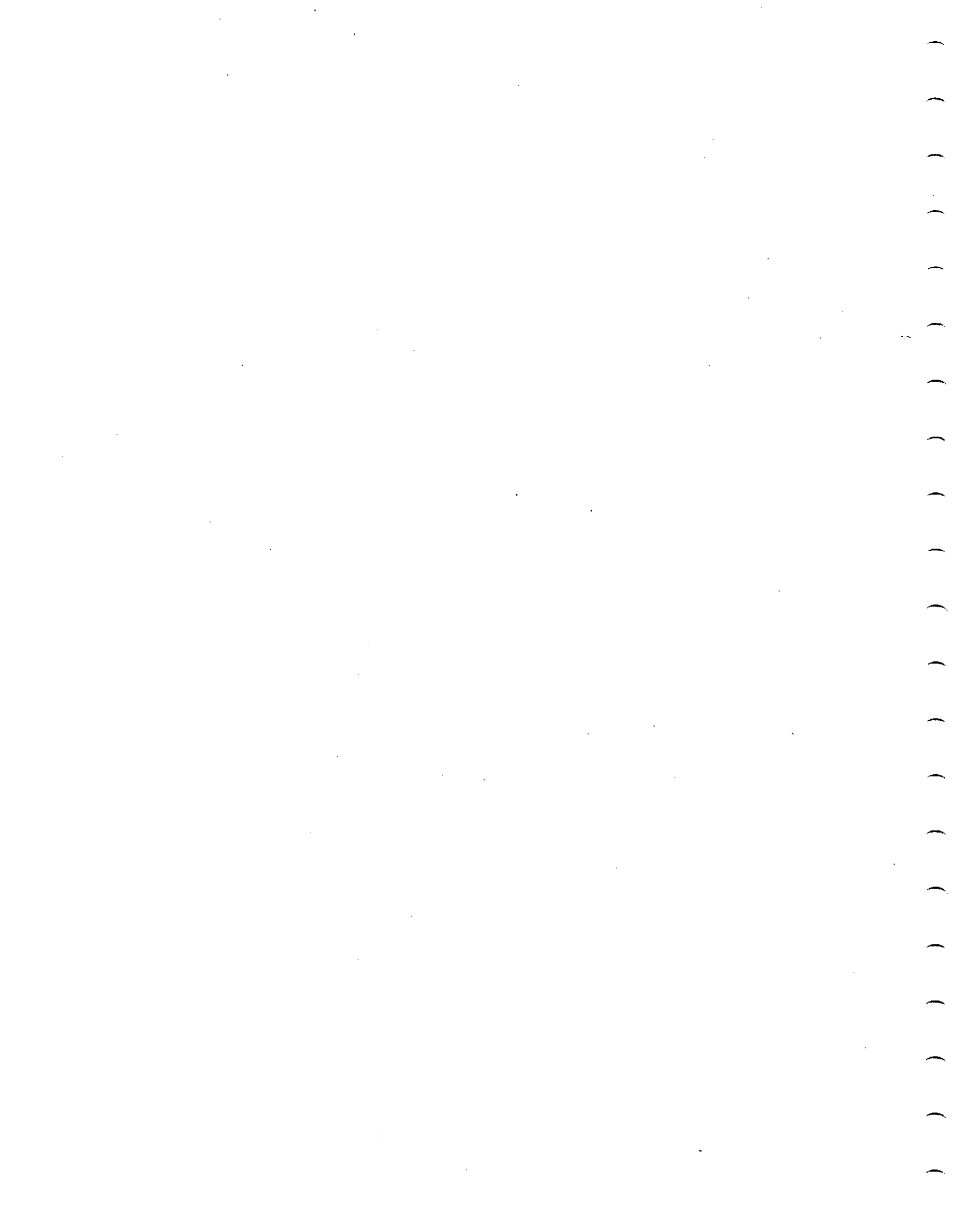
## **REMEMBER: SAFETY OF THE CLIENT IS ONE OF THE MOST IMPORTANT VARIABLES TO YOUR AFFILIATION!!!**

- Use supervision responsibly. Be prepared for supervision with questions or problems. Have suggestions for problems or difficulties.
- Ask questions!!! This is one way supervisors know that you know what you are doing and that you are interested, alert, and prepared.
- Give the supervisor feedback on what helped you to understand or learn better. Discuss your learning style and how you best take in information. Also give feedback on when you felt overwhelmed or uncomfortable- remember to use "I" statements to prevent a defensive response.

**MOST IMPORTANTLY OF ALL: REMEMBER THE FIELDWORK COORDINATOR IS ON YOUR SIDE!!! IF THERE IS A PROBLEM OR YOU THINK THERE MIGHT BE A PROBLEM IN THE FUTURE, CALL. DO NOT WAIT UNTIL IT IS TOO LATE FOR ANY ASSISTANCE**

STUDENTS ARE REQUIRED to fill out Preliminary Fieldwork Feedback Form located on Blackboard under course documents by the end of week 4 and to e-mail completed form fieldwork coordinator.

**ENJOY AND HAVE A GREAT EXPERIENCE!!!!**



## **Section 2**

### **Fieldwork Forms**



**York College of The City University of New York**  
**Personal Data Sheet for Student Fieldwork Experience**

---

**Name:**

**Social Security #:**

**Home Address:**

**Telephone Number (Day):**

**Evening:**

**Best time to phone student:**

**Email Address:**

**Date of Birth:**

**Name, Address & Phone Number of Person to be notified in Case of accident or Illness:**

**Education Information:**

**Academic Year Completed:** BS. 3<sup>rd</sup> yr. BS. 4<sup>th</sup> yr. MS. 5<sup>th</sup> yr. MS. 6<sup>th</sup> yr.

**Previous College or University Attended:**  
**Degree:**

**Specials Skills and Interests:**

**Foreign Languages: Read:**

**Spoken:**

**Health Information**

**Health Insurance:** Yes No

**Group Number:**

**Subscriber Number:**

**Specific Health Information Regarding the Student:**

**Liability Information**

**Insurance Company:**

**Policy Number:**

**Previous Work Experience:**

**Fieldwork Experience Schedule:**

Center	Type of FW	Reporting Date	Completion Date
--------	------------	----------------	-----------------

Released by Student

Signature

Fieldwork Coordinator

Signature

Ivy Tilson, MSA, OTR/L  
Fieldwork Coordinator  
Department of Occupational Therapy

Date:



**Metropolitan Occupational Therapy Educational Council of NYINJ  
York College of The City University of New York  
Student Information Sheet for Fieldwork Interview**

---

**Date:**

**Name:**

**Degree:**

**Address:**

**Telephone Number (day):**

**Evening:**

**Best time to phone student:**

**E-mail Address:**

**Fieldwork Dates Anticipated:**

**Previous Fieldwork Experience (Indicate center, disability area and dates) (If Applicable).**

**1. Level 1 Fieldwork:**

**2. Level 2 Fieldwork:**

**Previous Work/Volunteer Experience: Special Skills, Interest, Talents, You Bring To The Fieldwork Experience:**

**Previous Education or Degrees Earned: College:**

**1. Indicate below what you are looking for in this Level 2 Fieldwork Experience.  
Physical Dysfunction:**

**Mental Health:**

**2. What are your strengths?**

**A. Personally:**

**B. Professionally:**

**3. What areas would you like to work on for your continued growth?**

**A. Personally:**

**B. Professionally:**

**4. Describe your learning style: What type (s) of feedback seems to be most helpful for you:**

**5. Write a brief personal statement which will serve as your introduction to this fieldwork site and staff.**

Released by Student

Signature of Student

Date

YORK COLLEGE OF THE CITY UNIVERSITY OF NEW YORK  
OCCUPATIONAL THERAPY PROGRAM

STUDENT EVALUATION OF LEVEL I FIELDWORK

NAME OF CENTER \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_

CIRCLE ONE:                      MENTAL HEALTH                      PHYSICAL DISABILITIES

DESCRIBE SUPERVISION. BE SPECIFIC. WAS IT ADEQUATE? REGULARLY SCHEDULED? PROVIDE EXAMPLES.

DID YOU FEEL THIS CENTER OFFERED YOU A GOOD LEARNING EXPERIENCE? WHY?

WOULD YOU SUGGEST USING THIS CENTER AGAIN? JUSTIFY YOUR REASONS AND DISCUSS SPECIFIC STRENGTHS AND LIMITATIONS AT THIS FACILITY.

DID YOU FEEL THIS CLERKSHIP EXPERIENCE ASSISTED YOU IN  
PROFESSIONAL GROWTH (PERSONALLY AND/OR WITH OT SKILLS)?  
GIVE EXAMPLES:

WHAT MATERIAL FROM YOUR O.T. THEORY COURSE WAS  
RELEVANT TO THIS EXPERIENCE? WHAT ADDITIONAL KNOWLEDGE  
AND/OR SKILLS DID YOU NEED?

OTHER COMMENTS:  
BE SPECIFIC

STUDENT'S NAME: \_\_\_\_\_

YORK COLLEGE OF THE CITY UNIVERSITY OF NEW YORK  
OCCUPATIONAL THERAPY PROGRAM

STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)

**Instructions to the student:**

Complete this STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE) form before your final meeting with your fieldwork supervisor(s). It is imperative that you review the form with your supervisor and both parties sign on page 1. Copy the form so that a copy stays at the site and a copy is forwarded to your Academic Fieldwork coordinator at your educational program. This information may be reviewed by future students as well. The evaluation of the student (FWPE) should be reviewed first, followed by the student's evaluation of the fieldwork experience (SEFWE), allowing the student to be honest and constructive.

Fieldwork Site \_\_\_\_\_ Site Code \_\_\_\_\_

Address \_\_\_\_\_

Placement Dates: From \_\_\_\_\_ To \_\_\_\_\_

Order of Placement: ☐ First ☐ Second ☐ Third ☐ Fourth

Living Accommodations: (include type, cost, location, condition)

Public write your e-mail address here if you don't mind future students contacting you to ask you about your experience at this site: \_\_\_\_\_

**We have mutually shared and clarified this Student Evaluation of the Fieldwork Experience report.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
FW Educator's Signature

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
FW Educator's Name and Credentials  
(Please Print)

FW Educator's years of experience \_\_\_\_

## ORIENTATION

Indicate your view of the orientation by checking "Satisfactory" (S) or "Needs Improvement" (N) regarding the three factors of adequacy, organization, and timeless.

	Topic	Adequate		Organized		Timely		NA
		S	N	S	N	S	N	v
1.	Site-specific fieldwork objectives							
2.	Student supervisor process							
3.	Requirement/assignments for students							
4.	Student schedule (daily/weekly/monthly)							
5.	Staff introductions							
6.	Overview of physical facilities							
7.	Agency/Department mission							
8.	Overview of organizational structure							
9.	Services provided by the agency							
10.	Agency/Department policies and procedures							
11.	Role of other team members							
12.	Documentation procedures							
13.	Safety and emergency procedures							
14.	Confidentiality/HIPPA							
15.	OSHA-Standard precautions							
16.	Community resources for service recipients							
17.	Department model of practice							
18.	Role of occupational therapy services							
19.	Methods for evaluating OT services							
20.	Other							

Comment or suggestions regarding your orientation to this fieldwork placement:

## CASELOAD

List approximate number of each age category in your caseload.

List approximate number of each primary condition/problem/diagnosis in your caseload.

Age	Number
0-3 years old	
3-5 years old	
6-12 years old	
13-21 years old	
22-65 years	
Older than 65 years old	

Condition/Problem	Number

## OCCUPATIONAL THERAPY PROCESS

Indicate the approximate number of screenings/evaluations you did; also indicate their value to your learning experience by circling the appropriate number with #1 being least valuable and #5 being the most valuable

	Required Yes No	How Many	Educational Value
1. Client/patient screening			1 2 3 4 5
2. Client/patient evaluation (Use specific names of evaluations)			
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
3. Written treatment/care plans			1 2 3 4 5
4. Discharge summary			1 2 3 4 5

List major therapeutic interventions frequently used and indicate whether it was provided in group, individually, Co-treatment or consultation. List other professionals involved.

Therapeutic interventions	Individual	Group	Co-Tx	Consultation
Occupational-based activity, i.e. play, shopping, ADL, IADL, work, school activities, etc. (within client's own context with his or her goals)				
1.				
2.				
3.				
4.				
Purposeful activity (therapeutic context leading to occupation)				
1.				
2.				
3.				
4.				
Preparatory methods, i.e. sensory, PAMs, splinting, exercise, etc (preparation for occupational-based activity)				
1.				
2.				
3.				
4.				

### THEORY-FRAMES OF REFERENCE-MODELS OF PRACTICE

Indicate frequency of theory/frames of reference used

	Never	Rarely	Occasionally	Frequently
Model of Human Occupation				
Occupational Adaptation				
Ecology of Human Performance				
Person-Environment-Occupation Model				
Biomechanical Frame of Reference				
Rehabilitation Frame of Reference				
Neurodevelopment Theory				



Sensory Integration				
Behaviorism				
Cognitive Theory				
Sensory Integration				
Behaviorism				
Cognitive Theory				
Cognitive Disability Frames of Reference				
Motor Learning Frames of Reference				
Other (list)				

## FIELDWORK ASSIGNMENTS

List the types of assignments required of you at this placement (check all that apply), and indicate their educational value (1 = not valuable ----- 5 = very valuable)

Case study applying the Practice Framework	1	2	3	4	5	NA
Evidence-based practice presentation:	1	2	3	4	5	NA
Topic:						
Revision of site-specific fieldwork objectives	1	2	3	4	5	NA
Program development	1	2	3	4	5	NA
Topic:						
In-service/presentation	1	2	3	4	5	NA
Topic:						
Research	1	2	3	4	5	NA
Topic:						
Other (list)	1	2	3	4	5	NA

## ASPECTS OF THE ENVIRONMENT

1 = Rarely  
2 = Occasionally  
3 = Frequently  
4 = Consistently

1	2	3	4
---	---	---	---

Staff and administration demonstrated cultural sensitivity				
The Practice Framework was integrated into practice				
Student work area/supplies/equipment were adequate				
Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides				
Opportunities to network with other professionals				
Opportunities to interact with OT students				
Opportunities to interact with students from other disciplines				
Staff used a team approach to care				
Opportunities to observe role modeling of therapeutic relationships				
Opportunities to expand knowledge of community resources				
Opportunities to participate in research				
Additional educational opportunities (specify):				
How would you describe the pace of this setting? (circle one)	Slow	Med	Fast	
Types of documentation used in this setting				
Ending student caseload expectation: _____ # of clients per week or day				
Ending student productivity expectation: _____ % per day (direct care)				

### SUPERVISION

What was the primary of supervision used? (check one) <input type="checkbox"/> one supervisor: one student <input type="checkbox"/> one supervisor : group of students <input type="checkbox"/> two supervisor : one student <input type="checkbox"/> one supervisor : two students <input type="checkbox"/> distant supervision (primarily off-site) <input type="checkbox"/> three or more supervisors : one student ( count person as supervision occurred at least weekly)
--

List fieldwork educators who participated in your learning experience.

	Name	Credentials	Frequency	Individual	Group
1.					
2.					

3.					
4.					
5.					

### ACADEMIC PREPARATION

Rate the relevance and adequacy of your academic coursework relative to the needs of **THIS** fieldwork placement, circling the appropriate number. (Note: may attach own course number)

	Adequacy for Placement					Relevance for Placement				
	Low					High				
Anatomy and Kinesiology	1	2	3	4	5	1	2	3	4	5
Neurodevelopment	1	2	3	4	5	1	2	3	4	5
Human development	1	2	3	4	5	1	2	3	4	5
Evaluation	1	2	3	4	5	1	2	3	4	5
Intervention planning	1	2	3	4	5	1	2	3	4	5
Interventions (individual, group, activities, methods)	1	2	3	4	5	1	2	3	4	5
Theory	1	2	3	4	5	1	2	3	4	5
Documentation skills	1	2	3	4	5	1	2	3	4	5
Leadership	1	2	3	4	5	1	2	3	4	5
Professional behavior and communication	1	2	3	4	5	1	2	3	4	5
Therapeutic use of self	1	2	3	4	5	1	2	3	4	5
Level I fieldwork	1	2	3	4	5	1	2	3	4	5
Program development	1	2	3	4	5	1	2	3	4	5

What were the strongest aspects of your academic program relevant to preparing you for THIS Level II fieldwork experience? Indicate your top 5.

† Informatics	† Occ. As life Org	† A & K	† Foundation	† Level I FW
† Pathology	† Neuro	† Administration	† Theory	† Peds elective
† Env. Competence	† Research courses	† Prog design/eval	† Consult/collab.	† Older adults elect.

Interventions	Evaluations	Adapting Env	Human comp.	Community elect.
Social Roles	History	Occupational Sci	Other:	

What changes would you recommend in your academic program relative to the needs of **THIS** Level II fieldwork experience?

---



---



---



---

### SUMMARY

1 = Strongly disagree  
 2 = Disagree  
 3 = No Opinion  
 4 = Agree  
 5 = Strongly agree

	1	2	3	4	5
Expectations of fieldwork experience were clearly defined					
Expectations were challenging but not overwhelming					
Experiences supported student's professional development					
Experiences matched student's expectations					

What particular qualities or personal performance skills do you feel that a student should have to function successfully on this fieldwork placement?

---



---



---



---



---

What advice do you have for future students who wish to prepare for this placement?

- Study the following evaluations:

---



---



---



---

- Study the following intervention methods:

---

---

---

---

- Read up on the following in advance:

---

---

---

Overall, what changes would you recommend in this Level II fieldwork experience?

---

---

---

---

---

---

---

---

Please feel free to add any further comments, descriptions, or information concerning your fieldwork at this center.

---

---

---

---

---

---

---

---

---

---

Indicate the number that seems descriptive of each fieldwork educator. Please make a copy of this page for each individual.

**FIELDWORK EDUCATOR NAME:**

**FIELDWORK EDUCATOR YEARS OF EXPERIENCE:**

1 = Strongly disagree  
2 = Disagree  
3 = No Opinion  
4 = Agree  
5 = Strongly agree

	1	2	3	4	5
Provided ongoing positive feedback in a timely manner					
Provided ongoing constructive feedback in a timely manner					
Reviewed written work in a timely manner					
Made specific instructions to student to improve performance					
Provided clear performance expectations					
Sequenced learning experiences to grade progression					
Used a variety of instructional strategies					
Taught knowledge and skills to facilitate learning and challenge student					
Identified resources to promote student development					
Presented clear explanations					
Facilitated student's clinical reasoning					
Used a variety of supervisory approaches to facilitate student growth					
Elicited and responded to student feedback and concerns					
Adjust responsibilities to facilitate student growth					
Supervision changed as fieldwork progressed					
Provided a positive role model of professional behavior in practice					
Modeled and encouraged occupation-based practice					
Modeled and encouraged client-centered practice					
Modeled and encouraged evidence-based practice					

Frequency of meetings with supervisor (value/frequency):

---



---



---



---



---



---



---



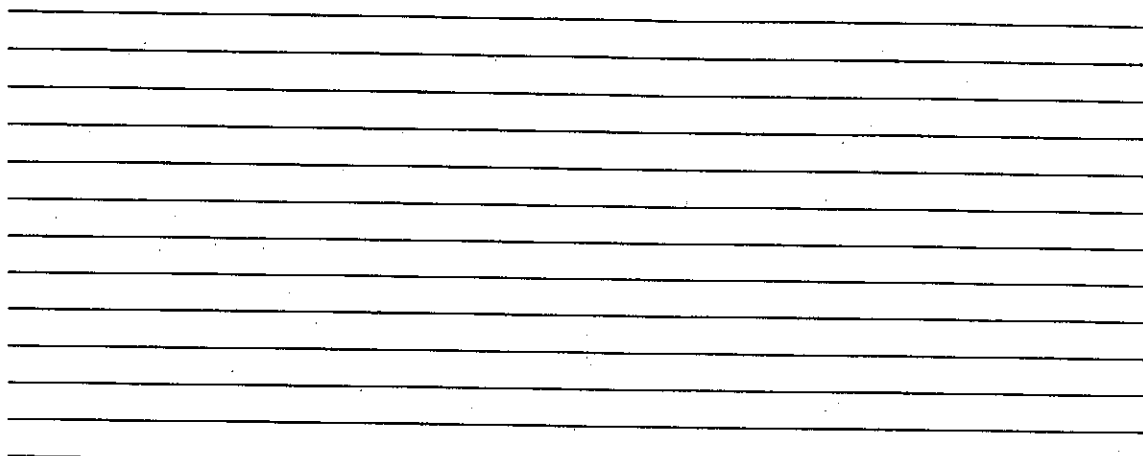
---

General comments on supervision:

---



---







## **STATEMENT OF REVIEW**

I have reviewed the York College (CUNY) Occupational Therapy Fieldwork Manual and I am familiar with its contents.

Students Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_



# **Appendix A**

## **Universal Precautions**



## **UNIVERSAL PRECAUTIONS**

**(Adapted from the Washtenaw County Public Health Fact Sheet: *Universal Precautions*)**

### **WHAT ARE UNIVERSAL PRECAUTIONS?**

Blood and other body fluids (i.e., semen, vaginal fluids, saliva, urine, feces, vomit) can contain viruses and bacteria that can be passed on to another person through direct contact. Hepatitis B & C and HIV are diseases that can be transferred from one person to another through contact with infected blood and/or body fluids. Since there is no way to know without testing if a person has hepatitis B or C or HIV, it is recommended that you treat all body fluids as though they were infected. Universal Precautions are actions that you take to place a barrier between yourself and potentially infected body fluids.

### **HOW ARE BLOOD AND BODY FLUIDS PASSED FROM ONE PERSON TO ANOTHER?**

- Through open areas on the skin
- By splashing in the eye
- Through the mouth
- Unprotected sexual activity (oral, anal and vaginal)
- Injury with contaminated needles or other sharps
- Prenatally (mother to baby) and during delivery

### **HOW CAN I PROTECT MYSELF FROM BLOOD AND BODY FLUIDS?**

The easiest way to protect yourself from blood and body fluids is to have the injured person treat their own wound. If they are unable to take care of themselves, or they need some help, use latex gloves. If you do not have disposable gloves available, use a plastic bag (trash, shopping, or sandwich) over your hands to create a barrier. Your employer must provide appropriate personal protective equipment (gloves, goggles, disinfectant, etc.) for your use while at work. Know where these items are located so that you will be better prepared to protect yourself.

### **HOW DO I SAFELY HANDLE A BLEEDING INJURY?**

1. The child or adult should hold an absorbent material to the wound - a clean disposable diaper offers a good absorbent material with the added protection of a plastic backing. You can also use paper towels, tissue, or newspaper.
2. Have them hold pressure until the bleeding stops.
3. Assist with placing a band-aid or bandage over the wound if needed.
4. Dispose of bloody material in a plastic lined trashcan or sealed plastic bag.
5. Everyone should wash his or her hands with soap & running water as soon as possible (disinfectant waterless hand cleaners or towelettes may be used if soap and running water are not available).

## **HOW DO I CLEAN SURFACES THAT HAVE BLOOD AND BODY FLUIDS ON THEM?**

1. WEAR DISPOSABLE GLOVES.
2. Wash the area with soap and water, and dry the area.
3. Disinfect the surface with a solution of one part bleach to ten parts water, or you can use a hospital-strength disinfectant (i.e., Lysol, Cavicide, or NABC). Allow the area to remain wet for at least 3 minutes, before drying. Consult the container label for differences in recommendations due to product strength.
4. Use disposable cleaning materials if possible, such as paper towels instead of cloth.
5. Dispose of cleaning materials and gloves in a sealed plastic bag.
6. Wash hands with soap and running water (disinfectant waterless hand cleaners or towelettes may be used if soap and running water are not available).

## **Appendix B**

### **HIPPA Privacy Rule**





# **SUMMARY OF THE HIPAA PRIVACY RULE**

## **Contents**

Introduction .....	1
Statutory & Regulatory Background.....	1
Who is Covered by the Privacy Rule .....	2
Business Associates.....	3
What Information is Protected .....	3
General Principle for Uses and Disclosures.....	4
Permitted Uses and Disclosures .....	4
Authorized Uses and Disclosures.....	9
Limiting Uses and Disclosures to the Minimum Necessary .....	10
Notice and Other Individual Rights .....	11
Administrative Requirements.....	14
Organizational Options .....	15
Other Provisions: Personal Representatives and Minors .....	16
State Law.....	17
Enforcement and Penalties for Noncompliance.....	17
Compliance Dates .....	18
Copies of the Rule & Related Materials.....	18
End Notes .....	19

# SUMMARY OF THE HIPAA PRIVACY RULE

## Introduction

The *Standards for Privacy of Individually Identifiable Health Information* ("Privacy Rule") establishes, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").<sup>1</sup> The Privacy Rule standards address the use and disclosure of individuals' health information—called "protected health information" by organizations subject to the Privacy Rule—called "covered entities," as well as standards for individuals' privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights ("OCR") has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well being. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed.

This is a summary of key elements of the Privacy Rule and not a complete or comprehensive guide to compliance. Entities regulated by the Rule are obligated to comply with all of its applicable requirements and should not rely on this summary as a source of legal information or advice. To make it easier for entities to review the complete requirements of the Rule, provisions of the Rule referenced in this summary are cited in notes at the end of this document. To view the entire Rule, and for other additional helpful information about how it applies, see the OCR website: <http://www.hhs.gov/ocr/hipaa>. In the event of a conflict between this summary and the Rule, the Rule governs.

Links to the OCR Guidance Document are provided throughout this paper. Provisions of the Rule referenced in this summary are cited in endnotes at the end of this document. To review the entire Rule itself, and for other additional helpful information about how it applies, see the OCR website: <http://www.hhs.gov/ocr/hipaa>.

## Statutory & Regulatory Background

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, was enacted on August 21, 1996. Sections 261 through 264 of HIPAA require the Secretary of HHS to publicize standards for the electronic exchange, privacy and security of health information. Collectively these are known as the *Administrative Simplification* provisions.

HIPAA required the Secretary to issue privacy regulations governing individually identifiable health information, if Congress did not enact privacy legislation within

	<p>three years of the passage of HIPAA. Because Congress did not enact privacy legislation, HHS developed a proposed rule and released it for public comment on November 3, 1999. The Department received over 52,000 public comments. The final regulation, the Privacy Rule, was published December 28, 2000.<sup>2</sup></p> <p>In March 2002, the Department proposed and released for public comment modifications to the Privacy Rule. The Department received over 11,000 comments. The final modifications were published in final form on August 14, 2002.<sup>3</sup> A text combining the final regulation and the modifications can be found at 45 CFR Part 160 and Part 164, Subparts A and E on the OCR website: <a href="http://www.hhs.gov/ocr/hipaa">http://www.hhs.gov/ocr/hipaa</a>.</p>
<p><b>Who is Covered by the Privacy Rule</b></p>	<p>The Privacy Rule, as well as all the Administrative Simplification rules, apply to health plans, health care clearinghouses, and to any health care provider who transmits health information in electronic form in connection with transactions for which the Secretary of HHS has adopted standards under HIPAA (the "covered entities"). For help in determining whether you are covered, use the decision tool at: <a href="http://www.cms.hhs.gov/hipaa/hipaa2/support/tools/decisionsupport/default.asp">http://www.cms.hhs.gov/hipaa/hipaa2/support/tools/decisionsupport/default.asp</a>.</p> <p><b>Health Plans.</b> Individual and group plans that provide or pay the cost of medical care are covered entities.<sup>4</sup> Health plans include health, dental, vision, and prescription drug insurers, health maintenance organizations ("HMOs"), Medicare, Medicaid, Medicare+Choice and Medicare supplement insurers, and long-term care insurers (excluding nursing home fixed-indemnity policies). Health plans also include employer-sponsored group health plans, government and church-sponsored health plans, and multi-employer health plans. There are exceptions—a group health plan with less than 50 participants that is administered solely by the employer that established and maintains the plan is not a covered entity. Two types of government-funded programs are not health plans: (1) those whose principal purpose is not providing or paying the cost of health care, such as the food stamps program; and (2) those programs whose principal activity is directly providing health care, such as a community health center,<sup>5</sup> or the making of grants to fund the direct provision of health care. Certain types of insurance entities are also not health plans, including entities providing only workers' compensation, automobile insurance, and property and casualty insurance.</p> <p><b>Health Care Providers.</b> Every health care provider, regardless of size, who electronically transmits health information in connection with certain transactions, is a covered entity. These transactions include claims, benefit eligibility inquiries, referral authorization requests, or other transactions for which HHS has established standards under the HIPAA Transactions Rule.<sup>6</sup> Using electronic technology, such as email, does not mean a health care provider is a covered entity; the transmission must be in connection with a standard transaction. The Privacy Rule covers a health care provider whether it electronically transmits these transactions directly or uses a billing service or other third party to do so on its behalf. Health care providers include all "providers of services" (e.g., institutional providers such as hospitals) and "providers of medical or health services" (e.g., non-institutional providers such as physicians, dentists and other practitioners) as defined by Medicare, and any other person or organization that furnishes, bills, or is paid for health care.</p>

	<p><b>Health Care Clearinghouses.</b> <i>Health care clearinghouses</i> are entities that process nonstandard information they receive from another entity into a standard (i.e., standard format or data content), or vice versa.<sup>7</sup> In most instances, health care clearinghouses will receive individually identifiable health information only when they are providing these processing services to a health plan or health care provider as a business associate. In such instances, only certain provisions of the Privacy Rule are applicable to the health care clearinghouse's uses and disclosures of protected health information.<sup>8</sup> Health care clearinghouses include billing services, repricing companies, community health management information systems, and value-added networks and switches if these entities perform clearinghouse functions.</p>
<p><b>Business Associates</b></p>	<p><b>Business Associate Defined.</b> In general, a business associate is a person or organization, other than a member of a covered entity's workforce, that performs certain functions or activities on behalf of, or provides certain services to, a covered entity that involve the use or disclosure of individually identifiable health information. Business associate functions or activities on behalf of a covered entity include claims processing, data analysis, utilization review, and billing.<sup>9</sup> Business associate services to a covered entity are limited to legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services. However, persons or organizations are not considered business associates if their functions or services do not involve the use or disclosure of protected health information, and where any access to protected health information by such persons would be incidental, if at all. A covered entity can be the business associate of another covered entity.</p> <p><b>Business Associate Contract.</b> When a covered entity uses a contractor or other non-workforce member to perform "<i>business associate</i>" services or activities, the Rule requires that the covered entity include certain protections for the information in a business associate agreement (in certain circumstances governmental entities may use alternative means to achieve the same protections). In the business associate contract, a covered entity must impose specified written safeguards on the individually identifiable health information used or disclosed by its business associates.<sup>10</sup> Moreover, a covered entity may not contractually authorize its business associate to make any use or disclosure of protected health information that would violate the Rule. Covered entities that have an existing written contract or agreement with business associates prior to October 15, 2002, which is not renewed or modified prior to April 14, 2003, are permitted to continue to operate under that contract until they renew the contract or April 14, 2004, whichever is first.<sup>11</sup> Sample business associate contract language is available on the OCR website at: <a href="http://www.hhs.gov/ocr/hipaa/contractprov.html">http://www.hhs.gov/ocr/hipaa/contractprov.html</a>. Also see OCR "Business Associate" Guidance.</p>
<p><b>What Information is Protected</b></p>	<p><b>Protected Health Information.</b> The Privacy Rule protects all "<i>individually identifiable health information</i>" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "<i>protected health information (PHI)</i>."<sup>12</sup></p>

	<p><i>"Individually identifiable health information"</i> is information, including demographic data, that relates to:</p> <ul style="list-style-type: none"> <li>• the individual's past, present or future physical or mental health or condition,</li> <li>• the provision of health care to the individual, or</li> <li>• the past, present, or future payment for the provision of health care to the individual,</li> </ul> <p>and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual.<sup>13</sup> Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).</p> <p>The Privacy Rule excludes from protected health information employment records that a covered entity maintains in its capacity as an employer and education and certain other records subject to, or defined in, the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.</p> <p><b>De-Identified Health Information.</b> There are no restrictions on the use or disclosure of de-identified health information.<sup>14</sup> De-identified health information neither identifies nor provides a reasonable basis to identify an individual. There are two ways to de-identify information; either: 1) a formal determination by a qualified statistician; or 2) the removal of specified identifiers of the individual and of the individual's relatives, household members, and employers is required, and is adequate only if the covered entity has no actual knowledge that the remaining information could be used to identify the individual.<sup>15</sup></p>
<p><b>General Principle for Uses and Disclosures</b></p>	<p><b>Basic Principle.</b> A major purpose of the Privacy Rule is to define and limit the circumstances in which an individual's protected health information may be used or disclosed by covered entities. A covered entity may not use or disclose protected health information, except either: (1) as the Privacy Rule permits or requires; or (2) as the individual who is the subject of the information (or the individual's personal representative) authorizes in writing.<sup>16</sup></p> <p><b>Required Disclosures.</b> A covered entity must disclose protected health information in only two situations: (a) to individuals (or their personal representatives) specifically when they request access to, or an accounting of disclosures of, their protected health information; and (b) to HHS when it is undertaking a compliance investigation or review or enforcement action.<sup>17</sup> See <u>OCR "Government Access" Guidance</u>.</p>
<p><b>Permitted Uses and Disclosures</b></p>	<p><b>Permitted Uses and Disclosures.</b> A covered entity is permitted, but not required, to use and disclose protected health information, without an individual's authorization, for the following purposes or situations: (1) To the Individual (unless required for access or accounting of disclosures); (2) Treatment, Payment, and Health Care Operations; (3) Opportunity to Agree or Object; (4) Incident to an otherwise permitted use and disclosure; (5) Public Interest and Benefit Activities; and</p>

(6) Limited Data Set for the purposes of research, public health or health care operations.<sup>18</sup> Covered entities may rely on professional ethics and best judgments in deciding which of these permissive uses and disclosures to make.

**(1) To the Individual.** A covered entity may disclose protected health information to the individual who is the subject of the information.

**(2) Treatment, Payment, Health Care Operations.** A covered entity may use and disclose protected health information for its own treatment, payment, and health care operations activities.<sup>19</sup> A covered entity also may disclose protected health information for the treatment activities of any health care provider, the payment activities of another covered entity and of any health care provider, or the health care operations of another covered entity involving either quality or competency assurance activities or fraud and abuse detection and compliance activities, if both covered entities have or had a relationship with the individual and the protected health information pertains to the relationship. See OCR "Treatment, Payment, Health Care Operations" Guidance.

*Treatment* is the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another.<sup>20</sup>

*Payment* encompasses activities of a health plan to obtain premiums, determine or fulfill responsibilities for coverage and provision of benefits, and furnish or obtain reimbursement for health care delivered to an individual<sup>21</sup> and activities of a health care provider to obtain payment or be reimbursed for the provision of health care to an individual.

*Health care operations* are any of the following activities: (a) quality assessment and improvement activities, including case management and care coordination; (b) competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation; (c) conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs; (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk; (e) business planning, development, management, and administration; and (f) business management and general administrative activities of the entity, including but not limited to: de-identifying protected health information, creating a limited data set, and certain fundraising for the benefit of the covered entity.<sup>22</sup>

Most uses and disclosures of psychotherapy notes for treatment, payment, and health care operations purposes require an authorization as described below.<sup>23</sup>

Obtaining "consent" (written permission from individuals to use and disclose their protected health information for treatment, payment, and health care operations) is optional under the Privacy Rule for all covered entities.<sup>24</sup> The content of a consent form, and the process for obtaining consent, are at the discretion of the covered entity electing to seek consent.



**(3) Uses and Disclosures with Opportunity to Agree or Object.** Informal permission may be obtained by asking the individual outright, or by circumstances that clearly give the individual the opportunity to agree, acquiesce, or object. Where the individual is incapacitated, in an emergency situation, or not available, covered entities generally may make such uses and disclosures, if in the exercise of their professional judgment, the use or disclosure is determined to be in the best interests of the individual.

**Facility Directories.** It is a common practice in many health care facilities, such as hospitals, to maintain a directory of patient contact information. A covered health care provider may rely on an individual's informal permission to list in its facility directory the individual's name, general condition, religious affiliation, and location in the provider's facility.<sup>25</sup> The provider may then disclose the individual's condition and location in the facility to anyone asking for the individual by name, and also may disclose religious affiliation to clergy. Members of the clergy are not required to ask for the individual by name when inquiring about patient religious affiliation.

**For Notification and Other Purposes.** A covered entity also may rely on an individual's informal permission to disclose to the individual's family, relatives, or friends, or to other persons whom the individual identifies, protected health information directly relevant to that person's involvement in the individual's care or payment for care.<sup>26</sup> This provision, for example, allows a pharmacist to dispense filled prescriptions to a person acting on behalf of the patient. Similarly, a covered entity may rely on an individual's informal permission to use or disclose protected health information for the purpose of notifying (including identifying or locating) family members, personal representatives, or others responsible for the individual's care of the individual's location, general condition, or death. In addition, protected health information may be disclosed for notification purposes to public or private entities authorized by law or charter to assist in disaster relief efforts.

**(4) Incidental Use and Disclosure.** The Privacy Rule does not require that every risk of an incidental use or disclosure of protected health information be eliminated. A use or disclosure of this information that occurs as a result of, or as "incident to," an otherwise permitted use or disclosure is permitted as long as the covered entity has adopted reasonable safeguards as required by the Privacy Rule, and the information being shared was limited to the "minimum necessary," as required by the Privacy Rule.<sup>27</sup> See OCR "Incidental Uses and Disclosures" Guidance.

**(5) Public Interest and Benefit Activities.** The Privacy Rule permits use and disclosure of protected health information, without an individual's authorization or permission, for 12 national priority purposes.<sup>28</sup> These disclosures are permitted, although not required, by the Rule in recognition of the important uses made of health information outside of the health care context. Specific conditions or limitations apply to each public interest purpose, striking the balance between the individual privacy interest and the public interest need for this information.

**Required by Law.** Covered entities may use and disclose protected health information without individual authorization as *required by law* (including by

statute, regulation, or court orders).<sup>29</sup>

**Public Health Activities.** Covered entities may disclose protected health information to: (1) public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability and to public health or other government authorities authorized to receive reports of child abuse and neglect; (2) entities subject to FDA regulation regarding FDA regulated products or activities for purposes such as adverse event reporting, tracking of products, product recalls, and post-marketing surveillance; (3) individuals who may have contracted or been exposed to a communicable disease when notification is authorized by law; and (4) employers, regarding employees, when requested by employers, for information concerning a work-related illness or injury or workplace related medical surveillance, because such information is needed by the employer to comply with the Occupational Safety and Health Administration (OHSA), the Mine Safety and Health Administration (MHSA), or similar state law.<sup>30</sup> See OCR "Public Health" Guidance; CDC Public Health and HIPAA Guidance.

**Victims of Abuse, Neglect or Domestic Violence.** In certain circumstances, covered entities may disclose protected health information to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.<sup>31</sup>

**Health Oversight Activities.** Covered entities may disclose protected health information to health oversight agencies (as defined in the Rule) for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.<sup>32</sup>

**Judicial and Administrative Proceedings.** Covered entities may disclose protected health information in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process if certain assurances regarding notice to the individual or a protective order are provided.<sup>33</sup>

**Law Enforcement Purposes.** Covered entities may disclose protected health information to law enforcement officials for law enforcement purposes under the following six circumstances, and subject to specified conditions: (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime; (4) to alert law enforcement of a person's death, if the covered entity suspects that criminal activity caused the death; (5) when a covered entity believes that protected health information is evidence of a crime that occurred on its premises; and (6) by a covered health care provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.<sup>34</sup>



**Decedents.** Covered entities may disclose protected health information to funeral directors as needed, and to coroners or medical examiners to identify a deceased person, determine the cause of death, and perform other functions authorized by law.<sup>35</sup>

**Cadaveric Organ, Eye, or Tissue Donation.** Covered entities may use or disclose protected health information to facilitate the donation and transplantation of cadaveric organs, eyes, and tissue.<sup>36</sup>

**Research.** "Research" is any systematic investigation designed to develop or contribute to generalizable knowledge.<sup>37</sup> The Privacy Rule permits a covered entity to use and disclose protected health information for research purposes, without an individual's authorization, provided the covered entity obtains either: (1) documentation that an alteration or waiver of individuals' authorization for the use or disclosure of protected health information about them for research purposes has been approved by an Institutional Review Board or Privacy Board; (2) representations from the researcher that the use or disclosure of the protected health information is solely to prepare a research protocol or for similar purpose preparatory to research, that the researcher will not remove any protected health information from the covered entity, and that protected health information for which access is sought is necessary for the research; or (3) representations from the researcher that the use or disclosure sought is solely for research on the protected health information of decedents, that the protected health information sought is necessary for the research, and, at the request of the covered entity, documentation of the death of the individuals about whom information is sought.<sup>38</sup> A covered entity also may use or disclose, without an individuals' authorization, a limited data set of protected health information for research purposes (see discussion below).<sup>39</sup> See OCR "Research" Guidance; NIH Protecting PHI in Research.

**Serious Threat to Health or Safety.** Covered entities may disclose protected health information that they believe is necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat (including the target of the threat). Covered entities may also disclose to law enforcement if the information is needed to identify or apprehend an escapee or violent criminal.<sup>40</sup>

**Essential Government Functions.** An authorization is not required to use or disclose protected health information for certain essential government functions. Such functions include: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.<sup>41</sup>

	<p><b>Workers' Compensation.</b> Covered entities may disclose protected health information as authorized by, and to comply with, workers' compensation laws and other similar programs providing benefits for work-related injuries or illnesses.<sup>42</sup> See <u>OCR "Workers' Compensation" Guidance</u>.</p> <p><b>(6) Limited Data Set.</b> A limited data set is protected health information from which certain specified direct identifiers of individuals and their relatives, household members, and employers have been removed.<sup>43</sup> A limited data set may be used and disclosed for research, health care operations, and public health purposes, provided the recipient enters into a data use agreement promising specified safeguards for the protected health information within the limited data set.</p>
<p><b>Authorized Uses and Disclosures</b></p>	<p><b>Authorization.</b> A covered entity must obtain the individual's written authorization for any use or disclosure of protected health information that is not for treatment, payment or health care operations or otherwise permitted or required by the Privacy Rule.<sup>44</sup> A covered entity may not condition treatment, payment, enrollment, or benefits eligibility on an individual granting an authorization, except in limited circumstances.<sup>45</sup></p> <p>An authorization must be written in specific terms. It may allow use and disclosure of protected health information by the covered entity seeking the authorization, or by a third party. Examples of disclosures that would require an individual's authorization include disclosures to a life insurer for coverage purposes, disclosures to an employer of the results of a pre-employment physical or lab test, or disclosures to a pharmaceutical firm for their own marketing purposes.</p> <p>All authorizations must be in plain language, and contain specific information regarding the information to be disclosed or used, the person(s) disclosing and receiving the information, expiration, right to revoke in writing, and other data. The Privacy Rule contains transition provisions applicable to authorizations and other express legal permissions obtained prior to April 14, 2003.<sup>46</sup></p> <p><b>Psychotherapy Notes<sup>47</sup>.</b> A covered entity must obtain an individual's authorization to use or disclose psychotherapy notes with the following exceptions<sup>48</sup>:</p> <ul style="list-style-type: none"> <li>• The covered entity who originated the notes may use them for treatment.</li> <li>• A covered entity may use or disclose, without an individual's authorization, the psychotherapy notes, for its own training, and to defend itself in legal proceedings brought by the individual, for HHS to investigate or determine the covered entity's compliance with the Privacy Rules, to avert a serious and imminent threat to public health or safety, to a health oversight agency for lawful oversight of the originator of the psychotherapy notes, for the lawful activities of a coroner or medical examiner or as required by law.</li> </ul> <p><b>Marketing.</b> Marketing is any communication about a product or service that encourages recipients to purchase or use the product or service.<sup>49</sup> The Privacy Rule carves out the following health-related activities from this definition of marketing:</p> <ul style="list-style-type: none"> <li>• Communications to describe health-related products or services, or payment</li> </ul>

	<p>for them, provided by or included in a benefit plan of the covered entity making the communication;</p> <ul style="list-style-type: none"> <li>• Communications about participating providers in a provider or health plan network, replacement of or enhancements to a health plan, and health-related products or services available only to a health plan's enrollees that add value to, but are not part of, the benefits plan;</li> <li>• Communications for treatment of the individual; and</li> <li>• Communications for case management or care coordination for the individual, or to direct or recommend alternative treatments, therapies, health care providers, or care settings to the individual.</li> </ul> <p>Marketing also is an arrangement between a covered entity and any other entity whereby the covered entity discloses protected health information, in exchange for direct or indirect remuneration, for the other entity to communicate about its own products or services encouraging the use or purchase of those products or services. A covered entity must obtain an authorization to use or disclose protected health information for marketing, except for face-to-face marketing communications between a covered entity and an individual, and for a covered entity's provision of promotional gifts of nominal value. No authorization is needed, however, to make a communication that falls within one of the exceptions to the marketing definition. An authorization for marketing that involves the covered entity's receipt of direct or indirect remuneration from a third party must reveal that fact. See <u>OCR "Marketing" Guidance</u>.</p>
<p><b>Limiting Uses and Disclosures to the Minimum Necessary</b></p>	<p><b>Minimum Necessary.</b> A central aspect of the Privacy Rule is the principle of "minimum necessary" use and disclosure. A covered entity must make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request.<sup>50</sup> A covered entity must develop and implement policies and procedures to reasonably limit uses and disclosures to the minimum necessary. When the minimum necessary standard applies to a use or disclosure, a covered entity may not use, disclose, or request the entire medical record for a particular purpose, unless it can specifically justify the whole record as the amount reasonably needed for the purpose. See <u>OCR "Minimum Necessary" Guidance</u>.</p> <p>The minimum necessary requirement is not imposed in any of the following circumstances: (a) disclosure to or a request by a health care provider for treatment; (b) disclosure to an individual who is the subject of the information, or the individual's personal representative; (c) use or disclosure made pursuant to an authorization; (d) disclosure to HHS for complaint investigation, compliance review or enforcement; (e) use or disclosure that is required by law; or (f) use or disclosure required for compliance with the HIPAA Transactions Rule or other HIPAA Administrative Simplification Rules.</p> <p><b>Access and Uses.</b> For internal uses, a covered entity must develop and implement policies and procedures that restrict access and uses of protected health information based on the specific roles of the members of their workforce. These policies and procedures must identify the persons, or classes of persons, in the workforce who need access to protected health information to carry out their duties, the categories of</p>

	<p>protected health information to which access is needed, and any conditions under which they need the information to do their jobs.</p> <p><b>Disclosures and Requests for Disclosures.</b> Covered entities must establish and implement policies and procedures (which may be standard protocols) for <i>routine, recurring disclosures, or requests for disclosures</i>, that limits the protected health information disclosed to that which is the minimum amount reasonably necessary to achieve the purpose of the disclosure. Individual review of each disclosure is not required. For non-routine, non-recurring disclosures, or requests for disclosures that it makes, covered entities must develop criteria designed to limit disclosures to the information reasonably necessary to accomplish the purpose of the disclosure and review each of these requests individually in accordance with the established criteria.</p> <p><b>Reasonable Reliance.</b> If another covered entity makes a request for protected health information, a covered entity may rely, if reasonable under the circumstances, on the request as complying with this minimum necessary standard. Similarly, a covered entity may rely upon requests as being the minimum necessary protected health information from: (a) a public official, (b) a professional (such as an attorney or accountant) who is the covered entity's business associate, seeking the information to provide services to or for the covered entity; or (c) a researcher who provides the documentation or representation required by the Privacy Rule for research.</p>
<p><b>Notice and Other Individual Rights</b></p>	<p><b>Privacy Practices Notice.</b> Each covered entity, with certain exceptions, must provide a notice of its privacy practices.<sup>51</sup> The Privacy Rule requires that the notice contain certain elements. The notice must describe the ways in which the covered entity may use and disclose protected health information. The notice must state the covered entity's duties to protect privacy, provide a notice of privacy practices, and abide by the terms of the current notice. The notice must describe individuals' rights, including the right to complain to HHS and to the covered entity if they believe their privacy rights have been violated. The notice must include a point of contact for further information and for making complaints to the covered entity. Covered entities must act in accordance with their notices. The Rule also contains specific distribution requirements for direct treatment providers, all other health care providers, and health plans. See <u>OCR "Notice" Guidance</u>.</p> <ul style="list-style-type: none"> <li>• <b>Notice Distribution.</b> A covered health care provider with a <i>direct treatment relationship</i> with individuals must deliver a privacy practices notice to patients starting April 14, 2003 as follows: <ul style="list-style-type: none"> <li>○ Not later than the first service encounter by personal delivery (for patient visits), by automatic and contemporaneous electronic response (for electronic service delivery), and by prompt mailing (for telephonic service delivery);</li> <li>○ By posting the notice at each service delivery site in a clear and prominent place where people seeking service may reasonably be expected to be able to read the notice; and</li> <li>○ In emergency treatment situations, the provider must furnish its notice as soon as practicable after the emergency abates.</li> </ul> </li> </ul>

Covered entities, whether *direct treatment providers* or *indirect treatment providers* (such as laboratories) or *health plans* must supply notice to anyone on request.<sup>52</sup> A covered entity must also make its notice electronically available on any web site it maintains for customer service or benefits information.

The covered entities in an *organized health care arrangement* may use a joint privacy practices notice, as long as each agrees to abide by the notice content with respect to the protected health information created or received in connection with participation in the arrangement.<sup>53</sup> Distribution of a joint notice by any covered entity participating in the organized health care arrangement at the first point that an OHCA member has an obligation to provide notice satisfies the distribution obligation of the other participants in the organized health care arrangement.

A health plan must distribute its privacy practices notice to each of its enrollees by its Privacy Rule compliance date. Thereafter, the health plan must give its notice to each new enrollee at enrollment, and send a reminder to every enrollee at least once every three years that the notice is available upon request. A health plan satisfies its distribution obligation by furnishing the notice to the "named insured," that is, the subscriber for coverage that also applies to spouses and dependents.

- **Acknowledgement of Notice Receipt.** A covered health care provider with a direct treatment relationship with individuals must make a good faith effort to obtain written acknowledgement from patients of receipt of the privacy practices notice.<sup>54</sup> The Privacy Rule does not prescribe any particular content for the acknowledgement. The provider must document the reason for any failure to obtain the patient's written acknowledgement. The provider is relieved of the need to request acknowledgement in an emergency treatment situation.

**Access.** Except in certain circumstances, individuals have the right to review and obtain a copy of their protected health information in a covered entity's *designated record set*.<sup>55</sup> The "designated record set" is that group of records maintained by or for a covered entity that is used, in whole or part, to make decisions about individuals, or that is a provider's medical and billing records about individuals or a health plan's enrollment, payment, claims adjudication, and case or medical management record systems.<sup>56</sup> The Rule excepts from the right of access the following protected health information: psychotherapy notes, information compiled for legal proceedings, laboratory results to which the Clinical Laboratory Improvement Act (CLIA) prohibits access, or information held by certain research laboratories. For information included within the right of access, covered entities may deny an individual access in certain specified situations, such as when a health care professional believes access could cause harm to the individual or another. In such situations, the individual must be given the right to have such denials reviewed by a licensed health care professional for a second opinion.<sup>57</sup> Covered entities may impose reasonable, cost-based fees for the cost of copying and postage.

**Amendment.** The Rule gives individuals the right to have covered entities amend their protected health information in a designated record set when that information is



inaccurate or incomplete.<sup>58</sup> If a covered entity accepts an amendment request, it must make reasonable efforts to provide the amendment to persons that the individual has identified as needing it, and to persons that the covered entity knows might rely on the information to the individual's detriment.<sup>59</sup> If the request is denied, covered entities must provide the individual with a written denial and allow the individual to submit a statement of disagreement for inclusion in the record. The Rule specifies processes for requesting and responding to a request for amendment. A covered entity must amend protected health information in its designated record set upon receipt of notice to amend from another covered entity.

**Disclosure Accounting.** Individuals have a right to an accounting of the disclosures of their protected health information by a covered entity or the covered entity's business associates.<sup>60</sup> The maximum disclosure accounting period is the six years immediately preceding the accounting request, except a covered entity is not obligated to account for any disclosure made before its Privacy Rule compliance date.

The Privacy Rule does not require accounting for disclosures: (a) for treatment, payment, or health care operations; (b) to the individual or the individual's personal representative; (c) for notification of or to persons involved in an individual's health care or payment for health care, for disaster relief, or for facility directories; (d) pursuant to an authorization; (e) of a limited data set; (f) for national security or intelligence purposes; (g) to correctional institutions or law enforcement officials for certain purposes regarding inmates or individuals in lawful custody; or (h) incident to otherwise permitted or required uses or disclosures. Accounting for disclosures to health oversight agencies and law enforcement officials must be temporarily suspended on their written representation that an accounting would likely impede their activities.

**Restriction Request.** Individuals have the right to request that a covered entity restrict use or disclosure of protected health information for treatment, payment or health care operations, disclosure to persons involved in the individual's health care or payment for health care, or disclosure to notify family members or others about the individual's general condition, location, or death.<sup>61</sup> A covered entity is under no obligation to agree to requests for restrictions. A covered entity that does agree must comply with the agreed restrictions, except for purposes of treating the individual in a medical emergency.<sup>62</sup>

**Confidential Communications Requirements.** Health plans and covered health care providers must permit individuals to request an alternative means or location for receiving communications of protected health information by means other than those that the covered entity typically employs.<sup>63</sup> For example, an individual may request that the provider communicate with the individual through a designated address or phone number. Similarly, an individual may request that the provider send communications in a closed envelope rather than a post card.

Health plans must accommodate reasonable requests if the individual indicates that the disclosure of all or part of the protected health information could endanger the individual. The health plan may not question the individual's statement of endangerment. Any covered entity may condition compliance with a confidential communication request on the individual specifying an alternative address or method of contact and explaining how any payment will be handled.

## Administrative Requirements

HHS recognizes that covered entities range from the smallest provider to the largest, multi-state health plan. Therefore the flexibility and scalability of the Rule are intended to allow covered entities to analyze their own needs and implement solutions appropriate for their own environment. What is appropriate for a particular covered entity will depend on the nature of the covered entity's business, as well as the covered entity's size and resources.

**Privacy Policies and Procedures.** A covered entity must develop and implement written privacy policies and procedures that are consistent with the Privacy Rule.<sup>64</sup>

**Privacy Personnel.** A covered entity must designate a privacy official responsible for developing and implementing its privacy policies and procedures, and a contact person or contact office responsible for receiving complaints and providing individuals with information on the covered entity's privacy practices.<sup>65</sup>

**Workforce Training and Management.** Workforce members include employees, volunteers, trainees, and may also include other persons whose conduct is under the direct control of the entity (whether or not they are paid by the entity).<sup>66</sup> A covered entity must train all workforce members on its privacy policies and procedures, as necessary and appropriate for them to carry out their functions.<sup>67</sup> A covered entity must have and apply appropriate sanctions against workforce members who violate its privacy policies and procedures or the Privacy Rule.<sup>68</sup>

**Mitigation.** A covered entity must mitigate, to the extent practicable, any harmful effect it learns was caused by use or disclosure of protected health information by its workforce or its business associates in violation of its privacy policies and procedures or the Privacy Rule.<sup>69</sup>

**Data Safeguards.** A covered entity must maintain reasonable and appropriate administrative, technical, and physical safeguards to prevent intentional or unintentional use or disclosure of protected health information in violation of the Privacy Rule and to limit its incidental use and disclosure pursuant to otherwise permitted or required use or disclosure.<sup>70</sup> For example, such safeguards might include shredding documents containing protected health information before discarding them, securing medical records with lock and key or pass code, and limiting access to keys or pass codes. See OCR "Incidental Uses and Disclosures" Guidance.

**Complaints.** A covered entity must have procedures for individuals to complain about its compliance with its privacy policies and procedures and the Privacy Rule.<sup>71</sup> The covered entity must explain those procedures in its privacy practices notice.<sup>72</sup>

Among other things, the covered entity must identify to whom individuals can submit complaints to at the covered entity and advise that complaints also can be submitted to the Secretary of HHS.

**Retaliation and Waiver.** A covered entity may not retaliate against a person for exercising rights provided by the Privacy Rule, for assisting in an investigation by HHS or another appropriate authority, or for opposing an act or practice that the person believes in good faith violates the Privacy Rule.<sup>73</sup> A covered entity may not

	<p>require an individual to waive any right under the Privacy Rule as a condition for obtaining treatment, payment, and enrollment or benefits eligibility.<sup>74</sup></p> <p><b>Documentation and Record Retention.</b> A covered entity must maintain, until six years after the later of the date of their creation or last effective date, its privacy policies and procedures, its privacy practices notices, disposition of complaints, and other actions, activities, and designations that the Privacy Rule requires to be documented.<sup>75</sup></p> <p><b>Fully-Insured Group Health Plan Exception.</b> The only administrative obligations with which a fully-insured group health plan that has no more than enrollment data and summary health information is required to comply are the (1) ban on retaliatory acts and waiver of individual rights, and (2) documentation requirements with respect to plan documents if such documents are amended to provide for the disclosure of protected health information to the plan sponsor by a health insurance issuer or HMO that services the group health plan.<sup>76</sup></p>
<p><b>Organizational Options</b></p>	<p>The Rule contains provisions that address a variety of organizational issues that may affect the operation of the privacy protections.</p> <p><b>Hybrid Entity.</b> The Privacy Rule permits a covered entity that is a single legal entity and that conducts both covered and non-covered functions to elect to be a "hybrid entity."<sup>77</sup> (The activities that make a person or organization a covered entity are its "covered functions."<sup>78</sup>) To be a hybrid entity, the covered entity must designate in writing its operations that perform covered functions as one or more "health care components." After making this designation, most of the requirements of the Privacy Rule will apply only to the health care components. A covered entity that does not make this designation is subject in its entirety to the Privacy Rule.</p> <p><b>Affiliated Covered Entity.</b> Legally separate covered entities that are affiliated by common ownership or control may designate themselves (including their health care components) as a single covered entity for Privacy Rule compliance.<sup>79</sup> The designation must be in writing. An affiliated covered entity that performs multiple covered functions must operate its different covered functions in compliance with the Privacy Rule provisions applicable to those covered functions.</p> <p><b>Organized Health Care Arrangement.</b> The Privacy Rule identifies relationships in which participating covered entities share protected health information to manage and benefit their common enterprise as "organized health care arrangements."<sup>80</sup> Covered entities in an organized health care arrangement can share protected health information with each other for the arrangement's joint health care operations.<sup>81</sup></p> <p><b>Covered Entities With Multiple Covered Functions.</b> A covered entity that performs multiple covered functions must operate its different covered functions in compliance with the Privacy Rule provisions applicable to those covered functions.<sup>82</sup> The covered entity may not use or disclose the protected health information of an individual who receives services from one covered function (e.g., health care provider) for another covered function (e.g., health plan) if the individual is not involved with the other function.</p>



	<p><b>Group Health Plan disclosures to Plan Sponsors.</b> A group health plan and the health insurer or HMO offered by the plan may disclose the following protected health information to the “plan sponsor”—the employer, union, or other employee organization that sponsors and maintains the group health plan<sup>83</sup>:</p> <ul style="list-style-type: none"> <li>• Enrollment or disenrollment information with respect to the group health plan or a health insurer or HMO offered by the plan.</li> <li>• If requested by the plan sponsor, summary health information for the plan sponsor to use to obtain premium bids for providing health insurance coverage through the group health plan, or to modify, amend, or terminate the group health plan. “Summary health information” is information that summarizes claims history, claims expenses, or types of claims experience of the individuals for whom the plan sponsor has provided health benefits through the group health plan, and that is stripped of all individual identifiers other than five digit zip code (though it need not qualify as de-identified protected health information).</li> <li>• Protected health information of the group health plan’s enrollees for the plan sponsor to perform plan administration functions. The plan must receive certification from the plan sponsor that the group health plan document has been amended to impose restrictions on the plan sponsor’s use and disclosure of the protected health information. These restrictions must include the representation that the plan sponsor will not use or disclose the protected health information for any employment-related action or decision or in connection with any other benefit plan.</li> </ul>
<p><b>Other Provisions: Personal Representatives and Minors</b></p>	<p><b>Personal Representatives.</b> The Privacy Rule requires a covered entity to treat a “personal representative” the same as the individual, with respect to uses and disclosures of the individual’s protected health information, as well as the individual’s rights under the Rule.<sup>84</sup> A personal representative is a person legally authorized to make health care decisions on an individual’s behalf or to act for a deceased individual or the estate. The Privacy Rule permits an exception when a covered entity has a reasonable belief that the personal representative may be abusing or neglecting the individual, or that treating the person as the personal representative could otherwise endanger the individual.</p> <p><b>Special case: Minors.</b> In most cases, parents are the personal representatives for their minor children. Therefore, in most cases, parents can exercise individual rights, such as access to the medical record, on behalf of their minor children. In certain exceptional cases, the parent is not considered the personal representative. In these situations, the Privacy Rule defers to State and other law to determine the rights of parents to access and control the protected health information of their minor children. If State and other law is silent concerning parental access to the minor’s protected health information, a covered entity has discretion to provide or deny a parent access to the minor’s health information, provided the decision is made by a licensed health care professional in the exercise of professional judgment. See <u>OCR “Personal Representatives” Guidance</u>.</p>

## State Law

**Preemption.** In general, State laws that are contrary to the Privacy Rule are preempted by the federal requirements, which means that the federal requirements will apply.<sup>85</sup> "Contrary" means that it would be impossible for a covered entity to comply with both the State and federal requirements, or that the provision of State law is an obstacle to accomplishing the full purposes and objectives of the Administrative Simplification provisions of HIPAA.<sup>86</sup> The Privacy Rule provides exceptions to the general rule of federal preemption for contrary State laws that (1) relate to the privacy of individually identifiable health information and provide greater privacy protections or privacy rights with respect to such information, (2) provide for the reporting of disease or injury, child abuse, birth, or death, or for public health surveillance, investigation, or intervention, or (3) require certain health plan reporting, such as for management or financial audits.

**Exception Determination.** In addition, preemption of a contrary State law will not occur if HHS determines, in response to a request from a State or other entity or person, that the State law:

- Is necessary to prevent fraud and abuse related to the provision of or payment for health care,
- Is necessary to ensure appropriate State regulation of insurance and health plans to the extent expressly authorized by statute or regulation,
- Is necessary for State reporting on health care delivery or costs,
- Is necessary for purposes of serving a compelling public health, safety, or welfare need; and, if a Privacy Rule provision is at issue, if the Secretary determines that the intrusion into privacy is warranted when balanced against the need to be served; or
- Has as its principal purpose the regulation of the manufacture, registration, distribution, dispensing, or other control of any controlled substances (as defined in 21 U.S.C. 802), or that is deemed a controlled substance by State law.

## Enforcement and Penalties for Noncompliance

**Compliance.** Consistent with the principles for achieving compliance provided in the Rule, HHS will seek the cooperation of covered entities and may provide technical assistance to help them comply voluntarily with the Rule.<sup>87</sup> The Rule provides processes for persons to file complaints with HHS, describes the responsibilities of covered entities to provide records and compliance reports and to cooperate with, and permit access to information for, investigations and compliance reviews.

**Civil Money Penalties.** HHS may impose civil money penalties on a covered entity of \$100 per failure to comply with a Privacy Rule requirement.<sup>88</sup> That penalty may not exceed \$25,000 per year for multiple violations of the identical Privacy Rule requirement in a calendar year. HHS may not impose a civil money penalty under specific circumstances, such as when a violation is due to reasonable cause and did not involve willful neglect and the covered entity corrected the violation within 30 days of when it knew or should have known of the violation.

	<p><b>Criminal Penalties.</b> A person who knowingly obtains or discloses individually identifiable health information in violation of HIPAA faces a fine of \$50,000 and up to one-year imprisonment.<sup>89</sup> The criminal penalties increase to \$100,000 and up to five years imprisonment if the wrongful conduct involves false pretenses, and to \$250,000 and up to ten years imprisonment if the wrongful conduct involves the intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain, or malicious harm. Criminal sanctions will be enforced by the Department of Justice.</p>
<p><b>Compliance Dates</b></p>	<p><b>Compliance Schedule.</b> All covered entities, except “small health plans,” must be compliant with the Privacy Rule by April 14, 2003.<sup>90</sup> Small health plans, however, have until April 14, 2004 to comply.</p> <p><b>Small Health Plans.</b> A health plan with annual receipts of not more than \$5 million is a small health plan.<sup>91</sup> Health plans that file certain federal tax returns and report receipts on those returns should use the guidance provided by the Small Business Administration at 13 Code of Federal Regulations (CFR) 121.104 to calculate annual receipts. Health plans that do not report receipts to the Internal Revenue Service (IRS), for example, group health plans regulated by the Employee Retirement Income Security Act 1974 (ERISA) that are exempt from filing income tax returns, should use proxy measures to determine their annual receipts.<sup>92</sup> See <u>What constitutes a small health plan?</u></p>
<p><b>Copies of the Rule &amp; Related Materials</b></p>	<p>The entire Privacy Rule, as well as guidance and additional materials, may be found on our website, <a href="http://www.hhs.gov/ocr/hipaa">http://www.hhs.gov/ocr/hipaa</a>.</p>

## End Notes

<sup>1</sup> Pub. L. 104-191.

<sup>2</sup> 65 FR 82462.

<sup>3</sup> 67 FR 53182.

<sup>4</sup> 45 C.F.R. §§ 160.102, 160.103.

<sup>5</sup> Even if an entity, such as a community health center, does not meet the definition of a health plan, it may, nonetheless, meet the definition of a health care provider, and, if it transmits health information in electronic form in connection with the transactions for which the Secretary of HHS has adopted standards under HIPAA, may still be a covered entity.

<sup>6</sup> 45 C.F.R. §§ 160.102, 160.103; *see* Social Security Act § 1172(a)(3), 42 U.S.C. § 1320d-1(a)(3). The transaction standards are established by the HIPAA Transactions Rule at 45 C.F.R. Part 162.

<sup>7</sup> 45 C.F.R. § 160.103.

<sup>8</sup> 45 C.F.R. § 164.500(b).

<sup>9</sup> 45 C.F.R. § 160.103.

<sup>10</sup> 45 C.F.R. §§ 164.502(e), 164.504(e).

<sup>11</sup> 45 C.F.R. § 164.532

<sup>12</sup> 45 C.F.R. § 160.103.

<sup>13</sup> 45 C.F.R. § 160.103

<sup>14</sup> 45 C.F.R. §§ 164.502(d)(2), 164.514(a) and (b).

<sup>15</sup> The following identifiers of the individual or of relatives, employers, or household members of the individual must be removed to achieve the "safe harbor" method of de-identification: (A) Names; (B) All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of Census (1) the geographic units formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000; (C) All elements of dates (except year) for dates directly related to the individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older; (D) Telephone numbers; (E) Fax numbers; (F) Electronic mail addresses; (G) Social security numbers; (H) Medical record numbers; (I) Health plan beneficiary numbers; (J) Account numbers; (K) Certificate/license numbers; (L) Vehicle identifiers and serial numbers, including license plate numbers; (M) Device identifiers and serial numbers; (N) Web Universal Resource Locators (URLs); (O) Internet Protocol (IP) address numbers; (P) Biometric identifiers, including finger and voice prints; (Q) Full face photographic images and any comparable images; and (R) any other unique identifying number, characteristic, or code, except as permitted for re-identification purposes provided certain conditions are met. In addition to the removal of the above-stated identifiers, the covered entity may not have actual knowledge that the remaining information could be used alone or in combination with any other information to identify an individual who is subject of the information. 45 C.F.R. § 164.514(b).

<sup>16</sup> 45 C.F.R. § 164.502(a).

<sup>17</sup> 45 C.F.R. § 164.502(a)(2).

---

<sup>18</sup> 45 C.F.R. § 164.502(a)(1).

<sup>19</sup> 45 C.F.R. § 164.506(c).

<sup>20</sup> 45 C.F.R. § 164.501.

<sup>21</sup> 45 C.F.R. § 164.501.

<sup>22</sup> 45 C.F.R. § 164.501.

<sup>23</sup> 45 C.F.R. § 164.508(a)(2)

<sup>24</sup> 45 C.F.R. § 164.506(b).

<sup>25</sup> 45 C.F.R. § 164.510(a).

<sup>26</sup> 45 C.F.R. § 164.510(b).

<sup>27</sup> 45 C.F.R. §§ 164.502(a)(1)(iii).

<sup>28</sup> See 45 C.F.R. § 164.512.

<sup>29</sup> 45 C.F.R. § 164.512(a).

<sup>30</sup> 45 C.F.R. § 164.512(b).

<sup>31</sup> 45 C.F.R. § 164.512(a), (c).

<sup>32</sup> 45 C.F.R. § 164.512(d).

<sup>33</sup> 45 C.F.R. § 164.512(e).

<sup>34</sup> 45 C.F.R. § 164.512(f).

<sup>35</sup> 45 C.F.R. § 164.512(g).

<sup>36</sup> 45 C.F.R. § 164.512(h).

<sup>37</sup> The Privacy Rule defines research as, “a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.” 45 C.F.R. § 164.501.

<sup>38</sup> 45 C.F.R. § 164.512(i).

<sup>39</sup> 45 CFR § 164.514(e).

<sup>40</sup> 45 C.F.R. § 164.512(j).

<sup>41</sup> 45 C.F.R. § 164.512(k).

<sup>42</sup> 45 C.F.R. § 164.512(l).

<sup>43</sup> 45 C.F.R. § 164.514(e). A limited data set is protected health information that excludes the following direct identifiers of the individual or of relatives, employers, or household members of the individual: (i) Names; (ii) Postal address information, other than town or city, State and zip code; (iii) Telephone numbers; (iv) Fax numbers; (v) Electronic mail addresses; (vi) Social security numbers; (vii) Medical record numbers; (viii) Health plan beneficiary numbers; (ix) Account numbers; (x) Certificate/license numbers; (xi) Vehicle identifiers and serial numbers, including license plate numbers; (xii) Device identifiers and serial numbers; (xiii) Web Universal Resource Locators (URLs); (xiv) Internet Protocol (IP) address numbers; (xv) Biometric identifiers, including finger and voice prints; (xvi) Full face photographic images and any comparable images. 45 C.F.R. § 164.514(e)(2).

<sup>44</sup> 45 C.F.R. § 164.508.

<sup>45</sup> A covered entity may condition the provision of health care solely to generate protected health information for disclosure to a third party on the individual giving authorization to disclose the

information to the third party. For example, a covered entity physician may condition the provision of a physical examination to be paid for by a life insurance issuer on an individual's authorization to disclose the results of that examination to the life insurance issuer. A health plan may condition enrollment or benefits eligibility on the individual giving authorization, requested before the individual's enrollment, to obtain protected health information (other than psychotherapy notes) to determine the individual's eligibility or enrollment or for underwriting or risk rating. A covered health care provider may condition treatment related to research (e.g., clinical trials) on the individual giving authorization to use or disclose the individual's protected health information for the research. 45 C.F.R. 508(b)(4).

<sup>46</sup> 45 CFR § 164.532.

<sup>47</sup> "Psychotherapy notes" means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. 45 C.F.R. § 164.501.

<sup>48</sup> 45 C.F.R. § 164.508(a)(2).

<sup>49</sup> 45 C.F.R. §§ 164.501 and 164.508(a)(3).

<sup>50</sup> 45 C.F.R. §§ 164.502(b) and 164.514 (d).

<sup>51</sup> 45 C.F.R. §§ 164.520(a) and (b). A group health plan, or a health insurer or HMO with respect to the group health plan, that intends to disclose protected health information (including enrollment data or summary health information) to the plan sponsor, must state that fact in the notice. Special statements are also required in the notice if a covered entity intends to contact individuals about health-related benefits or services, treatment alternatives, or appointment reminders, or for the covered entity's own fundraising.

<sup>52</sup> 45 C.F.R. § 164.520(c).

<sup>53</sup> 45 C.F.R. § 164.520(d).

<sup>54</sup> 45 C.F.R. § 164.520(c).

<sup>55</sup> 45 C.F.R. § 164.524.

<sup>56</sup> 45 C.F.R. § 164.501.

<sup>57</sup> A covered entity may deny an individual access, provided that the individual is given a right to have such denials reviewed by a licensed health care professional (who is designated by the covered entity and who did not participate in the original decision to deny), when a licensed health care professional has determined, in the exercise of professional judgment, that: (a) the access requested is reasonably likely to endanger the life or physical safety of the individual or another person; (b) the protected health information makes reference to another person (unless such other person is a health care provider) and the access requested is reasonably likely to cause substantial harm to such other person; or (c) the request for access is made by the individual's personal representative and the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

A covered entity may deny access to individuals, without providing the individual an opportunity for review, in the following protected situations: (a) the protected health information falls under an exception to the right of access; (b) an inmate request for protected health information under certain circumstances; (c) information that a provider creates or obtains in the course of research that includes treatment for which the individual has agreed not to have access as part of consenting

to participate in the research (as long as access to the information is restored upon completion of the research); (d) for records subject to the Privacy Act, information to which access may be denied under the Privacy Act, 5 U.S.C. § 552a; and (e) information obtained under a promise of confidentiality from a source other than a health care provider, if granting access would likely reveal the source. 45 C.F.R. § 164.524.

<sup>58</sup> 45 C.F.R. § 164.526.

<sup>59</sup> Covered entities may deny an individual's request for amendment only under specified circumstances. A covered entity may deny the request if it: (a) may exclude the information from access by the individual; (b) did not create the information (unless the individual provides a reasonable basis to believe the originator is no longer available); (c) determines that the information is accurate and complete; or (d) does not hold the information in its designated record set. 164.526(a)(2).

<sup>60</sup> 45 C.F.R. § 164.528.

<sup>61</sup> 45 C.F.R. § 164.522(a).

<sup>62</sup> 45 C.F.R. § 164.522(a). In addition, a restriction agreed to by a covered entity is not effective under this subpart to prevent uses or disclosures permitted or required under §§ 164.502(a)(2)(ii), 164.510(a) or 164.512.

<sup>63</sup> 45 C.F.R. § 164.522(b).

<sup>64</sup> 45 C.F.R. § 164.530(i).

<sup>65</sup> 45 C.F.R. § 164.530(a).

<sup>66</sup> 45 C.F.R. § 160.103.

<sup>67</sup> 45 C.F.R. § 164.530(b).

<sup>68</sup> 45 C.F.R. § 164.530(e).

<sup>69</sup> 45 C.F.R. § 164.530(f).

<sup>70</sup> 45 C.F.R. § 164.530(c).

<sup>71</sup> 45 C.F.R. § 164.530(d).

<sup>72</sup> 45 C.F.R. § 164.520(b)(1)(vi).

<sup>73</sup> 45 C.F.R. § 164.530(g).

<sup>74</sup> 45 C.F.R. § 164.530(h).

<sup>75</sup> 45 C.F.R. § 164.530(j).

<sup>76</sup> 45 C.F.R. § 164.530(k).

<sup>77</sup> 45 C.F.R. §§ 164.103, 164.105.

<sup>78</sup> 45 C.F.R. § 164.103.

<sup>79</sup> 45 C.F.R. § 164.105. Common ownership exists if an entity possesses an ownership or equity interest of five percent or more in another entity; common control exists if an entity has the direct or indirect power significantly to influence or direct the actions or policies of another entity. 45 C.F.R. §§ 164.103.

<sup>80</sup> The Privacy Rule at 45 C.F.R. § 160.103 identifies five types of organized health care arrangements:

- A clinically-integrated setting where individuals typically receive health care from more than one provider.
- An organized system of health care in which the participating covered entities hold themselves out to the public as part of a joint arrangement and jointly engage in

utilization review, quality assessment and improvement activities, or risk-sharing payment activities.

- A group health plan and the health insurer or HMO that insures the plan's benefits, with respect to protected health information created or received by the insurer or HMO that relates to individuals who are or have been participants or beneficiaries of the group health plan.
- All group health plans maintained by the same plan sponsor.
- All group health plans maintained by the same plan sponsor and all health insurers and HMOs that insure the plans' benefits, with respect to protected health information created or received by the insurers or HMOs that relates to individuals who are or have been participants or beneficiaries in the group health plans.

<sup>81</sup> 45 C.F.R. § 164.506(c)(5).

<sup>82</sup> 45 C.F.R. § 164.504(g).

<sup>83</sup> 45 C.F.R. § 164.504(f).

<sup>84</sup> 45 C.F.R. § 164.502(g).

<sup>85</sup> 45 C.F.R. § 160.203.

<sup>86</sup> 45 C.F.R. § 160.202.

<sup>87</sup> 45 C.F.R. § 160.304

<sup>88</sup> Pub. L. 104-191; 42 U.S.C. § 1320d-5.

<sup>89</sup> Pub. L. 104-191; 42 U.S.C. § 1320d-6.

<sup>90</sup> 45 C.F.R. § 164.534.

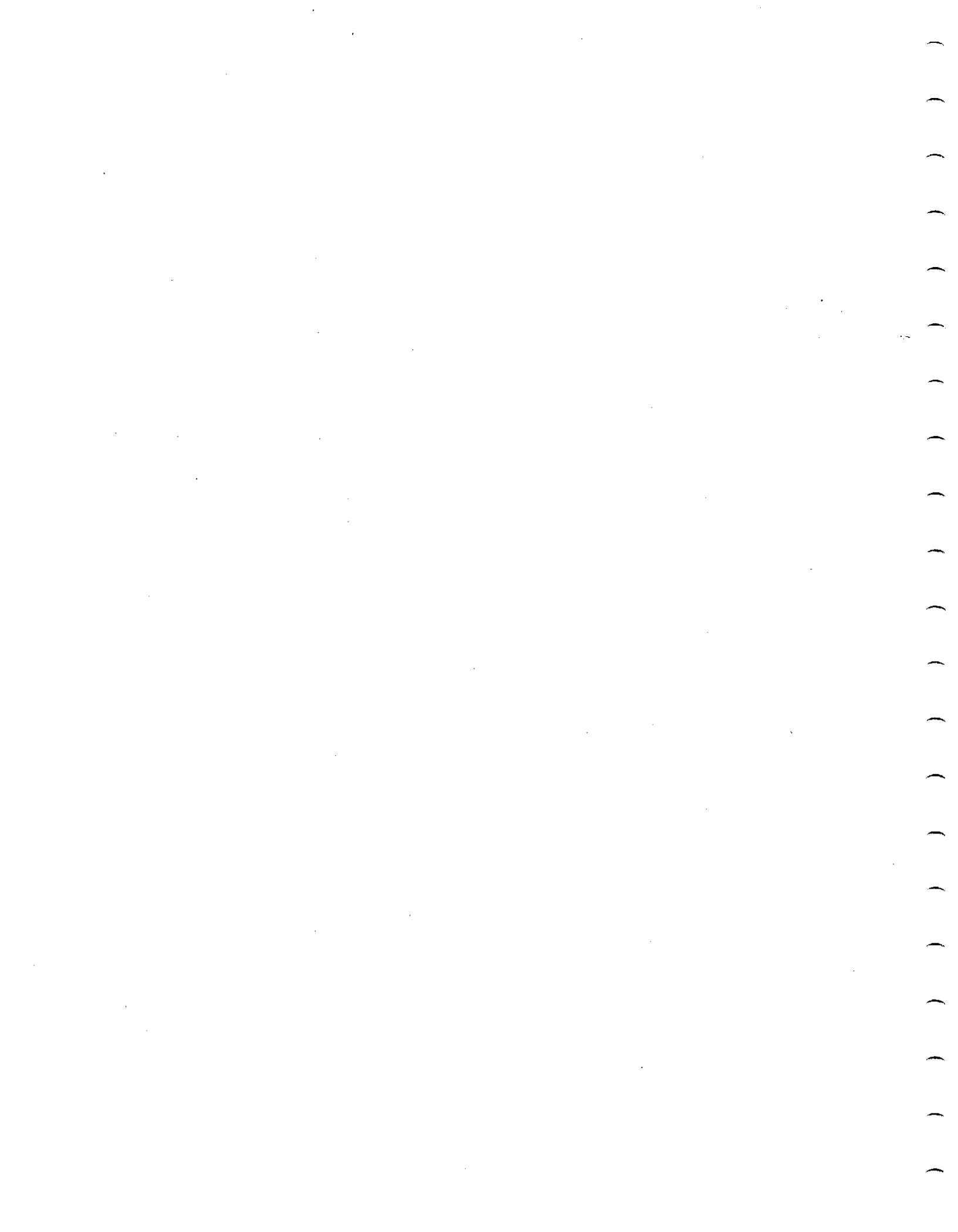
<sup>91</sup> 45 C.F.R. § 160.103.

<sup>92</sup> Fully insured health plans should use the amount of total premiums that they paid for health insurance benefits during the plan's last full fiscal year. Self-insured plans, both funded and unfunded, should use the total amount paid for health care claims by the employer, plan sponsor or benefit fund, as applicable to their circumstances, on behalf of the plan during the plan's last full fiscal year. Those plans that provide health benefits through a mix of purchased insurance and self-insurance should combine proxy measures to determine their total annual receipts.



## **Appendix C**

### **Using Good Body Mechanics**



# Using Good Body Mechanics

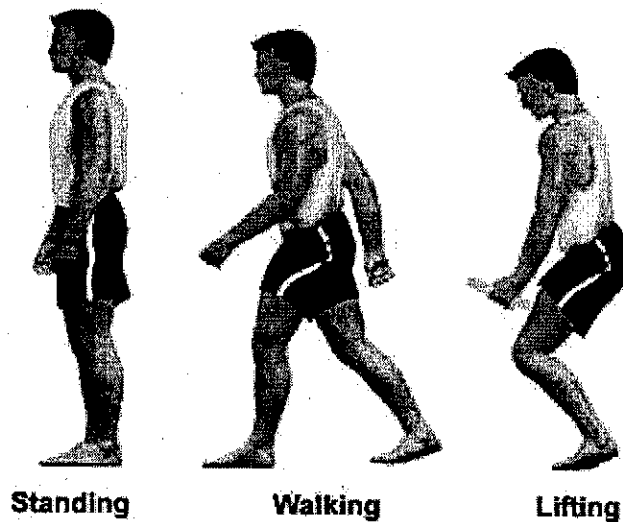
## What are body mechanics?

Body mechanics refers to the way we move during every day activities. Good body mechanics may be able to prevent or correct problems with posture (the way you stand, sit, or lie.) Good body mechanics may also protect your body, especially your back, from pain and injury. Using good body mechanics is important for everyone.

## How do I practice good body mechanics?

- **When standing:**
  - Wear shoes. They protect your feet from injury, give you a firm foundation, and keep you from slipping.
  - Keep your feet flat on the floor separated about 12 inches (30 cm).
  - Keep your back straight.
- **When walking:**
  - Keep your back straight as you walk.
  - If helping a person to walk you may need one arm around the back of the person. Put the other arm at the side or ready to help the person if needed.
- **When lifting an object:**
  - Your feet should be apart, in a standing position.
  - Keep your back straight.
  - Lower your body to get close to the object.

- Bend from your hips and knees. **DO NOT** bend at the waist.
- When turning, rotate your whole body, not just your back.
- Hold the object by putting your hands around it.
- Keeping your knees bent and your back straight, lift the object using your arm and leg muscles. Do not use your back muscles.
- If the object is too heavy ask another person to help you.
- Many devices are available to help move or lift heavy objects. If you need help from a device, ask caregivers how to get one.

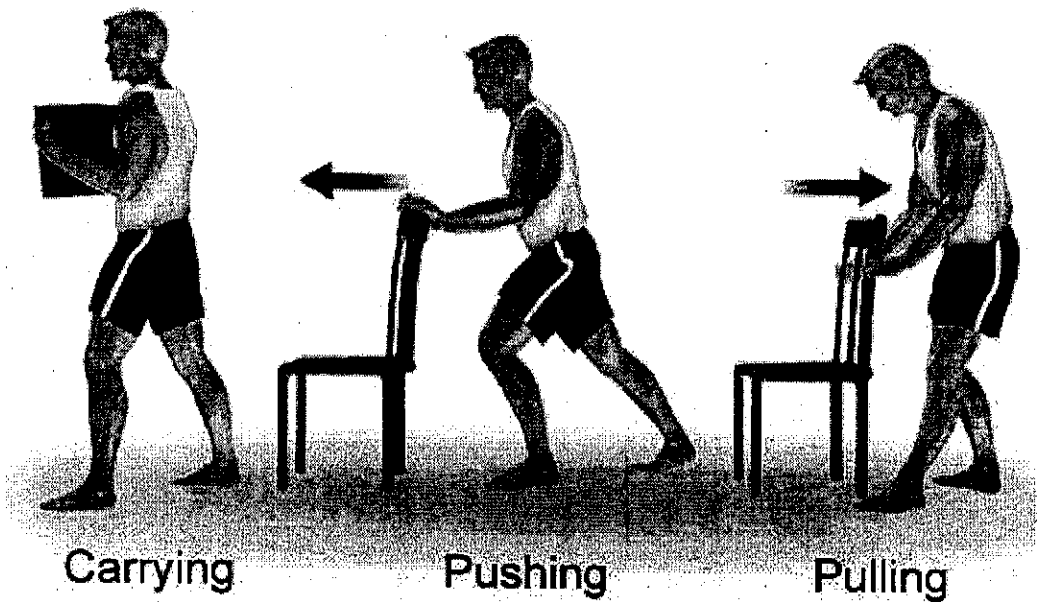


• **When carrying an object:**

- Hold the object close to your body.
- **DO NOT** carry things that are too heavy for you. Always ask for help to move heavy objects.
- There are many devices available to help carry heavy objects. If you need help from a device, ask caregivers how to get one.

- **Pushing or pulling:**

- Use the weight of your body to help push or pull an object.
- Your feet should be apart as in the standing position.
- Keep your back straight.
- Lower your body to get close to the object. Bend from your hips and knees. **DO NOT** bend at the waist.
- If the object or person you are pulling or pushing is too heavy ask someone to help you.
- There are many devices available to help you move, push or pull heavy objects. If you need help from a device, ask caregivers how to get one.



- **Sitting:**

- If you can, sit on a hard chair with a straight back. Put a pillow or rolled towel to support your lower back.

- When you sit for a long time, raise one leg higher than the other to help keep from getting tired. This can be done by putting the leg on a footstool.
- If doing something, such as reading or knitting, put a pillow on your lap to raise the items closer to you. This will help keep your back straight.
- When you are driving, adjust the seat to a comfortable distance to the wheel. Sit back in the seat so your knees are even with the seat.

- **Sitting at a desk:**

- Sit in your chair with your back straight and with support in your lower back.
- Do not sit for long periods of time. Get up and change positions.
- Ask your caregiver for special exercises to stretch the muscles in your neck.
- Adjust the monitor of your computer so that the top is at the same level as your eyes.
- Use a paper holder so that the document is at the same level as the computer screen.
- Use a headset or the phone speaker if you use the telephone often.

- **To position a person on his side in bed:**

- Ask or help the person to bend their knees.
- Put a soft pillow between the knees.

- **To position a person on his back with the bed flat:**

- Put a pillow under the person's head.
- A rolled towel may be used to support the lower back.

- A small pillow can be put under the calves and ankles to raise the heels off the bed. A padded footboard may be attached to the bed to keep the feet straight. Ask your caregiver for more information about how to use bed cradles and footboards.

- **To position a person on his back with the head of the bed raised:**

- Put one or more pillows behind the head and shoulders.
- A pillow may be put under the knees to bend them a little.
- You may add a footboard to keep the feet in place.

