

# **GROSSMONT COLLEGE**

## **OCCUPATIONAL THERAPY ASSISTANT PROGRAM**

### **FACILITY HANDBOOK**

### **APRIL 2020**



### **OCCUPATIONAL THERAPY: FUNCTION FOR LIFE**

Grossmont-Cuyamaca Community College District  
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# WELCOME

# Occupational Therapy Assistant Program

## FACILITY HANDBOOK

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**Occupational Therapy Assistant Program  
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<https://www.gcccd.edu/formsdepot-hsb/documents/district-injury-illness-rpt-2008.pdf>

# OTA Program Fieldwork Information



## FIELDWORK PARTICIPANTS

### ROLES AND RESPONSIBILITIES

For a successful fieldwork experience for all concerned, a mutual understanding of responsibilities is encouraged. The following are recognized roles and responsibilities involved in the fieldwork experiences; the term/titles are the currently accepted terminology used by the Commission on Education.

#### ACADEMIC FIELDWORK COORDINATOR

The academic fieldwork coordinator is the faculty member at the educational institution who is responsible for monitoring the fieldwork experiences. Different faculty members may be assigned for Level I and Level II Fieldwork. The academic program director may act as the academic fieldwork coordinator or delegate the responsibility to another faculty member. If the responsibility is delegate, the final authority and responsibility remains with the academic program director.

The responsibilities of the academic fieldwork coordinator include, but are not limited to, the following:

- assign eligible students to fieldwork experience and confirming the assignment in writing to each fieldwork educator
- assure that all written contracts or letters of agreement between the educational institution and fieldwork placement are signed and periodically reviewed
- make regular contacts with each fieldwork placement where students are located. On occasion an unannounced site visit may occur.
- maintain a current information file on each fieldwork placement where students are located; file should include fieldwork data form, overall statement of philosophy of treatment and site specific fieldwork objectives for each item on the *Fieldwork Evaluation for the Occupational Therapist* (FEW) and the *Fieldwork Evaluation for the Occupational Therapy Assistant* (FWEF)
- identify new sites for fieldwork placement
- develop and implement a policy for the withdrawal of students from a fieldwork placement
- orient students to the general purposes of fieldwork experience and providing them necessary forms
- reassign students who do not complete original fieldwork assignments in accordance with the educational institution's policies
- update annually information to fieldwork sites
- develop fieldwork experience programs that provide the best opportunity for the implementation of theoretical concepts offered as part of the didactic curriculum
- maintain a collaborative relationship with fieldwork placements; and
- send the necessary information and forms for each student and the fieldwork educator as stated in the ACOTE Standards. These may include the review of FW Agreement Form and agreement for FW II objectives. Fieldwork educators may also be known as clinical educators, or student educators.



## FIELDWORK EDUCATOR

Each individual responsible for student training in the fieldwork placement is considered a fieldwork educator. Fieldwork educators may also be known as clinical educators, fieldwork supervisors, clinical supervisors or student educators.

The direct day-to-day supervisory responsibilities of the fieldwork educator include, but are not limited to the following:

- provide an adequate orientation to the facility and to specific departmental policies and procedures
- supervise the provision of occupational therapy services, documentation, and oral reporting of the student
- assess the skill and knowledge level of the student
- meet with the student regularly to review performance and provide guidance ensuring that regular student supervision is occurring
- assign patients and clients to the student
- notify student, fieldwork educators, and academic fieldwork coordinator in the event of any problems with students that might require remediation plan or extension, to include safety issues or injury.
- identify the philosophy and curriculum of the OTA Program through the use of the Curriculum Design Worksheet to be collected by the academic fieldwork coordinator
- schedule site visit(s) in collaboration with the academic fieldwork coordinator and student
- evaluate the student at the midterm and final of the fieldwork experience using the fieldwork evaluation form
  - The original evaluation form must be signed by both the fieldwork educator and the student. A copy of the signed evaluation form shall be given to the OTA student and a copy must be e-mailed to the academic fieldwork coordinator within 5 business days from completion of clinical rotation.
- ensure students are meeting the organizational/facility requirements for health, immunization, safety, injury and confidentiality paperwork. Students come with a binder with the following: HIPAA certificate, Background Check, Drug Screen, Physical Examination, TB, Malpractice Insurance, CPR Card, Flu shot or waiver, MMR, Hep B Seropositivity, TDAP and Varicella #1/#2 or seropositivity.
- provide site specific objectives that support the educational model of the OTA Program

WHEN TO REACH OUT TO THE OTA PROGRAM: (some examples but not an exhaustive list)

1. Early warning signs are important – the earlier we are alerted to an issue, the earlier we can provide support and alternatives to student and site.
2. Safety – Anything that leads to a safety issue is important to document and notify OTA Program of as soon as possible.
3. Timeliness – As soon as a timeliness issue whether it is tardy, leaving early, or being late for schedule activities, or poor management of time, please notify the OTA Program.
4. Preparedness – If a student is not prepared for the day or a treatment session because they did not prepare, note that and please notify the OTA Program.

HOW TO REACH OUT TO THE OTA PROGRAM:

1. If urgent - E-mail – best way to reach – joyce.fries@gcccd.edu
2. Least efficient – as this is the office phone - Telephone call – Joyce Fries – 619-644-7307
3. If not urgent but needs to be noted - Weekly Progress Form – student to upload online each week

## DOCUMENTATION:

1. Please document training provided.
2. Please document weekly meetings with the Weekly Progress Form and give to student to submit.
3. Please document any additional meetings with specific issues discussed, expectations, resources provided, and a deadline.
4. If it is not documented, it did not happen....

## STUDENT

The student is the learner who is enrolled in a course of study at an educational institution leading to a degree or certificate in occupational therapy. The student is expected to collaborate with the fieldwork educator and the academic fieldwork coordinator to ensure compliance with fieldwork experience requirements.

The student is responsible for the following:

- complete and update a “binder for life” with all the required pieces of paperwork for your fieldwork and career. These forms may be required by your site and the student is responsible for providing a complete packet of required forms to the site upon request. The following forms are required: HIPAA certificate, Background Check, Drug Screen, Physical Examination, TB, Malpractice Insurance, CPR Card, Flu shot or waiver, MMR, Hep B Seropositivity, TDAP and Varicella #1/#2 or seropositivity and proof of medical/health insurance.
- comply with all policies and procedures of the fieldwork placement site and the student handbook.
- fulfilling all duties and assignments made by the fieldwork educator and academic field work coordinator, unless exempted, within the time limit specified
- notify the fieldwork placement and educational program of current address and telephone.
- complete and presenting to the fieldwork educator at least one copy of the student’s evaluation of the fieldwork placement, if required
- have available copies of the appropriate performance evaluation forms and student evaluation forms unless forms are sent by the academic fieldwork coordinator; and evaluation forms unless forms are sent by the academic fieldwork coordinator; and
- be an active participant in the supervisory process.
- In an event of any problem related to fieldwork evaluation, student will follow chain command at fieldwork placement, i.e. discuss problem with fieldwork educators and/or academic fieldwork coordinator and if not satisfied with resolution, contact academic program director.
- Demonstrate appropriate professional behavior during all fieldwork activities. This includes not fraternizing with fieldwork educator, employees of facility, patients/clients or family members during work or after work hours.
- The student **must** collaborate with the Fieldwork Coordinator and the Fieldwork Supervisor.
- At least 1 contact with the Fieldwork Coordinator is mandatory during each fieldwork rotation. In the event that the student is placed in a non-traditional site where there is no Occupational Therapist available, the director or fieldwork coordinator will provide weekly onsite supervision.
- The student must adhere to the work schedule set forth by the facility and OTA Program.
- The student must fulfill all of the duties and assignments set by the Fieldwork Coordinator and the Fieldwork Supervisor within the specified time frames.
- The student must be an active participant in the process.
- The student must call (**not text or email**) the AFC and the program secretary **PRIOR** to the beginning of the shift in which she/he will be absent. Two or more absences will require a doctor’s note and will be made up at the discretion of the fieldwork educator and/or fieldwork coordinator.
- And, finally, the student must be prepared to make mistakes! The supportive environment of the fieldwork site is meant to allow the student to take some risks. Mistakes allow students to reexamine and refine their learning and move to a higher level of understanding.

Failure to follow the student responsibilities may result in a failed fieldwork rotation with the potential for no repeat.

**GROSSMONT COLLEGE**  
**Occupational Therapy Assistant Program**

**Suggested Guidelines for Level II Fieldwork**

**WEEK ONE:**

Orientation to the facility:

Orientation to the Occupational Therapy Department. This may include orientation time with other disciplines and team member. Students are not employees of the facility – No fraternization with fieldwork educators, employees of site, patients/clients or families.

Orientation with OT/OTA supervisor. Share initial goals and expectations.

Begin personal journal (daily diary) available to student on blackboard.

Observe treatments and evaluations with therapists and other disciplines; attend appropriate in-services, conferences scheduled.

Orient to documentation/paperwork required: including chart location; chart sections; charting styles.

Review fieldwork expectations during internship including supervisory meeting, documentation and additional assignments. (Please be aware that Academic Fieldwork Coordinator gives weekly assignments to students)

**WEEK TWO:**

Continue to attend in-services/meetings and observe supervisor's caseload.

Initiate direct patient treatment with supervisor - i.e.: taking part in the therapy session, and/or group session (as determined by your supervisor).

Review any/all department policies as appropriate, which were not covered on first week.

Review patient handling techniques and safety issues surrounding patient treatment

Treat two assigned patients with supervision (co-treat) appropriately, with supervision.

Observe and assist with group.

Write daily progress notes on assigned patient/client and review with supervisor. Documentation must be accurate, clear, concise - Written and verbal.

Develop and write a treatment plan. A treatment plan may be appropriate for group therapy; classroom activity; community activity.

### **WEEK THREE:**

Schedule a maximum of two fieldtrips (e.g. surgery, observation in another department or facility) and report to supervisor within 3 days of completion.

Build on co-treatment time with supervisor. Assuming caseload of two (or more) patients, with supervision as necessary.

Student to demonstrate ability to establish rapport with current patients in an effort to build therapeutic relationship

Become more responsible for documentation - including daily progress notes on treatment sessions; treatment plans.

Plan and lead a group (as appropriate).

Report on patient in rounds, or case conference, or staff meeting, as appropriate.

### **WEEK FOUR:**

Continue to build on patient caseload.

Review charts of two (or more) assigned patient/clients. Set goals and appropriate treatment plan for problems you identify. Discuss with your supervisor.

Begin (designated) section of an initial evaluation on a new patient with supervisor.

Increase responsibility for documentation; including progress notes on treatment sessions.

Review notes with preceptor(s) clinical educator(s)/supervisor(s) and write daily note in chart.

### **WEEK FIVE:**

Add to your caseload.

Become familiar with appropriate role of accountability for inventory ordering as appropriate to the OT department.

Midterm Evaluation: Continue to review objectives and goals. Use the AOTA Fieldwork Performance Evaluation. Please provide honest, direct, clear feedback regarding student's performance. A copy of the signed midterm evaluation form shall be given to the OTA student and a copy must be e-mailed to the academic fieldwork coordinator within 3 days.

**WEEK SIX:**

Continue to build on patient caseload.

Continue to work on a variety of treatment plans.

Take the opportunity to lead a group, if available.

**WEEK SEVEN:**

Increase caseload as determined by supervisor.

Demonstrate understanding of appropriate assessment tools appropriate to primary caseload; equipment and supplies as appropriate to clinic needs and requirements.

Demonstrate appropriate interaction with support staff and other disciplines.

Continue objectives from week six.

**WEEK EIGHT:**

Maintain/increase caseload as determined by supervisor.

Administer part/all of evaluation/assessment as per facility specifications (this may be limited to an interview process; or actual administration of certain test batteries).

Continue previous objectives.

Demonstrate independence with a group(s) select patient/clients.

Successfully written/modified treatment plans.

Act as a primary COTA on a team.

Display understanding of OT and COTA scope of practice.

Demonstrate understanding of overall department functions and operations (participate in scheduling/billing/inventory as determined by supervisor).

**WEEK NINE:**

Continue process of week eight.

**WEEK TEN:**

Independent in-patient/client interaction, treatment and COTA management duties.

Has developed solid skills in observation and is able to demonstrate good communication skills re: patient's/client's status.

Demonstrates entry-level COTA skills.

Participate in final evaluation (AOTA Evaluation Form). Supervisor to complete final. A copy of the signed evaluation form shall be given to the OTA student and a copy must be e-mailed to the academic fieldwork coordinator within 5 business days from completion of clinical rotation at [joyce.fries@gcccd.edu](mailto:joyce.fries@gcccd.edu)

## TIPS FOR:FIELDWORK EDUCATOR

### **ADVANCED PREPARATION**

1. Adopt a positive attitude to supervision. The time spent with the intern will be more positive.
2. Prepare in advance for supervision meetings, sessions and appointments. Try to set a schedule for the intern as well.
3. If possible or available review the intern file and the school philosophy.
4. Make arrangements for the intern, have desk space in order to sit, do work. Make sure applicable parking/cafeeteria, etc. arrangements are made also.
5. Organize a student notebook to include appropriate materials, handouts, and articles.
6. Ensure that the intern is welcome by making sure appropriate staff are aware of arrival. Other welcome signs could include a “welcome” note or sign.
7. Prepare appropriate staff members re: positive feedback and basic expectations for the intern.
8. Plan for backup supervision in case of illness or unexpected staffing changes.

### **FOLLOWING THE INTERN’S ARRIVAL**

1. Basic orientation to include facility, rules, notebook.
2. Introduction to staff; team members; supervisor(s); administration. Include support staff and resource team.
3. Review schedule; possible time constraints. Include regular meeting; expected midterm/final reviews.
4. Be prepared for questions. Encourage an active learning experience by using positive feedback. Try to encourage “critical thinking”.
5. Review the intern’s learning style, their objectives. There are no stupid questions, only poorly timed questions.
6. Arrange affiliation to include teaching sessions with feedback re: evaluation and treatment including patient chart reviews.



## TIPS FOR GOOD COMMUNICATION

- Be enthusiastic, with a commitment for a positive learning experience.
- Set objective and clear expectations; encouraging questions and discussions.
- Ongoing feedback is essential, and with a regular meeting with intern items can be reviewed (you may want to keep a journal/log of information re: the intern's performance – '+' & "—". include notes re: a treatment session.
- Meetings should be private. The intern should have your full attention. To promote a positive experience, remember to LISTEN, and ask for questions re: your feedback (include timelines, give feedback re: performance as soon as possible).
- Give positive feedback, as well as constructive criticism. Positive feedback is powerful and promotes success. Be respectful, supportive and honest, citing specific particular examples with a low confident tone of voice. Try to remember that interns are in the process of developing a professional attitude of confidence as well as skill level.
- When talking about specifics, focus your feedback on behavior – i.e., "I like the way you worked with Miss Smith during that activity. I like the way you organized that treatment session with John."
- If there are difficulties, you may have the staff member directly go to the intern re: a first-hand observation. And then focus on the problem and explore alternative outcomes. Ask the intern for a strategy to do something differently. Use constructive learning, i.e., "I know you may be nervous", or "this may be challenging for you", but I have confidence in you being able to come to a solution.
- Be consistent in what you say you will do and be open to suggestions and feedback. This includes being flexible and supportive.

**Fieldwork Attendance Policy:** - The Occupational Therapy Assistant Program requires a major commitment of time and energy. This is especially true during the level I and II fieldwork experience.

1. The student must attend **ALL** fieldwork I and II dates at clinical site, on campus and on Canvas.
2. Tardiness, especially habitual tardiness, is a disruption of the educational process therefore **NO** tardies will be allowed during clinical assignments.
3. If absence or tardy is a documented emergency and appropriate make up experiences are available, the student may make arrangements with the OTA instructor for level I and II experiences.
  - a. The onsite clinical instructor and OTA instructor must be notified of absence or tardy.
  - b. All students must call OTA instructor, via assigned method, when you first feel symptoms you believe will lead to an absence or tardy OR get word of an emergency that may lead to an absence or tardy.
  - c. Be mindful that all absences must be documented emergencies and make up cannot be guaranteed.
  - d. Those that are medical will require a physician release to return to school. See OTA Health and Safety Policies in this handbook.
4. The OTA Dress Code must be followed. Students may be sent home if infractions of the dress code occur. This will result in an absence. If a fieldwork site has a more stringent policy for attendance, tardies or dress, their policy will supersede the policy stated here. If a facility does not want the student to follow the OTA Dress Code, the facility must e-mail the OTA Program Director with the reasoning for written approval.
5. Students in the OTA Program have specific activities for which they must assume responsibility and maintain a certain degree of flexibility. If caseloads are particularly light, the clinical schedule may be altered. Advance notice of changes in scheduling will be made in the timeliest fashion possible.
6. **It is virtually impossible to fully participate in the OTA Program without the use of an automobile due to the variety of experiences and scheduling required.**
  - a. ***Students are encouraged to plan ahead! Clinicals can be anywhere within San Diego County – be prepared to go as far north as Camp Pendleton, Fallbrook and Escondido areas, northeast to Julian, Borrego Springs, southeast to Boulevard, Campo and as far south as San Ysidro all the way west to Imperial Beach and San Onofre and anywhere in between.***
  - b. ***Some sites may be available in nearby counties of San Bernardino, Los Angeles, and Orange. Advanced placement and acceptance of out-of-county sites are firm unless failure of OTA 240 has occurred.***
7. **IT IS THE RESPONSIBILITY OF THE STUDENT TO NOTIFY THE CLINICAL INSTRUCTOR and OTA INSTRUCTOR ON HIS/HER ABSENCE.**
8. The OTA Program Director and instructors will evaluate any absence beyond one. Excessive absences may result in a student not meeting the clinical objectives, which in turn constitutes failure of the OTA course and exit procedures to be followed.

**PLEASE NOTE:** For patient and staff safety, students should not come to clinical when ill. The clinical instructor has an obligation to send the student home and to discuss clinical make-up at a later date. Clinical make-up is not guaranteed however, the instructor will make every attempt to provide clinical make-up.

## OTA 240 AND OTA 241

For OTA 240 and OTA 241 experiences the student will receive a midterm evaluation from clinical instructor. The purpose of the midterm is for feedback only and is not considered part of the final grade. **The grades on OTA 240 and OTA 241 rotations will be on a credit/noncredit basis. In order to receive credit, the student needs to achieve a minimum of 70 points or more on the AOTA Fieldwork Evaluation Form, complete all assignments from clinical educator and fieldwork coordinator, complete all online assignments in Canvas and have no professional behavior or safety complaints noted by the FWE, FWC and PD. The final grade decision remains with the OTA 240/241 instructor who is the instructor of record.**

### CLINICAL FAILURE: Failing Grade for Clinical Practicum I through V

**Background:** The Grossmont College OTA Program and OTA clinical instructors have an academic, legal and ethical responsibility to protect the members of the public and the health care community from unsafe or unprofessional occupational therapy practices. Within this context, a student in the OTA Program may be dismissed from the program for practices that in the judgment of the faculty warrant such action.

A student is subject to a course failure in OTA 111, OTA 141, OTA 221, OTA 240, or 241 despite grade achieved at midterm or final. Grounds for failure of fieldwork may include (but are not limited to) the following:

1. Failure to display stable mental, physical or emotional behaviors which may affect the well-being of others.
2. Violation of professional, legal or ethical conduct (dishonesty, lack of confidentiality, academic fraud etc.)
3. Attempting activities without adequate orientation or theoretical preparation or appropriate supervision.
4. Patient/client placed in actual or potential danger.
5. Student is unprepared to participate in clinical activities and/or lack of verbal and/or psychomotor skills necessary for carrying out safe OT skills.
6. Student demonstrates unprofessional conduct. \*\*SEE: developing professional behavior through fieldwork section and Professional Behavior Evaluation Guide\*\*
7. Failure to turn in clinical paperwork and/or assignment due on campus by deadline
8. Failure to turn in assignments due at site by deadline
9. Failure to complete assignments (online and on paper) to fieldwork coordinator
10. Failure to notify college and site supervisor of injury
11. Failure to adhere to the attendance policy, tardy policy and/or dress code policy and/or the OTA Student Handbook
12. Failure to follow through on a required remediation plan
13. Any student who decides to terminate a fieldwork placement on his/her own without notifying and/or meeting with the OTA Program Director or Academic Fieldwork Coordinator will be considered to have voluntarily withdrawn from the program and will be terminated from the program. No program re-entry will be granted. No further fieldwork placement activities will be provided and the student will not graduate.

Any student who decides to terminate a fieldwork placement on his/her own after notifying and/or meeting with the program coordinator or AFWC will be considered to have voluntarily withdrawn from the program and will be terminated from the program. No program re-entry will be granted.

Any student who refuses placement in a planned fieldwork experience will be considered to have voluntarily withdrawn from the program and will be terminated from the program. No program re-entry will be granted. No further fieldwork placement activities will be provided and the student will not graduate.

Students are expected to meet all of the clinical objectives and requirements of the program. Students wishing accommodations in clinical sites will be required to provide written authorization to release accommodation requirements to the clinical site for consideration.

**OTA DRESS CODE – The college requires that all students wear their uniforms during clinicals. If you have a specific request for no uniform, you must contact the program director at [Christi.vicino@gcccd.edu](mailto:Christi.vicino@gcccd.edu) with a written statement.**

## OTA DRESS CODE

### OTA DRESS CODE

**Uniform :** Grossmont College Health Professions students are required to wear uniforms on campus and off campus program activities. The uniform for the OTA Program is the official navy blue polo shirt embroidered with “Grossmont College School of Occupational Therapy”, the official cargo pant, and official jacket.

Please make sure that the polo shirt fits appropriately as baggy shirts look very unprofessional. Make sure pants fit so you can bend, squat, and climb comfortably. Clothing must be neat, professional, clean, and in good repair. ONLY black long sleeve shirts may be worn under the shirt. Uniform jackets are the only jackets that can be worn.

**\*\*The Grossmont College OTA Uniform may be substituted with traditional rehabilitation attire (description will be provided upon approval) at the request of the fieldwork facility upon direct communication with the OTA Program Director via e-mail\*\*** Some clinical sites may have stricter dress codes that must be adhered to.

**\*\*Students will be sent home if infractions of the dress code occur. This will result in an absence. (Refer to OTA Student Handbook Attendance Policy and Grade Policy)**

**Name Tag:** A Grossmont College name tag is required to be worn on the uniform at all times on the left side. A new one must be obtained yearly. You can get badges at the Admissions and Records office.

**Shoes:** Tennis shoes with good rubber traction soles are required. Tennis shoes must be in color combinations that do not draw attention and are limited to the following: white, black, blue, black/white, black/blue. Tennis shoes must be clean and in good repair. Do not choose soles that are in neon shades or bright shades of the above colors.

**Jacket:** The official blue jackets with the OTA embroidery are the only jacket permitted while in the OTA uniform.

**Hair:** Hair should be neat, clean and away from the face. Long hair should be tied back with an inconspicuous holder. Hair must not come in contact with the front of the uniform or with patients. Face must be clean shaven and well-groomed.

**Make-up:** Make-up should be worn in moderation.

**Jewelry:** One set of simple, inconspicuous stud or post earrings are acceptable. No dangling earrings or hoops. No ornate rings, multiple chain necklaces or bracelets. Piercing of any other visible body part except ears is not acceptable and must be removed for OTA 111, 141, 221, 240, 241, and during any lab experiences within the core courses.

**Tattoos:** Tattoos may not be visible while performing fieldwork assignments or fieldtrips. Visible tattoos must be covered up with special order solid tattoo sleeves in tan, white, gray, or black which have been developed for use in medical facilities. These are in compliance with infection control practices.

**Perfume:** Perfume or after-shave should not be worn, due to possible patient and/or co-workers allergies.

**Nails:** Nail extensions, polish, shellac or artificial nails are not allowed while enrolled in the OTA Program clinical portion and lab portion. No additional materials may be added to the fingernails.

**NOTE:** Professional appearance is mandatory.

**OTA HEALTH AND SAFETY POLICIES – Students** *must be able to function fully in the lab and clinical area in order to participate in the Occupational Therapy Assistant Program. Students needing accommodations in order to perform the identified essential functions must meet with the OTA Program Director and complete the process for applying for accommodations (SEE OTA ESSENTIAL FUNCTIONS SECTION). Students who become ill or injured during the OTA Program requiring a clinical absence of more than one day, will need to submit a letter from their physician clearing them to return to the clinical setting. If cleared with restrictions, the student will need to follow the process for applying for accommodations (SEE OTA ESSENTIAL FUNCTIONS SECTION). As a rule, therapeutic or adaptive devices for acute injuries (such as a walking boot or a shoulder sling) are not allowed in the clinical settings. Once a student’s physical restrictions have been lifted, it is the student’s responsibility to provide a written statement from their physician to the OTA Office and fieldwork coordinator.*

### **ILLNESS/EXTENDED ILLNESS/POST SURGERY/PREGNANCY**

#### **CLEARANCE NOTES WILL ONLY BE ACCEPTED FROM A PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT.**

Students must be able to function fully in the lab and clinical area in order to participate in the Occupational Therapy Assistant Program. Students needing accommodations in order to perform the identified essential functions must complete the process for applying for accommodations (SEE OTA ESSENTIAL FUNCTIONS SECTION).

Students who become ill or injured during the OTA will need to submit a letter from their physician clearing them to return to the OTA Program. If cleared with restrictions, the student will need to follow the process for applying for accommodations (SEE OTA ESSENTIAL FUNCTIONS SECTION).

As a rule, therapeutic or adaptive devices for acute injuries (such as a walking boot or a shoulder sling) are not allowed in the clinical settings. Once a student’s physical restrictions have been lifted, it is the student’s responsibility to provide a written statement from their physician to the OTA Office and fieldwork coordinator.

**If a clinical site refuses a student due to waivers, lack of medical health insurance or physical examination issues, the OTA Program will make one additional attempt to secure an alternate placement for the student based on site availability. Sites are secured well in advance of the semester they are held. Clinical experiences are necessary to graduate. The clinical site has the final word on all clinical placements. The inability to be placed in a clinical rotation would result in the student’s inability to meet course objectives and to complete the OTA Program.**

**Pregnancy Policy –** The pregnant student may remain active in the OTA Program and is not required to disclose pregnancy if not requiring accommodations. The student must meet all the course and program objectives. If a student decides to not disclose pregnancy and/or accommodation requirements, **it is advised that the student educate themselves on the strategies to protect pregnant healthcare workers through research and online resources.**

If the student discloses physician ordered restrictions, the student will need to follow the process for applying for accommodations and notify the OTA Program Director (SEE OTA ESSENTIAL FUNCTIONS SECTION)

If accommodations are required by physician, antepartum clearance letter from physician must be submitted to OTA Office. The student will need to meet the classroom, lab and fieldwork objectives with or without accommodations.

If a student elects to take a one semester leave of absence during pregnancy, the OTA Program Director must be notified at least one month prior to the start of the requested leave of absence. An exit interview with the OTA Program Director and request a formal leave of absence in writing must be completed. At the end of the leave of absence, the

student may apply to re-enter the OTA Program on a space available basis following the required re-entry process outlined in the most current OTA Student Handbook. Re-entry is not guaranteed to any student who exited the program.

### **Post-Surgery/Extended Illness Policy – INCLUDING FLU-LIKE SYMPTOMS**

1. The student must submit a written physician's or primary care provider's clearance to the OTA Program Director and a copy to the clinical instructor if applicable.
2. The student must be able to meet the classroom, lab and fieldwork objectives to remain in good standing in the OTA Program. The OTA Program Director and teaching team, with student input, will determine whether imposed medical restrictions allow accomplishment of classroom, lab and fieldwork objectives.
3. The Attendance policy of the program will apply unless judged inappropriate to the individual case by OTA Program Director and teaching team review.

### **Report of Injury/Exposure to Infection**

Students need to immediately report any clinical or classroom injuries or exposure to infections to their OTA instructor of the supervising personnel. SEE WORKMAN'S COMPENSATION – for clinical issues. SEE ILLNESS/INJURY ACCIDENT REPORT FORM – for on campus issues

**If an injury is life threatening or urgent, seek medical treatment first.**

***ALL STUDENTS ARE REQUIRED PROVIDE PERMISSION TO RETURN FROM THE PHYSICIAN PRIOR TO RETURNING TO THE OTA PROGRAM if they are under a physician's care. . \*\*CLINICAL FIELDWORK SITES MAKE THE FINAL DECISION REGARDING ALL FIELDWORK PLACEMENTS AND RE-ENTRY AFTER INJURY, ILLNESS AND MATTERS RELATED TO PREGNANCY IF DISCLOSED\*\****

**Safety – A red safety manual is located in each of the OTA classrooms and in the OTA Apartment.**

## **Essential Functions of the Occupational Therapy Assistant Student:**

The following describes core skills and activities essential to the practice of occupational therapy. Some examples are listed for the standard but are not limited to those listed. These skills have been identified as core skills and activities the student occupational therapy assistants in the Grossmont College OTA Program are required to perform, with or without reasonable and appropriate accommodations.

- New students must submit the Essential Functions verification form (included in the “new student requirements packet”) after acceptance into the OTA Program and prior to the orientation day.
- Students needing accommodations must make an appointment with the Accessibility Resource Center (ARC) to develop a plan. Students may contact ARC in person in Griffin Center (building 60 room 120) or by phone at 619-644-7112. The faculty will work with the student and the ARC office to provide reasonable accommodations as deemed necessary by ARC once they are given the appropriate paperwork for the needed accommodations.
- In the event that a student currently in the OTA Program becomes unable to perform core skills/activities and needs accommodations, the same process for completing the essential functions form must be followed.

## **Accommodations for Students with Disabilities:**

Grossmont College is committed to establishing and maintaining a learning environment that is supportive of diverse perspectives as a foundation in the education of all students. The OTA Program challenges diverse students to develop sound clinical judgment and reasoning skills in a trusting and caring learning environment that fosters personal growth. To this extent, students with disabilities are encouraged to make an appointment with the counselors at the Accessibility Resources Center (ARC) and to take advantage of all resources on campus to help them be successful.

### **SECTION 504:**

Section 504 is a federal law designed to protect the rights of individuals with disabilities in programs and activities that receive Federal financial assistance from the U.S. Department of Education (ED). Section 504 provides: "No otherwise qualified individual with a disability in the United States . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance . . . ." (US Department of Education, <https://www2.ed.gov/about/offices/list/ocr/504faq.html>).

- Students with documented accommodations from Grossmont College ARC offices will be provided reasonable accommodations as deemed necessary to assist the students in their learning.
- Any student who has been assessed by ARC and received recommendations for accommodations related to their academic or clinical performance requirements should contact the faculty of record to discuss any concerns and plans for reasonable accommodations.
- Students should not expect to receive any form of accommodation without documented recommendations for accommodation from Grossmont College ARC offices.
  - Students who have been assessed by ARC and given recommendations for accommodations to record lectures in the academic setting, will be asked to sign a waiver by the counselor in ARC. After verification of students' signatures is obtained, students will be permitted to record the lecture class.
- In some classes, faculty may opt to use voice over PowerPoint, or pre-recorded lectures which will be used in lieu of the student recording the class.
  - All mandates of the waiver will be followed, and in the event that any one of the mandates of the waiver are violated, this may be cause for dismissal from the program

**TESTING:** Accommodation testing is to be arranged at the testing center for the same time the instructor holds the exam in the classroom. Students are responsible for course content that is covered in class during the extended testing time utilized. If a student is able to take the exam just prior to the start of class so that they complete the exam after the students arrive for the test in the classroom, that would be acceptable but not required.

Students who may need accommodations in any class must follow the process on the *Essential Functions form* posted on the OTA website under student forms, developing a plan in conjunction with Accessibility Resource Center (ARC). Students may contact ARC in person in Griffin Center or by phone at (619) 644-7119 (TTY for deaf). The faculty will work with the student and the ARC office to provide **reasonable accommodations as deemed necessary by ARC**. <http://www.grossmont.edu/arc>

It is the student's responsibility to complete this process and notify instructors of accommodations. Students enrolled in the OTA Program are expected to meet the OTA Essential Function Skills Standards. Many courses in the OTA Program test on clinical skills that include but not limited to efficient use of time, accurate documentation, accurate presentation of data, ability to follow verbal directives accurately and efficient logical decision making activities.

Students are expected to meet all of the clinical objectives and requirements of the program. Students wishing accommodations in clinical sites will be required to provide written authorization to release accommodation requirements to the clinical site for consideration. If a clinical site refuses a student due to waivers, legal issues or physical examination issues, the OTA Program will make one additional attempt to secure an alternate placement for the student based on site availability. Sites are secured well in advance of the semester they are held. Clinical experiences are necessary to graduate. The clinical site has the final word on all clinical placements.

The student must realize that an academic accommodation may not be the same as a workplace accommodation. Workplace accommodation information can be found at: <http://askjan.org/> and <http://www.dor.ca.gov/DisabilityAccessInfo/>

Contact NBCOT at the following website for accommodation options for the national examination: <http://www.nbcot.org/testing-accommodations>



***All persons with disabilities are covered under the ADA/ Federal Civil Rights Laws in all settings.***

***To receive accommodations the student must first either disclose the need for accommodations and then be advised by you to begin the process with Grossmont College OTA Program ACADEMIC FIELDWORK COORDINATOR and then the student must decide to disclose and request the accommodations required in order to receive them from the clinical site. OR***

***If the student already has accommodation recommendations, they must choose to disclose and request the accommodations required for consideration from the clinical site.***

***Students can choose to not disclose needs or request accommodations. Students can also choose to disclose and/or request at any time.***

***All settings are required to make reasonable accommodations for all persons who go through the accommodation process and submit a formal request for accommodations. The accommodations must not be fundamental alterations to the nature of the services provided.***

Functional Ability	Core Performance Standard
Gross Motor Skills	<ul style="list-style-type: none"> <li>• Move within confined space</li> <li>• Sit and maintain balance</li> <li>• Stand and maintain balance</li> <li>• Reach above shoulders (ROM/strengthening exercise programs)</li> <li>• Reach below waist (ADL/IADL activity instruction)</li> </ul>
Fine Motor Skills	<ul style="list-style-type: none"> <li>• Pick up objects with both hands</li> <li>• Grasp small objects with both hands</li> <li>• Write with pen or pencil</li> <li>• Key/type (use a computer)</li> <li>• Pinch/pick or otherwise work with fingers (interventions in fine motor activities and ADLs/IADLs) of both hands</li> <li>• Twist (turn knobs) with both hands</li> <li>• Squeeze with fingers with both hands (w/c modification, ADLs/IADLs instruction)</li> </ul>
Physical Endurance	<ul style="list-style-type: none"> <li>• Stand (at client's side during treatment)</li> <li>• Sustain repetitive movement (CPR)</li> <li>• Maintain physical tolerance (work entire shift)</li> </ul>
Physical Strength	<ul style="list-style-type: none"> <li>• Push and pull over 50 pounds (transfer clients)</li> <li>• Support over 50 pounds of weight (transfer/ambulate client)</li> <li>• Lift over 50 pounds (transfer client)</li> <li>• Move light objects up to 10 pounds</li> <li>• Move heavy objects weighing from 10 to 50 pounds</li> <li>• Defend self against combative client</li> <li>• Carry equipment/supplies</li> <li>• Use upper body strength (CPR, restrain a client)</li> <li>• Squeeze with both hands (fire extinguisher)</li> </ul>
Mobility	<ul style="list-style-type: none"> <li>• Twist</li> <li>• Bend</li> <li>• Stoop/squat</li> <li>• Move quickly</li> <li>• Climb (ladder, stools, stairs)</li> <li>• Walk</li> </ul>
Visual	<ul style="list-style-type: none"> <li>• See objects up to 20 inches away</li> <li>• See objects more than 20 feet away</li> <li>• Use depth perception</li> <li>• Use peripheral vision</li> <li>• Distinguish color</li> <li>• Distinguish color intensity</li> </ul>
Tactile	<ul style="list-style-type: none"> <li>• Feel vibrations (pulses)</li> <li>• Detect temperature</li> <li>• Feel differences in surface characteristics (skin turgor)</li> <li>• Feel differences in sizes, shapes (palpate vein)</li> <li>• Detect environmental temperature</li> </ul>

Auditory	<ul style="list-style-type: none"> <li>• Hear normal speaking level sound</li> <li>• Hear faint voices</li> <li>• Hear faint body sounds (BP)</li> <li>• Hear in situations not able to see lips (when using masks)</li> <li>• Hear sound alarms</li> <li>• Hear and understand verbal instructions/cues and respond timely (physician or other health care professional instructions)</li> </ul>
Verbal	<ul style="list-style-type: none"> <li>• Ability to communicate in a clear and concise manner during daily duties and emergency situations. (Daily duties include patient and family education training, instructions to nursing staff regarding patient level of function, presenting case information at interdisciplinary meeting or family meeting. Emergency situation includes conveying important patient information to response team.)</li> </ul>
Emotional Stability	<ul style="list-style-type: none"> <li>• Establish therapeutic boundaries</li> <li>• Provide client with emotional support</li> <li>• Adapt to changing environment/stress</li> <li>• Deal with unexpected (crisis)</li> <li>• Focus attention on task (tx sessions and document with distractions)</li> <li>• Monitor own emotions (do not let your own life issues become involved in OTAS role)</li> <li>• Perform multiple responsibilities concurrently (always see everything going on yet concentrate on multiple tasks at hand during treatments and documentation)</li> <li>• Handle strong emotions (grief)</li> </ul>
Analytical Thinking Skills	<ul style="list-style-type: none"> <li>• Transfer knowledge from one situation to another</li> <li>• Process information</li> <li>• Evaluate outcomes</li> <li>• Problem solve</li> <li>• Prioritize tasks</li> <li>• Use long term memory</li> <li>• Use short term memory</li> </ul>
Critical Thinking Skills	<ul style="list-style-type: none"> <li>• Identify cause and effect relationships</li> <li>• Plan/control activities for others</li> <li>• Synthesize knowledge and skills</li> <li>• Sequence information</li> </ul>
Interpersonal Skills	<ul style="list-style-type: none"> <li>• Negotiate interpersonal conflict</li> <li>• Respect differences in clients</li> <li>• Establish rapport with clients</li> <li>• Establish rapport with co-workers</li> </ul>
Communication Skills	<ul style="list-style-type: none"> <li>• The ability to communicate clearly both verbally and in writing.</li> </ul>

## **SAFETY, PROFESSIONAL, LEGAL AND ETHICAL INFRACTIONS**

A student may be subject to dismissal from the OTA Program based on, but not limited to the following:

1. Unsafe clinical/lab/simulation practice:

Examples of unsafe practice may include but are not limited to the following:

- Failure to display stable mental, physical or emotional behavior(s) which may affect the well-being of others.
- Failure to follow through on a remediation plan.
- Acts of omission/commission in the care of patients, such as but not limited to: physical, mental or emotional harm and safety precaution error.
- Lack of verbal and/or psychomotor skills necessary for carrying out safe OT skills
- Attempting activities without adequate orientation or theoretical preparation or appropriate supervision/assistance.
- Failure to be prepared for treatment interventions.
- Behavior that endangers a patient's , staff member's, peer's or instructor's safety. NOTE: This does not have to be a pattern of behavior and the student can be subject to dismissal for a single occurrence.

2. Violations of professional, legal or ethical conduct:

- Dishonesty.
- Falsification of patient records.
- Interpersonal behaviors with agency staff, coworkers, peers or faculty which result in miscommunications or disruption of patient care, simulated patient care and/or unit/classroom functioning.
- Failure to maintain patient confidentiality according to HIPAA regulations.
- Academic Fraud.
- Any violation of the "student Code of Conduct" as outlined in the College Catalog or the "OT Code of Ethics" outlined in this handbook.
- See above policy on clinical practicum I-V #12.

3. The instructor will document the description of the behavior and the status of the patient/peer/staff, if appropriate. The student also may provide written input for review.

4. The faculty will present recommendations to the student both verbally and in writing.

5. Should a student display unsafe clinical practice or have a violation of professional, legal or ethical conduct they will be ineligible for re-entry into the OTA Program. All students dismissed from the program will be encouraged to schedule an exit interview with the OTA Program Director to discuss options. Following the exit interview, the student will receive a written summary of the exit interview.

## FIELDWORK, LEVEL I AND II DESCRIPTIONS

**OTA 111, 141 and 221:** Experience enriches classroom and laboratory learning through directed observation and participation in selected aspects of the occupational therapy process. A variety of clinical occupational therapy settings are introduced through experiential learning, including onsite visits for structured observation. Settings are equipped to provide application of principles learned in the academic program and appropriate to the learning needs of the student. These experiences mirror the specific practice areas being taught in the classroom during that semester. Papers and projects are assigned in the classroom during this fieldwork. Evaluation of student performance is included. Documentation of clinical observations and verbal reporting to peers is emphasized. Qualified personnel for supervised Level I Fieldwork include, but are not limited to; OT practitioners, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists. Level I fieldwork experiences are each required to be completed with a passing grade.

**OTA 240 and 241** consists of 20-weeks of advanced Fieldwork Level II Experience under the direct supervision of a credentialed occupational therapist or a credentialed occupational therapy assistant with the student assisting in all phases of practice. Level II fieldwork must be successfully completed for the student to be eligible to sit for the national OTA certification examination. **Level II fieldwork is scheduled during the Spring Semester of the second year and involves full-time on-the-job training. All OTA and GE courses must be successfully completed before a student can begin the Level II experience. Level I fieldwork experience hours will not be counted toward any part of level II fieldwork.** Areas of practice available for fieldwork placement include: physical dysfunction, mental health, pediatrics, geriatrics, rehabilitation, community based programming and developmental disabilities. Settings for placement might include traditional and/or emerging practice areas. The Fieldwork Level II placement is a collaborative process between student and fieldwork coordinator. The process of fieldwork placement begins before or during the Fall Semester when students discuss initial plans and placement goals with the Fieldwork Coordinator. All fieldwork must be completed within 18 months of the academic preparation (core OTA courses).

## LEVEL I FIELDWORK OBJECTIVES

Each Level I fieldwork experience builds on prior didactic and fieldwork experiences.

The first Level I experience provides the opportunity for exploration through observation, reflection and participation. Each succeeding experience provides opportunities to develop additional competencies.

The student will:

- A. Demonstrate an appreciation for the scope and purpose of Occupational Therapy in a variety of practice settings.
- B. Demonstrate an understanding of the role of the COTA in different settings and the potential for OT in nontraditional settings.
- C. Demonstrate reliable work habits of: timeliness, appropriate hygiene and dress, task completion, attention to detail and safety of patient and others in the work environment.
- D. Demonstrate initiative and motivation; seeks out learning opportunities/interactions with supervisor/others.
- E. Ability to recognize/handle personal/professional frustrations; balance personal/professional obligations; handle responsibilities; work with others cooperatively, considerately, effectively; responsiveness to social cues.
- F. Consider ability to give, receive, and respond to feedback; seek guidance when necessary; follow proper channels.
- G. Communicate verbally and in writing in a clear, concise and professional manner.
- H. Employ communication skills reflecting respect for patient's privacy, with consideration given to cultural implications.
- I. Utilize medical and occupational therapy terminology correctly in written and oral communication.
- J. Complete written assignments for each experience utilizing correct grammar, terminology and spelling.
- K. Consider ability to interact appropriately with individuals such as eye contact, empathy, limit setting, respectfulness, use of authority, etc.; degree/quality of verbal interactions; use of body language and non-verbal communication.
- L. Demonstrate an understanding of the Occupational Therapy treatment process including: evaluation, individual and group treatments, reassessment and discharge according to fieldwork site.
- M. Consider ability to use self-reflection, willingness to ask questions; ability to analyze, synthesize and interpret information; understand the OT process.
- N. Demonstrate an understanding of how self is used as a therapeutic tool.
- O. Identify common characteristics seen in clients with specified diagnosis.
- P. Identify therapeutic activities that promote function and facilitate client recovery.

## LEVEL II FIELDWORK OBJECTIVES

Achievement in level II fieldwork experiences builds on the foundation competencies attained in level I. Clinical competencies are expanded as new skills are learned and applied. There is an emphasis on clinical reasoning and decision making within a team-oriented environment.

The student will:

- a. Demonstrate ability to collect data on patient performance in daily living activities of work, rest, play/leisure and medical management.
- b. Interview using structured guides to obtain general information regarding history and independent living skills of the patient.
- c. Observe the patient to collect data on patient performance in daily living activities and document observations appropriately.
- d. Administer structured assessments at the discretion of the occupational therapist to evaluate various components of occupational role behavior.
- e. Summarize and describe results of the evaluations administered.
- f. Contribute to the identifications of short and long term goals and recommendations for the occupational therapy program.
- g. Record/report evaluation and treatment data.
- h. Collaborate with supervisor, other health care professionals, patients and their caregivers to individualize treatment program to accommodate and capitalize upon each patient's personal development and culture.
- i. Discuss, select and sequence activities for the total occupational therapy program including a home program.
- j. Attend meetings/conferences with team members to help coordinate the occupational therapy program and present information as necessary.
- k. Implement an occupational therapy program as determined through the planning process.
- l. Engage the patient's participation in purposeful activities to develop/improve/maintain skills to support occupational performance.
- m. Instruct patient/family/staff in use of activities, techniques, adaptive equipment and assistive devices.
- n. Identify, fabricate or modify adaptive equipment necessary to effectively meet treatment objectives as directed.
- o. Adapt or structure home or other discharge environment to facilitate desired performance.
- p. Monitor and discuss patient performance with patient/family/staff.
- q. Assist in determining need for change or termination of the occupational therapy program.
- r. Comply with legal responsibilities, professional ethics, school policies, rules and regulations that affect clinical fieldwork performance.
- s. Demonstrate awareness of administrative and practical requirements for practice in the occupational therapy treatment setting.
- t. Differentiate between physical, psychosocial, cultural, and environmental factors influencing patient/family compliance with treatment plan and recommend modifications to improve compliance.
- u. Prioritize treatment options to implement most critical intervention strategies first.
- v. Comply with all documentation requirements of the facility in a timely and efficient manner.
- w. Demonstrate values, attitudes, and behaviors that represent patient advocacy.
- x. Maintain equipment and supplies in good order.
- y. Comply with all documentation requirements of the facility in a timely and efficient manner.
- z. Demonstrate values, attitudes, and behaviors that represent patient advocacy.
- aa. Develop and present case study in both oral and written format.
- bb. Develop time management skills to meet the facility's productivity guidelines for an entry-level practitioner.





# Grossmont College OTA Level I Fieldwork – OTA 221

## Student Evaluation

Student Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Date(s): \_\_\_\_\_

### PROFESSIONAL BEHAVIORS

*Please circle yes or no for each question*

Student:

- |   |     |    |
|---|-----|----|
| ➤ Punctual for all scheduled fieldwork experiences?                                 | YES | NO |
| ➤ Follows safety guidelines?  | YES | NO |
| ➤ Respects and maintains confidentiality 100% of the time?                          | YES | NO |
| ➤ Demonstrates understanding of <i>site specific</i> abbreviations and terminology? | YES | NO |
| ➤ Has necessary tools needed to complete note taking, chart review, etc.?           | YES | NO |
| ➤ Able to utilize “down time” efficiently without direction from supervisor?        | YES | NO |

Comments: \_\_\_\_\_

### COMMUNICATION

Student:

- |   |     |    |
|---|-----|----|
| ➤ Demonstrates <u>positive</u> verbal and non-verbal communication?                             | YES | NO |
| ➤ Asks questions relevant to patient medical or diagnostic information at the appropriate time? | YES | NO |
| ➤ Communicates professionally with patients/families/staff with confidence?                     | YES | NO |
| ➤ Explains occupational therapy accurately in terms audience can understand?                    | YES | NO |
| ➤ Accepts feedback with active listening and seeks to change accordingly?                       | YES | NO |

Comments: \_\_\_\_\_

**ACTIVITY**-We encourage you to allow students to participate in the following tasks but they are optional

Student:

- |   |     |     |    |
|---|-----|-----|----|
| ➤ Completes assigned documentation submits to supervisor for feedback?              | N/A | YES | NO |
| ➤ Provides education to patient/family on an OT intervention, equipment, HEP, etc.? | N/A | YES | NO |
| ➤ Assists supervisor to prepare for treatment, retrieve supplies and/or equipment?  | N/A | YES | NO |
| ➤ Identifies patient’s strengths/areas of concern?                                  | N/A | YES | NO |
| ➤ Assigns “levels of assist” accurately for each patient task?                      | N/A | YES | NO |
| ➤ Suggests appropriate modifications of intervention strategies?                    | N/A | YES | NO |
| ➤ Maintains structure and safety for the patient throughout treatment?              | N/A | YES | NO |
| ➤ Communicates effectively to other disciplines as indicated?                       | N/A | YES | NO |

Additional Comments regarding student’s strengths or opportunities for improvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THANK YOU FROM THE GROSSMONT COLLEGE OTA PROGRAM!**

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

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



# OTA Level I Fieldwork Student Evaluation Form

Grossmont College

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

Fieldwork Educator Name & Location: \_\_\_\_\_

Date(s): \_\_\_\_\_

## PROFESSIONAL BEHAVIORS: PLEASE CIRCLE YES OR NO FOR EACH ITEM

Student:

- |  |     |    |
|--|-----|----|
| • Punctual for all scheduled fieldwork experiences?                                | YES | NO |
| • Follows safety guidelines?   | YES | NO |
| • Respects and maintains confidentiality?  | YES | NO |
| • Demonstrates understanding of <i>site specific</i> abbreviations or terminology? | YES | NO |

Comments: \_\_\_\_\_

## COMMUNICATION

Student:

- |  |     |    |
|--|-----|----|
| • Practices positive verbal and non-verbal communication?                  | YES | NO |
| • Asks questions relevant to patient or medical/diagnostic information?    | YES | NO |
| • Communicates appropriately to patient/family/staff?                      | YES | NO |
| • Explains occupational therapy accurately in terms others can understand? | YES | NO |
| • Accepts feedback with active listening and seeks to change as indicated? | YES | NO |

Comments: \_\_\_\_\_

## ACTIVITY

Student:

Assists:

- |   |     |    |
|---|-----|----|
| • Student assists supervisor appropriately when asked to do so? | YES | NO |
|---|-----|----|

Additional Comments regarding student's strengths and/or areas of improvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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



# OTA Fieldwork Student Counseling Agreement

Student Name: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

**PROBLEM/ISSUE:**

\_\_\_ **REMEDICATION PLAN**\*list measurable goals and deadlines – see below.

\_\_\_ **NO REMEDIATION PLAN**\*detailed justification required

Student's responsibility-

Clinical Instructor's responsibility-

\_\_\_ **FOLLOW UP** \_\_\_\_\_ **DATE**      \_\_\_ **RESOLVED** \*place on midterm or final as resolved

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

Clinical Fieldwork Educator Signature \_\_\_\_\_ Date \_\_\_\_\_

Academic Fieldwork Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_



## DEVELOPING PROFESSIONAL BEHAVIORS THROUGH FIELDWORK

The purpose of fieldwork is to allow students the opportunity to integrate the knowledge acquired through their academic preparation with the practice of clinical skills, progressing through the levels of responsibility. As a result of the academic preparation, OTA students have the knowledge and skills for entry-level practice. The last stage in preparing for a career as a clinician is the practice of skills in a structured, supportive setting to develop appropriate professional behaviors. The structure of the fieldwork experiences varies by facility. The student may be the only student on site, may be paired with another student, or be part of a student group. The supervision provided may be with one or more OTs or OTAs, or other professionals in a related field.

Level I experience is acquired in conjunction with specific OTA courses. Its objectives are to apply observation skills, data gathering methods, task analysis skills and “hands on” techniques as appropriate. The student will learn and practice written and verbal communication and professional behaviors and have individual and group participation with patient/clients.

The emphasis of level II fieldwork, which is initiated upon the completion of all academic coursework, is on the application of knowledge and the provision of Occupational Therapy service. There is opportunity to expand clinical competencies, develop clinical reasoning, and model professionalism.

At both levels of fieldwork, the student should maximize the opportunity to grow as a professional, practicing the variety of skills that this requires.

1. **Developing good communication skills, both oral and written, includes sharing information, offering and receiving feedback, and practicing interpersonal skills with patient/clients and staff.**
2. The student must learn to be accountable knowing when and how to ask for help, developing time management skills and taking responsibility for actions and decisions.
3. Due to the nature of healthcare environments, students must be adaptable.
4. They must understand their role and how it fits with the rest of the healthcare team.
5. An understanding of the ethics of the Occupational Therapy profession must be achieved and put into practice.
6. Students should be preparing themselves to be lifelong learners, identifying community resources and taking advantage of local associations.
7. Students should be mentored towards advocating for the profession.
8. Students are also introduced to clinical research, learning to evaluate clinical practice to show the validity of Occupational Therapy services.
9. The ability to refine the practice and quantify the outcomes to show the effectiveness of Occupational Therapy is critical for the future of the profession.

Fieldwork offers many opportunities for professional and personal growth. It also demands individual responsibility.

**\*\*REFER TO GRADE POLICY\*\***

1. The student **must** collaborate with the Fieldwork Coordinator and the Fieldwork Supervisor.
2. The Fieldwork Coordinator has mandatory assignments due during each fieldwork rotation. In the event that the student is placed in a non-traditional site where there is no Occupational Therapist available, the director, fieldwork coordinator or faculty will provide weekly onsite supervision unless other arrangements are made.
3. The student must comply with the policies and procedures of the fieldwork site.
4. The student must adhere to the work schedule set forth by the facility and OTA Program.
5. The student must be on time every day.
6. The student must adhere to the absence policy for fieldwork. (Refer to OTA Student Handbook Attendance Policy)
7. The student must fulfill all of the duties and assignments set by the Fieldwork Coordinator and the Fieldwork Supervisor within the specified time frames.
8. The student must be an active participant in the process.
9. The student must not drive in any vehicle other than their own for any fieldwork fieldtrips or outings.
10. The student who is injured during fieldwork must follow the Workers Compensation procedures in this handbook.
11. The student must be open to taking constructive feedback.
12. And, finally, the student must be prepared to make mistakes! The supportive environment of the fieldwork site is meant to allow the student to take some risks. Mistakes allow students to reexamine and refine their learning and move to a higher level of understanding.
13. Do not fraternize with fieldwork educator, employees of site, patients/clients or families outside of the clinical site and demonstrate appropriate professional behavior in the clinical site when relating to the mentioned individuals.



### ***Fieldwork Educator Resources***

- AOTA Fieldwork Support Link - <https://www.aota.org/Education-Careers/Fieldwork.aspx>
- AOTA Fieldwork Resources Link - <https://www.aota.org/Education-Careers/Fieldwork/Supervisor.aspx>  
<https://www.aota.org/Education-Careers/Fieldwork/Products.aspx>
- The California Occupational Therapy Fieldwork Council offers meetings in Southern California, annual conference and fieldwork forms and resources on their website <http://www.caotfwc.com/>
- The Art of Supervision - <http://www.caot.ca/otnow/nov%2007/supervision.pdf>
- Building Go To Clinical Skills - <http://occupational-therapy.advanceweb.com/Columns/Supervision-For-Skill-Building/Building-Go-to-Clinical-Skills.aspx>
- Strategies for Creative Fieldwork - <https://www.aota.org/education-careers/fieldwork/newprograms/strategies.aspx>
- <https://otpotential.com/blog/ot-fieldwork-educator>



# **Occupational Therapy Assistant Program Philosophy & Curriculum**



## **OTA PROGRAM**

To provide a quality educational program that values the uniqueness of all human beings and produces competent and professional entry level occupational therapy assistants that will serve diverse populations and settings in San Diego, the state and the nation. It is also the mission of the OTA Program to encourage students to be life-long learners, provide community service and forge into uncharted areas of practice in response to the needs of an ever-changing society.

### **DEFINITION OF THE PROFESSION OF OCCUPATIONAL THERAPY**

Occupational therapy is the art and science of directing an individuals' participation in selected tasks to restore, reinforce, and enhance performance; facilitate learning of those skills and functions essential for adaptation and productivity; diminish or correct pathology; and promote and maintain health. The central agent in OT is the occupation. Occupations are the ordinary and familiar things people do each day. Its fundamental concern is the development and maintenance of the capacity throughout the life span to perform with satisfaction to self and others those tasks and roles essential to productive living.

Occupational therapy provides service to those individuals whose abilities to cope with tasks of living are threatened or impaired by developmental deficits, the aging process, physical injury or illness, or psychological and social disability. Occupational therapy serves a diverse population in a variety of settings such as hospitals and clinics, rehabilitation facilities, long-term care facilities, extended care facilities, sheltered workshops, schools and camps, private homes, and community agencies.

### **OCCUPATIONAL THERAPY ASSISTANT PROGRAM PHILOSOPHY**

The Occupational Therapy Assistant Program at Grossmont College prepares the student for an Associate in Science Degree. In addition to the core curriculum, the major requires selected general education courses from the biological, social and behavioral sciences.

The scope and content of the Occupational Therapy Assistant Program at Grossmont College reflect the program's view of humanity and the teaching/learning process, based on concepts defined by Keilhofner (Conceptual Foundations of Occupational Therapy, 1992) and Reilly (Play as Exploratory Learning, 1976):

- Human beings, as complex systems, function on many different levels and experience and change when growth occurs.
- Human beings are intrinsically motivated to interact with their environments through purposeful activity to positively affect their health.
- Human/environmental interaction is a continuous process of adaptation that promotes not only survival but also curiosity through exploration, competence and achievement.
- Human beings, as open systems in a dynamic evolving interaction with the environment, process information through: input, throughput, output, and feedback.
- Human beings have an occupational nature, experience occupational dysfunction and use occupation as a therapeutic agent.
- Occupational behaviors include purposeful activities that occur on a developmental continuum in the context of play behaviors as a child and leisure/work behaviors as an adult.

### **APPROACH TO LEARNING/INSTRUCTION**

The primary goal of the occupational therapy assistant educational process is to produce competent practitioners. Competency is acquired through active exploration of the environment as behaviors are practiced to form skills. Learning is an active, interactive and cooperative process as the individual builds skills related to objects, people and environment. Cooperative learning provides a method to structure the educational environment and facilitate interaction with others for skill development.

Diversity is critical for the occupational therapy assistant practicing in today's global environment. Diversity is a source of opportunity and knowledge. The appreciation for differences in potential, unique practice areas and in human beings will enrich the profession of occupational therapy and develop diverse and culturally competent graduates. Through cooperative learning, culturally diverse students and faculty help to create an environment where strategies can be learned through teaching others and collaborating with others to achieve mutual goals, thereby facilitating attainment of cultural competence and diversity. Appreciation of the rich mosaic of differences within the community will fuel growth in the profession.

Experiencing volunteer community service through the Occupational Therapy Assistant Program is a life changing event. The opportunity to explore feelings and emotions that are inherent in the practice of occupational therapy is experienced. The sense of giving through your own hands without expecting anything in return is integrated into the curriculum.

A multimedia approach to education is utilized when possible in order to accommodate variations in learning styles, and to provide an environment, which stimulates, supports, and challenges the student. Emphasis is placed on self-assessment, evaluation, and motivation throughout the student's progress through the program. It is expected that students assume responsibility for their learning and contact the appropriate faculty to access the academic resources designed to promote student success.

## **OCCUPATIONAL THERAPY ASSISTANT PROGRAM OBJECTIVES**

1. Provide course work and Fieldwork Level II Experience leading to an Associate of Science Degree in Occupational Therapy Assistant that prepares students for the successful completion of the NBCOT certification examination and employment as COTAs.
2. Create a learning environment that is safe for exploration of personal and professional attitudes and behaviors and that values the uniqueness, dignity and rights of the individual.
3. Foster cultural sensitivity by incorporating culturally diverse material within the curriculum and modeling in the classroom.
4. Employ teaching methods that foster the occupational therapy philosophy of experiential learning and use of purposeful activity to facilitate adaptation and mediate dysfunction for all age groups, disabilities and occupational roles.
5. Prepare occupational therapy assistants to provide quality services in a wide variety of practice environments including uncharted areas of practice.
6. Collaborate with the occupational therapy community to develop Fieldwork Level II Experiences that prepare practitioners for meeting the practice needs of the community.
7. Provide continuing education programs to meet the retraining, technical advancement and career advancement needs of occupational therapy personnel.
8. Promote the field of occupational therapy at every possible opportunity.

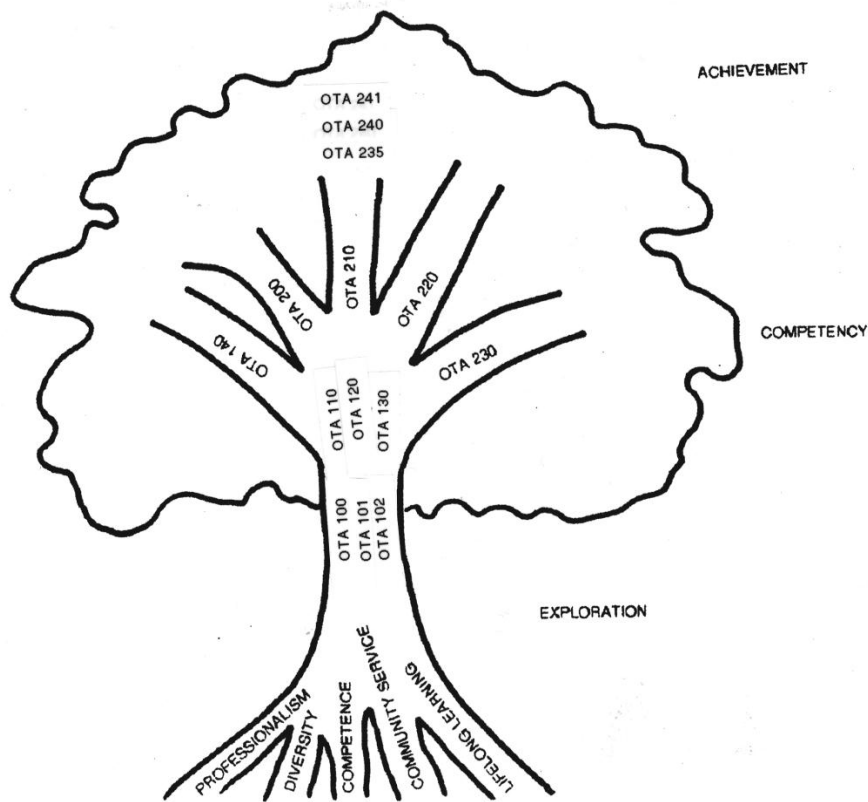
## **OCCUPATIONAL THERAPY ASSISTANT PROGRAM OUTCOMES/COMPETENCIES**

Upon completion of the program, the Grossmont College Associate Degree Occupational Therapy Assistant graduate will:

- Pass the NBCOT examination
- Value the uniqueness, dignity and rights of the individual
- Exhibit cultural sensitivity during treatment interactions
- Demonstrate ability to utilize purposeful activity to facilitate adaptation and mediate dysfunction for all age groups, disabilities and occupational roles
- Demonstrate ability to provide quality services in a wide variety of practice environments including uncharted areas of practice
- Demonstrate the necessary occupational therapy skills to meet the practice needs of the occupational therapy community
- Exhibit behaviors consistent with the Occupational Therapy Codes of Ethics and professionalism while representing the profession.
- Value continuing education, technical advancement, leadership opportunities, career advancement and community service in occupational therapy
- Advocate and promote the field of occupational therapy

## CURRICULUM DESIGN

The Occupational Therapy Assistant Program curriculum design incorporates five themes woven into the curriculum and three levels of learning. The design reflects the college mission statement, OTA mission statement and the OTA philosophy. The curriculum design guides the placement of course content, sequence and the depth covered at each level. The location of the content within the curiosity levels of learning and adaptation creates the reinforcement of content that builds upon itself. This gradual stacking of concepts from exploration to competency and ending with achievement promotes graduation of professional, competent, diverse and service oriented lifelong learners.



Thread	Courses
Professionalism	OTA 100,110,111,140,141,200,210,220,221,230
Diversity	OTA 100,110,140,200,220
Competence	OTA 101,111,130,140,141,200,210,220,221,230
Community Service	OTA 100,101,110,220,230
Lifelong Learning	OTA 100,140,200,220,230

A tree was chosen as the symbol of the open system of our curriculum. It is strong, growing and long lasting. It can reach great heights if it is taken care of during its early stages of growth. Input of knowledge through the roots provides the nutrients for the student to anchor to the ground and begin the journey upward during the early stages of exploration. The trunk of the tree is made up layers of exploratory learning that supports the branches and begins shaping the crown. The curriculum content increases in depth requiring increased critical thinking and practice of skills creating the competency level. The branches reach out of the trunk and intertwine high up into the crown of the tree where achievement begins to take place. The application of the OTA curriculum content during the Level II Fieldwork experience gives the final shape to the crown and preparation for the OTA graduate to enter the profession at entry level competence.

The layers of the trunk run from the roots to the leaves carrying nutrients throughout the tree. The threads of our program run from the roots to the leaves giving the students nutrients throughout the program and reinforcing our mission.

The leaves give the tree color as the new students give the profession color releasing fresh oxygen into the world of occupational therapy. The program offers continuing education to assist with keeping the community renewed.

## **EXPLORATION**

Exploration requires a safe environment for learning. It is stimulated when something is new or different and behavior is engaged in for its own sake to support the capacity for object interest. A highly pressured or anxiety provoking environment is an enemy to the process. Exploration reflects an autonomous capacity to be interested in the environment. Hope and trust are fostered as the imagination searches for rules of how people, objects and environments operate. The foundations of learning occur at this level. The first sequence of courses is designed to facilitate exploration in learning the basic rules around principles, activities, communication, documentation and movement in the delivery of occupational therapy services.

- OTA 100 - Fundamentals of Occupational Therapy
- OTA 101 - Fundamentals of Activity/Therapeutic Media
- OTA 102 – Rehab Terminology, Diseases and Diagnoses
- OTA 110 – Occupational Skills - Psychosocial
- OTA 111 – Clinical Practicum I
- OTA 120 - Documentation in Occupational Therapy
- OTA 130 - Dynamics of Human Movement

## **COMPETENCY**

Competency emerges from intrinsic motivation to deal with the environment, influence it actively and be influenced by it through feedback. To become competent one needs to practice, repeat, and learn behaviors to the point of the establishment of habits. Through practice, competence is accomplished. Fragmentation is a natural part of this process that occurs when sequences of tasks are broken down and reordered during learning. Hope and trust are transformed to self-confidence and self-reliance at this level. The second sequence of courses provides an opportunity to practice, reorder, and apply previous knowledge to a wide range of ages, disabilities, and contexts.

- OTA 140 - Occupational Skills Development in Pediatric Roles
- OTA 141 – Clinical Practicum II
- OTA 200 – Occupational Skills in Physical Rehab
- OTA 210 - Assistive Technology in Occupational Therapy
- OTA 220 – Advanced Occupational Therapy Skills for Physical Dysfunction
- OTA 221 – Clinical Practicum III
- OTA 230 - Occupational Therapy Management

## **ACHIEVEMENT**

Achievement builds on the previous two levels. Competition with self or others occurs focusing on a standard of excellence. There is an element of danger and risk taking involved at this level as the mind employs strategies to strive for success. The student applies and integrates previously learned knowledge through clinical fieldwork.

- OTA 240 – Clinical Practicum IV
- OTA 241 – Clinical Practicum V



# OCCUPATIONAL THERAPY ASSISTANT PROGRAM

## Sequence of Courses

<b><u>Fall</u></b>	<b><u>First Year</u></b>	<b><u>Units</u></b>
OTA 102	Rehab Terminology/Disease & Diagnosis	2
OTA 100	Fundamentals of Occupational Therapy	2
OTA 101	Fundamentals of Activity	3
OTA 110	Occupational Skills - Psychosocial	4
OTA 111	Experiential/Simulation I	1
<b><u>Spring</u></b>	<b><u>First Year</u></b>	
OTA 120	Documentation in Occupational Therapy	3
OTA 130	Dynamics of Human Movement	4
OTA 140	Occupational Skills Development in Pediatric Roles	3
OTA 141	Experiential/Simulation II	1
OTA 200	Intro to Occupational Skills in Physical Rehab	2
<b><u>Fall</u></b>	<b><u>Second Year</u></b>	
OTA 210	Assistive Technology in Occupational Therapy	3
OTA 220	Advanced OT Skills for Physical Dysfunction	3
OTA 221	Experiential/Simulation III	1
OTA 230	Occupational Therapy Management	2
<b><u>Spring</u></b>	<b><u>Second Year</u></b>	
OTA 240	Clinical Practicum IV	6
OTA 241	Clinical Practicum V	6
<b>TOTAL UNITS:</b>		<b>46</b>

**NOTE: Program requirements must be completed with a grade "C" or better.**

**GROSSMONT COLLEGE OCCUPATIONAL THERAPY ASSISTANT PROGRAM  
ASSOCIATE IN SCIENCE DEGREE REQUIREMENTS**

**GENERAL EDUCATION REQUIREMENTS**

In addition to the courses in the major, additional units in general education are required for graduation with the Associate in Science Degree. All academic coursework and Skills Checklist competency must be completed prior to enrolling in OTA 240 and OTA 241.

<b>Additional Major Requirements</b>		
BIO 144/145 OR BIO 140/141	Anatomy Physiology I & Anatomy Physiology II	8
	Human Anatomy and Physiology	8
FS 120	Human Development	3
	<b>TOTAL UNITS</b>	<b>11</b>
<b>GE Requirements</b>		
ENG 120 OR ENG 124	Reading and Composition Advanced Composition	3 3
COMM 120 OR COMM 122	Human Communication Oral Communication	3 3
<b>Area A - Quantitative Reasoning</b>	<b>Select 1</b>	3
<b>Area C - Humanities</b>	<b>Select 1</b>	3
<b>Area E - ES</b>	<b>Select 2</b>	2
	<b>TOTAL UNITS:</b>	<b>14</b>
<b>TOTAL PROGRAM (Minimum) 71</b>		

**NOTE: Program requirements must be completed with a grade of "C" or better. All academic coursework and skills checklist competency must be completed prior to OTA 240 and OTA 241.**

# Description of Courses

**OTA 100 - Fundamentals of Occupational Therapy** - The philosophical base and history of occupational therapy is examined. Through an historical approach, frames of reference within the profession are reviewed with emphasis on occupation as a health determinant, the meaning of occupation and purposeful activity, and professionalism. A broad range of practice areas are investigated. Ethics of the profession are examined and applied to practice situations. Legislation and legal issues affecting the profession are reviewed.

**OTA 101 - Fundamentals of Activity/Therapeutic Media** - Through experimental learning, students will explore and develop skills in performing processes required in minor crafts, gross motor activities, games and simple work tasks. Emphasis is on activity analysis and adaptation from the perspective of work and play/leisure tasks throughout the life span. Safety in the use of therapeutic activities is emphasized. A file will be created for each therapeutic media studied. Students will learn to teach techniques in applying therapeutic media to a group.

**OTA 102 - Rehab Terminology/Disease & Diagnosis** - A comprehensive course that is designed to offer students proficiency in the use of terminology utilized in a variety of rehabilitation settings. Basic medical terminology will be incorporated including prefixes, roots and suffixes. This course will include an in-depth study of common diseases and diagnoses found in rehabilitation. Occupational therapy databases, sites and resources will be explored via the internet.

**OTA 110 - Occupational Skills - Psychosocial** - Individual and group interactions related to occupational therapy intervention are examined. Theories of practice that explain interpersonal behavior from an occupational therapy perspective and psychiatric conditions treated by the occupational therapy assistant are reviewed. The therapeutic use of self and collaboration with the registered occupational therapist and other health care professionals with an emphasis on team work is investigated. Interviewing, observation, communication, and group process skills with an emphasis on cultural differences are simulated and observed in clinic settings. Group roles and stages are examined. The differences between task groups and talk groups are analyzed. Group leadership is practiced.

**OTA 111 - Experiential/Simulation I** - Designed to acquaint the student with the day to day activities in the clinical setting when caring for individuals with psychosocial issues that interfere with occupations and roles. This experience enables students to apply academic knowledge to practice and develop an understanding of the needs of clients, setting and staff.

**OTA 120 - Documentation in Occupational Therapy** - Record keeping for accountability and reimbursement is examined. Emphasis is placed on learning the structure and function of daily note writing. Patient/client evaluation techniques including data gathering, reassessment, treatment recommendations, and treatment termination are presented. Students learn to write behavioral objectives and assist the OTR with goal writing. Techniques of quality assurance are introduced. Insurance systems and various methods for documentation are explored. The ethics of documentation is examined. Medical terminology is emphasized.

**OTA 130 - Dynamics of Human Movement** - The organization of the human nervous system and the structure of the human body in relation to joints, trunk and extremities is examined and analyzed in terms of functional movement required for work, play and self-care activities. Occupational therapy theory in relation to physical dysfunction is reviewed along with the interrelationships between the central nervous system, peripheral nerves and the musculoskeletal system. Physical conditions that interfere with successful performance of occupational roles are examined. Gross manual muscle testing and goniometry are simulated and practiced. Principles of kinesiology and body mechanics are presented. Safety procedures in relation to functional mobility are reviewed. Principles of energy conservation, work simplification and joint protection are introduced.

**OTA 140 - Occupational Skills Development in Pediatric Roles** - Biological, psychosocial and environmental conditions that lead to dysfunction in the roles of the child from neonate to adolescence are examined. Adaptation and adjustment to limitations in occupational performance are explored. The role of the occupational therapy assistant in prevention and rehabilitation programs within medical and community settings such as hospitals, infant programs, schools, and private practice is defined. Evaluation and treatment techniques are examined including activities that facilitate age-appropriate balance of work, self-care and play/leisure behaviors. The underlying performance components necessary for successful occupational behaviors is presented. Emphasis is placed on collaboration with families, caregivers, teachers and significant others.

**OTA 141 - Experiential/Simulation III** - A laboratory experience that includes observing and identifying normal and abnormal developmental behaviors in the pediatric population. This course builds on previous introduction practicum experience and is designed to reinforce and augment understanding of principles and techniques for observing, assessing, planning and implementing occupational therapy treatment sessions with pediatric clients.

**OTA 200 - Occupational Skills in Physical Rehab** - The normal occupational performance in development of adult and geriatric roles is explored. The physical, socioeconomic, environmental factors, lifestyle choices, and physical factors that influence adult and geriatric occupational performance in their roles. Exploration of the recovery process, from acute care to rehabilitation for physical and psychosocial conditions, is reviewed. The role of the occupational therapy assistant in prevention and rehabilitation programs is defined. Involvement in assessment, intervention, and therapeutic activities that facilitate age appropriate occupational behaviors is practiced. The discharge process and collaboration with other professionals and community agencies is included as part of the treatment continuum.

**OTA 210 - Assistive Technology in Occupational Therapy** - The technology employed by the occupational therapy assistant is explored through laboratory practice and field site visits. This technology includes but is not limited to: environmental adaptations, orthotics, prosthetics, assistive devices, adaptive clothing and equipment. The use of computers in inventory systems, word processing, cognitive retraining, evaluation, and work simulation is defined and practiced.

**OTA 220- Advanced Occupational Therapy Skills for Physical Dysfunction** -This course focuses on treatment techniques and adaptations to assist individuals with physical dysfunction in various settings and the role of the occupational therapy assistant. The course builds on the theory, foundation and skills learned in OTA 200 with laboratory activities that allow students to apply

screening, assessment, analysis, intervention, implementation, documentation, discharge planning and outcome activities.

**OTA 221 - Experiential/Simulation III-A** laboratory course providing a continuation of clinical practicum with a focus on treatment planning, safety precautions, contraindications and documentation in OTA Program affiliated adult and geriatric rehabilitation settings.

**OTA 230 - Occupational Therapy Management** - This course presents an introduction to basic management issues including: clerical, organizational, fiscal and supervisory components. Topics relate to an occupational therapy department as well as activity programs. Legal guidelines related to the Americans with Disabilities Act and the employment process are explored. Quality assurance, research, and continuing education to support continued professional growth is emphasized. Techniques for developing a resume and participating in an interview are practiced.

**OTA 240 - Clinical Practicum IV** - This experience involves a ten week assignment for 40 hours per week of advanced clinical experience under the direct supervision of a registered occupational therapist or a certified occupational therapy assistant with the student assisting in all phases of practice.

**OTA 241 - Clinical Practicum V** - This experience involves a ten week assignment for 40 hours per week of advanced clinical experience under the direct supervision of a registered occupational therapist or a certified occupational therapy assistant with the student assisting in all phases of practice. This course must be successfully completed along with AS Degree for the student to be eligible to sit for the National Certification Exam.

## **LOCAL COMMISSION ON EDUCATION**

The local commission of education, either designated as the Council on Education, the Educational Council, or by a similar title, is usually composed of educational program faculty and fieldwork educators. Students may or may not hold membership depending on the bylaws established by the local group. The structure and composition of the local commission of education is determined by the needs and expectations of the academic program(s) and fieldwork placements. The local placements represented.

The purpose of the local commission of education is to promote coordination among the academic program(s) and the fieldwork placements. The local commission offers opportunities for sharing experiences, concerns, and innovations related to the education of occupational therapy students.

## **COMMISSION ON EDUCATION, AOTA**

The bylaws of the AOTA provide for a Commission on Education to promote the quality of education and educational standards for occupational therapists registered and certified occupational therapy assistants relative to education, student and consumer needs.

The Commission on Education performs the following function:

- develops, interprets, and reviews education standards for occupational therapy
- provides consultation to developing and existing technical, professional, and post professional programs
- reviews and edits educational documents and directs them to appropriate bodies for action and publication
- develops and implements continuing education opportunities for educators; and
- reports to the Representative Assembly.
- The voting membership of the Commission on Education is composed of the Steering Committee one academic fieldwork coordinator, one fieldwork educator and one student representative from each approved accredited technical, accredited professional, and post professional program, also one program director from each developing technical – or professional – level program. Representatives are selected and serve according to procedures established by the individual program or Commission. Representatives must be AOTA members in good standing.
- The chairperson of the Commission on Education is elected by the voting membership and must be confirmed by the Representative Assembly. The AOTA Director of Education is an ex-officio member.

## **EDUCATIONAL PROGRAM**

The occupational therapy professional educational program is located in a college or university and the occupational therapy technical program is located in a postsecondary education institution. Each college, university, and postsecondary educational institution is designated as the sponsoring institution.

## **FIELDWORK PLACEMENT**

Fieldwork placements are those that are contracted to provide a fieldwork experiences. Placements must be run by certified and/or licensed educators, meet standards established by the educational program, and if applicable, by appropriate recognized accrediting agencies.

\*\*In addition to following the Occupational Therapy Code of Ethics once practicing in the profession, all students are required to abide by the Occupational Therapy Code of Ethics during enrollment in the Grossmont College OTA Program.

## Occupational Therapy Code of Ethics (2015)

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

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

The Code serves two purposes:

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

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

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

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

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

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

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

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

### **Beneficence**

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

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

### Related Standards of Conduct

Occupational therapy personnel shall

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

## **Nonmaleficence**

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

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

#### Related Standards of Conduct

Occupational therapy personnel shall

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

## **Autonomy**

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

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



## Related Standards of Conduct

Occupational therapy personnel shall

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

## **Justice**

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

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

## Related Standards of Conduct

Occupational therapy personnel shall

- A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy.
- B. Assist those in need of occupational therapy services to secure access through available means.
- C. Address barriers in access to occupational therapy services by offering or referring clients to financial aid, charity care, or pro bono services within the parameters of organizational policies.
- D. Advocate for changes to systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy services.
- E. Maintain awareness of current laws and AOTA policies and Official Documents that apply to the profession of occupational therapy.
- F. Inform employers, employees, colleagues, students, and researchers of applicable policies, laws, and Official Documents.
- G. Hold requisite credentials for the occupational therapy services they provide in academic, research, physical, or virtual work settings.
- H. Provide appropriate supervision in accordance with AOTA Official Documents and relevant laws, regulations, policies, procedures, standards, and guidelines.
- I. Obtain all necessary approvals prior to initiating research activities.

- J. Refrain from accepting gifts that would unduly influence the therapeutic relationship or have the potential to blur professional boundaries, and adhere to employer policies when offered gifts.
- K. Report to appropriate authorities any acts in practice, education, and research that are unethical or illegal.
- L. Collaborate with employers to formulate policies and procedures in compliance with legal, regulatory, and ethical standards and work to resolve any conflicts or inconsistencies.
- M. Bill and collect fees legally and justly in a manner that is fair, reasonable, and commensurate with services delivered.
- N. Ensure compliance with relevant laws and promote transparency when participating in a business arrangement as owner, stockholder, partner, or employee.
- O. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.
- P. Refrain from participating in any action resulting in unauthorized access to educational content or exams (including but not limited to sharing test questions, unauthorized use of or access to content or codes, or selling access or authorization codes).

## **Veracity**

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

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

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

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

### Related Standards of Conduct

Occupational therapy personnel shall

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

### **Fidelity**

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

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

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

### Related Standards of Conduct

Occupational therapy personnel shall

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

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

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## **Ethics Commission (EC)**

Yvette Hachtel, JD, OTR/L, EC Chair (2013–2014)

Lea Cheyney Brandt, OTD, MA, OTR/L, EC Chair (2014–2015)

Ann Moody Ashe, MHS, OTR/L (2011–2014)

Joanne Estes, PhD, OTR/L (2012–2015)

Loretta Jean Foster, MS, COTA/L (2011–2014)

Wayne L. Winistorfer, MPA, OTR (2014–2017)

Linda Scheirton, PhD, RDH (2012–2015)

Kate Payne, JD, RN (2013–2014)

Margaret R. Moon, MD, MPH, FAAP (2014–2016)

Kimberly S. Erler, MS, OTR/L (2014–2017)

Kathleen McCracken, MHA, COTA/L (2014–2017)

Deborah Yarett Slater, MS, OT/L, FAOTA, AOTA Ethics Program Manager

Adopted by the Representative Assembly 2015AprilC3.

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

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# **ACADEMIC POLICES OF THE GROSSMONT COLLEGE**





## DRUG AND ALCOHOLIC BEVERAGES

The faculty of the OTA Program supports the policies related to drug or alcohol abuse as defined by the Grossmont College Board of Trustees as follows:

The Board recognizes that drug and alcohol abuse is an occupational hazard of medicine. It therefore recommends that students be apprised, at an early point in their instruction, that abuse of drugs, alcoholic beverages or other chemicals, can prevent them from continuing in the program and lead to criminal and civil censure. Students who have these tendencies should be referred to appropriate support facilities and directed into other professions or occupations.

Any student who uses, sells, or distributes alcoholic beverages, narcotics, or hallucinogenic drugs or substances on any site of the Grossmont Community College district or affiliated clinical site will be suspended immediately by the appropriate President for up to five days. In addition, action for dismissal from the college may be recommended to the Governing Board.

It is the policy of the Board to prohibit the possession or drinking of alcoholic or malt beverages at college functions on campus, at college-sponsored events or official functions of college organizations in accordance with the California Administrative Code, Section 24.

## SOCIAL NETWORKING SITES/E-MAIL/TEXTING/SHARING OF INFORMATION:

The OTA Program at Grossmont Community College recognizes that social networking websites, e-mail and texting are used as a means of communication. Future employers often review these network sites when considering potential candidates for employment. No privatization measure is perfect. Information can “live on” beyond its removal from the original website and continue to circulate in other venues. The choice of your e-mail address represents you as well as the message you have on your cell phone. Texts and e-mails can also be shown to others and are not as private as you might wish.

In your professional role as an OTA student, **DO NOT**:

- Do not present the personal health information of other individuals. Removal of an individual’s name does not constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, or type of treatment or the use of a highly specific medical photograph may still allow the reader to recognize the identity of a specific individual.
- Do not share patient information or experiences with friends or family members.
- Do not post or discuss any classroom or clinical information or experiences regarding faculty, other students, clinical agency and its staff and patients, instructors with use of technology or on any internet social media site . Examples include but are not limited to the following:
  - a. Blogging.
  - b. Microblogging.
  - c. Postcasting/podcasting.
  - d. Social networking.
  - e. Social news sharing.
  - f. Social bookmarking/social tagging.
  - g. Photos/Video hosting.
  - h. Instant messaging.
- Do not present yourself as an official representative or spokesperson for the Grossmont Community College OTA Department.
- Do not take any pictures on site of any clinical facility. This includes individual or group pictures, even if they do not include any patients or identifying clinical information.
- Utilize websites and/or applications in a manner that interferes with your clinical commitments.
- Discuss any information regarding exams or quizzes in an electronic format or in social media.

- E-mail, text, and/or call clinical site or clinical site supervisors or clinical site employees after termination from a clinical experience.
- **Email, text and/or call COMMUNITY GRADERS or COMMUNITY PATIENT ACTORS regarding course content.**

Individuals should make every effort to present themselves in a mature, responsible, and professional manner. Discourse should always be civil and respectful. The actions listed below are strongly discouraged.

- Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity or sexual orientation.
- Presentation of information that may be interpreted as condoning irresponsible use of alcohol, substance abuse or sexual promiscuity

**Therefore, think carefully before you post any information on a website or application. Think when you are deciding on an e-mail address name for yourself, choosing a screen saver photo for yourself and ring tones.**

## **E-MAIL AND COMPUTERS**

All students are required to have an e-mail address and computer access throughout enrollment in the OTA Program. Students are required to submit their email addresses and any subsequent changes to the OTA Office and to their instructors. All communications from the OTA Program will only be conducted by e-mail. E-mail changes must also be done in WebConnect/WebAdvisor. Computers are available in the Health Professions Computer Lab and the LRC. No HOTMAIL accounts or YAHOO accounts will be allowed.

- All students are required to have an email address.
- The College can provide a student with an email account if necessary.
- Students are required to submit their email addresses and any subsequent changes to the nursing office and to their instructors.
- All communications from the OTA Program will only be conducted by email and critical information related to the OTA Program is sent via email from the OTA Department on a regular basis.
- Email changes must also be done in WebConnect/Web Advisor (<https://wa.gcccd.edu/>).
- Students are required to obtain a Grossmont College email\*, Gmail, or an account from any other provider. Due to difficulties with Hotmail and Yahoo systems, students with Hotmail or Yahoo accounts may not receive communications from the OTA office.
- Students who are currently enrolled in the OTA Program are expected to check their email accounts on a daily basis.
- Clinical site computer codes and records access information are confidential and only to be accessed in your role as OTA student during your clinical affiliation.

## **ELECTRONIC DEVICES, CELL PHONES, PAGERS AND TAPE RECORDERS**

Clinical facility policies on electronic devices will be adhered to by Grossmont College OTA Program students. Some facilities have more stringent policies than others. If allowed by the facility and instructors, cell phones may be used in staff break areas (including cafeterias) or outside the building only. Cell phones must not be visible or used in any patient care area in the clinical facility including hallways and elevators. In settings where patients/clients are located outside the building or in the break areas, do not utilize your cell phone as it may appear that you are taking pictures or videotaping. If the student needs to be accessible by phone during the day,

alternative arrangements should be discussed with the clinical instructor. Should a student violate this policy they will be immediately dismissed from the OTA Program and may not be eligible for re-entry. Electronic devices may include but are not limited to, cameras, IPODs, IPADs, PDAs and cell phones. If your facility utilizes electronic devices for therapy sessions, you are required to adhere to their policies for therapeutic use. **DO NOT TAKE PICTURES, AUDIO, OR VIDEO OF CLIENTS OR AREAS WHERE CLIENTS MIGHT BE, EVEN IF CLINICAL SITE ALLOWS IT.**

In the classroom and lab areas, cell phones and pagers must be set to “vibrate” mode. If expecting an emergency message, please discuss the issue with the instructor prior to class. Tape recorders or use of devices that have recording capabilities may not be used in class. If you have received a tape recording accommodation, you acknowledge that the tapes/audio files will be used exclusively for private study and will not be shared, published, or sold to others. Students are expected to destroy or delete tapes/audio files at the end of the semester. A violation of this agreement may result in the accommodation to be withdrawn. See ARC Department form titled Accommodation for Audio Recording.

## CLINICAL FACILITIES/AFFILIATIONS

### CLINICAL FACILITIES/AFFILIATIONS/CLINICAL FLEXIBILITY

Students in the OTA Program are expected to assume responsibility for and have some degree of flexibility in their schedules. Clinical experiences may require student availability other than what was originally scheduled due to caseload changes, emergency situations, staff changes et cetera. These clinical changes will be discussed as early as possible.

The Occupational Therapy Assistant Program at Grossmont College maintains clinical affiliations with San Diego area hospitals, clinics and community organizations. You will be expected to travel anywhere within the San Diego County Region to complete your fieldwork experience. Students are encouraged to plan ahead! Clinicals can be anywhere within San Diego County – be prepared to go as far north as Camp Pendleton, Fallbrook and Escondido areas, northeast to Julian, Borrego Springs, southeast to Boulevard, Campo and as far south as San Ysidro all the way west to Imperial Beach and San Onofre and anywhere in between. These sites take OTA students from Grossmont College on a voluntary basis. Careful consideration is given in placing OTA students in fieldwork sites that will meet the needs of the student including faculty input, student preferences and facility requirements. Students may not choose their own fieldwork placements. All fieldwork placements will be made by the OTA Program Director and the OTA Fieldwork Coordinator. It is inappropriate for a student to make contact with a fieldwork site or potential fieldwork site. If you know of a potential site for fieldwork, please give the name of the site to the OTA Program Director and she will pursue obtaining a contractual agreement with this site if it is appropriate. You will not be guaranteed placement at this site.

If you make contact with a site and represent yourself as a student of the Grossmont College OTA Program you will not be placed at this site for OTA 240 and OTA 241. Failure to comply with this policy may result in removal from the OTA Program.

If you work/worked or volunteer/volunteered at a site, you may not be placed at this site for OTA 240 and OTA 241 due to potential conflict of interest

### TRANSPORTATION

Reliable transportation is required. It is virtually impossible to attend the Occupational Therapy Assistant Program without the use of an automobile due to the many fieldtrips, OTA 111/141/221, and OTA 240/241 experiences. While students are participating in fieldwork experiences, they may not drive in clinic vehicles or private vehicles that are not their own. If a student is requested to participate in an outing during Fieldwork, the student is to drive their own personal vehicle and meet at the designated location. Students are responsible for their own transportation to and from clinical sites and must be able to drive to a site anywhere within San Diego County. **You may have to go to multiple sites affiliated with your placement all in one day.**

### STUDENT HEALTH INSURANCE

<http://www.grossmont.edu/student-services/offices-and-services/health-services/default.aspx>

Many sites require that students carry personal medical insurance and refusal by site for a student not having personal medical insurance will count as one of the two attempts for clinical placement.

### PERSONAL HYGIENE

The structure of many of the labs in the program requires students to act as patient-models for performance of assessment or handling techniques by peers. For this reason and for development of professionalism it is essential that all students maintain high standards in their personal hygiene and grooming. This is equally important in relation to fieldwork experiences.

### CHILD CARE

<http://www.grossmont.edu/academics/programs-departments/child-development/child-development-center.aspx>

The Occupational Therapy Assistant Program requires great commitment of time and energy on the part of the student. Please make sure that you have adequate arrangements made in advance for child care. Most childcare centers refuse ill children, students are advised to

arrange for alternatives for their child's periods of illness before the program begins. In addition, please make sure that you have alternate arrangements set in place in advance of OTA 240 and OTA 241 which is full time days and possibly weekends. Do not bring your children to class, labs, open labs, tutoring, or marketing events. Do not leave children in your car unsupervised or on campus unsupervised.

## **CHILDREN ON CAMPUS POLICY**

**BACKGROUND:** Grossmont College is committed to providing a safe and effective teaching and learning environment for all students and a safe and effective workplace for all faculty and staff. Nursing faculty value family life and recognize that students in the Nursing program have many responsibilities including the responsibility of caring for children. When regular childcare is unavailable, parents or legal guardians of children are confronted with the difficult decision of whether or not to bring children to the campus. The Nursing Program follows the District policy (AP 3840) and supports the position that children should not be brought into offices, classrooms and other instructional and student support areas in lieu of having a regular childcare provider.

### **Per District Policy AP 3840**

- Children are not permitted on campus unless they are enrolled in the Child Development Center or other instructional programs in the District.
- Children are not permitted in classrooms or lab areas particularly where there is dangerous equipment or substances in use.
- Children are not permitted in the lab while students are practicing skills or other nursing procedures.
- Children may occasionally accompany a student or an employee to the District or college site for a brief visit. In these instances, children must remain under the continuous supervision of the adult responsible for them and their presence should in no way obstruct or diffuse services or work duties in the areas.
- Children are the responsibility of their parents or legal guardians and at no time should staff or faculty be asked to supervise the children of students or co-workers.

Note: Visitors to all district facilities and events are subject to all relevant district policies and regulations. No liability will be accepted by the District, or any of its agents or staff, for the consequences of children being on campus.

## **GRADUATION**

<http://www.grossmont.edu/current-students/commencement/default.aspx>

All courses required for the Associate in Science in Occupational Therapy Assistant, including OTA 240 and OTA 241, must be completed prior to graduation. It is the responsibility of the student who expects to graduate to have all college transcripts on file with Admissions and Records prior to filing a written application for graduation. **The graduation application must be completed prior to the end of the semester which proceeds the semester in which the student will complete degree requirements.** BE SURE TO LOOK AT THE COLLEGE CALENDAR AND GRADUATION WEBSITE FOR DEADLINES. Graduation application forms are available in the Admissions and Records Office and online. It is the responsibility of the student to investigate the process required for graduation.

## **GIFT POLICY**

Gifts from students are discouraged. Students may not accept gifts from patients, clients or clinical site personnel. Visit the college website for additional information at:

### **NON-DISCRIMINATION POLICY**

<https://www.grossmont.edu/campus-life/student-affairs/nondiscrimination-notice.aspx>

"No person shall be unlawfully subjected to discrimination or denied full and equal access to District programs or activities on the basis of ethnic group identification, race, color, national origin, religion, age, sex or gender, physical disability, mental disability, ancestry, sexual orientation, marital status, veteran status, or on the basis of these perceived characteristics, or of these actual or perceived characteristics".

## **OCCUPATIONAL THERAPY ASSISTANT OFFICE**

The Occupational Therapy Assistant secretary is located in Building 34 Second Floor North Side. Phone: (619) 644-7304. The OTA Office, the Program Director and classrooms/laboratory are located in Building 34 Second Floor North Side. To reach the OTA Director dial (619) 644-7304 and the Fieldwork Coordinator at (619) 644-7307. To request an instructor's extension or voice mail number dial (619) 644-7000.

## CHANGES IN PERSONAL INFORMATION/EMERGENCY CONTACTS

All students are required to submit changes of personal information including name, address, telephone number, **e-mail address, EMERGENCY CONTACT NUMBER** etc. to each of the following: OTA Office and WebAdvisor. The systems are not all linked. Failure to update the OTA Office with a current e-mail and contact information and may result in an exit from the OTA Program. **\*\* The privacy and safety of our students and employees is important to us. IF ANY PERSON CALLS STATING AN EMERGENCY AND ASKING FOR A PARTICULAR STUDENT BY NAME YOU MUST REFER THE PERSON TO GROSSMONT COLLEGE CAPS TEAM – AT 619-644-7654\*\*** For student safety and privacy never confirm student's program enrollment/presence to someone on the telephone or in person. ALL STUDENTS AND FACULTY ARE ENCOURAGED TO GIVE THE NUMBER 619-644-7654 TO THEIR FAMILY FOR EMERGENCY PURPOSES. For academic verifications, without acknowledging a students' enrollment at the college, refer them to the Office of Student Services: 619-644- 7382 or 7384.

## STUDENT CONDUCT

The College's "Student Code of Conduct", "Drug Free Environment", "Alcohol Policy", "Smoking Policy" will be observed at all times while enrolled in Grossmont College OTA Program Associate Degree courses whether they are located on campus or at a clinical site.

Medical Marijuana Policy: Zero tolerance as it is a federal crime.

- **Most clinical health facilities will not accept students using medical marijuana for clinical rotations. Inasmuch as clinical rotations are required for all students, Grossmont College is unable to accept students into the OTA Program who are currently using or plan to use marijuana, including medical marijuana, during their enrollment in the OTA Program.**

These policies can be found on the following links:

<http://www.grossmont.edu/campus-life/student-affairs/student-complaints-and-due-process.aspx>

<http://grossmont.edu/current-students/smoking-policy.aspx>

<http://www.grossmont.edu/college-info/consumer-information/health--safety.aspx>

## GROSSMONT COLLEGE OCCUPATIONAL THERAPY ASSISTANT PROGRAM PROFESSIONAL BEHAVIOR EVALUATION GUIDELINES

(Adapted from Dominican University of California Department of Occupational Therapy, 2/07)

It is the policy of Grossmont College OTA Program to hold students to a professional behavior standard. We believe that this process will assist the student in developing their professional behaviors and enable them to succeed as OTA students throughout the program and as future health care professionals.

- Each instructor will utilize the criteria on the Professional Behavior Evaluation Guide when assessing student issues.
- If an instructor feels a student has an area of weakness in professional behavior, the instructor will meet with the student and/or communicate concerns via e-mail.
- See Student and Faculty Advisement section for additional information.

## GROSSMONT COLLEGE OTA DEPARTMENT PROFESSIONAL BEHAVIOR EVALUATION GUIDE

<i>PROFESSIONAL BEHAVIOR</i>	<i>EXCEEDS STANDARD</i>	<i>MEETS STANDARD</i>	<i>NEEDS IMPROVEMENT</i>	
<b>1. Time Management and Organization:</b> Student is on time, attends each class and lab, is mindful of due dates and can prioritize workload and life. Consistently prepared and organized for class, meetings, fieldwork, guest speakers, fieldtrips and labs.				
<b>2. Respect, Cooperation, Emotional Maturity:</b> Respects faculty, peers and other professionals, able to determine proper steps to solve problems, and participates in class and program. Able to be mature and positive when interacting with others. Makes needs known and seeks assistance appropriately.				
<b>3. Oral and Written Communication:</b> Understands there are many forms of communication. Exhibits the body language and nuances of communication that are professional. Student is able to utilize written and oral communication to meet classroom, college and professional needs including correct grammar, vocabulary, body language and tone.				
<b>4. Motivation and Initiation:</b> Participates fully in the learning of OT by looking at resources outside of the classroom as well as inside the classroom. Takes responsibility for own academic and professional growth. Demonstrates intellectual curiosity.				
<b>5. Feedback:</b> Able to give appropriate and insightful feedback to peers to promote professional growth; able to receive and use constructive feedback from faculty and peers to promote professional growth. Modifies behavior as needed.				
<b>6. Academic Honesty and Professional Ethics:</b> Adheres to Grossmont College's Code of student conduct and AOTA's Code of Ethics. Displays honesty and integrity in all matters.				
<b>7. Responsibility and Reliability:</b> Demonstrates leadership and commitment to team including reliability for task completion.				
<b>8. Professional Demeanor:</b> Represents Grossmont College and the profession of occupational therapy in a positive manner wearing appropriate attire and demonstrating appropriate behavior.				
<b>9. Safety:</b> Demonstrates concern for safety in labs, scenarios and classroom work. Follows safety precautions set forth throughout program.				
<b>10. Other Professional Behaviors of Concern:</b> (Specify)				





## METHODS FOR ADDRESSING CONCERNS/ISSUES

### Background

Most complaints, and/or grievances should be resolved at the department level. Students may request initiation of the appeals process for an unresolved issue and/or problem as it relates to the program. Theory and clinical grades are determined by the instructor of the course and may only be appealed under certain conditions per Education Code 76224. Students are encouraged to work through the chain of command before escalating issues to the highest level. Students who wish to file a grievance through an appeals process should follow the Appeals Policy and Procedure listed below (Adapted from Grossmont College website Student Affairs [www.grossmont.edu/campus-life/student-affairs/student-complaints-anddue-process.aspx](http://www.grossmont.edu/campus-life/student-affairs/student-complaints-anddue-process.aspx)).

**POLICY: NOTE:** There are no Appeals Committee meeting dates in the summer as faculty who serve on the committee are not available during the summer.

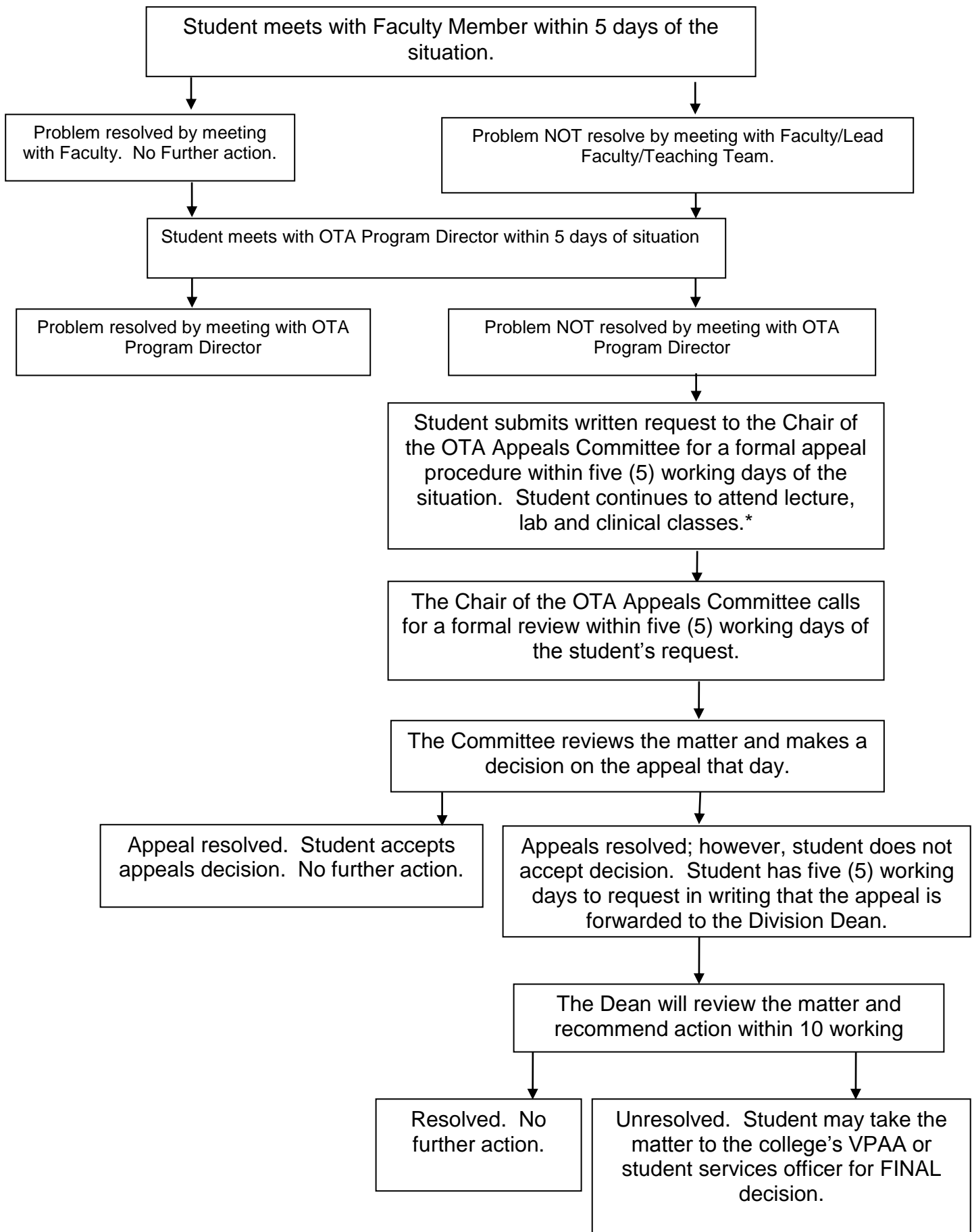
- Students should first meet with the instructor involved to discuss complaints, issues or concerns within 5 working days of the situation and attempt to resolve the problem at this level.
- If the issue cannot be resolved, the student meets with the OTA Program Director within 5 working days of the situation.
- If the issue cannot be resolved with the OTA Program Director, the student meets with the Division Dean to discuss the issue and seek resolution.
- If the issue cannot be resolved with the Division Dean, the student initiates the appeals process by submitting a letter to the Division Dean who will contact the Appeals Committee Chair.
- The letter should include information about and clearly state the intent to appeal, the nature of the problem and the requested outcome (please see Appeal Process Form in this handbook).
- The Division Dean should receive the letter within 5 working days of the situation.
- The student will be allowed to continue attending lecture/clinical/lab/seminar/simulation until the Appeals Committee meets and formulates a recommendation concerning the appeal.
  - a. For issues such as drugs, alcohol, potential criminal conviction, unsafe clinical practice or other behavioral issues, a student may not be allowed to remain in the classroom, lab or clinical.
  - b. In these circumstances, attendance to class, lab or clinical will be decided by the recommendation of the faculty member involved with the student's issue.
- The Chair of the Appeals Committee will call a meeting to formally review the appeal within 5 working days of the appeal request made by the student.
- The Chair of the Appeals Committee will notify the student by phone and email with the date and time of the appeal hearing.
- The student may call witnesses to the appeal hearing.
- The student must notify the Division Dean in writing with the names of the witnesses prior to the scheduled hearing.

### MEMBERSHIP ON THE APPEALS COMMITTEE

- The Chair of the Appeals Committee will be selected from a member of the full-time OTA faculty as needed when the Appeals process has been initiated by a student.
- Each time the Appeals Committee convenes, the Chair will appoint 3 faculty members from the OTA Program and other Health professions programs.
- Neither the Chair nor any faculty member serving on the Appeals Committee will have been directly involved with the issue being appealed.
- No participant on the Appeals Committee may be a licensed attorney or trained as an attorney.
- No attorney may participate verbally during the meeting with the Appeals Committee.

## Procedures for the Committee

1. Chair duties:
  - a. Appoint a recorder
  - b. Convene the meeting 30-40 minutes prior to the hearing to review the policy in question and any documents submitted by the student filing the appeal.
  - c. Introduce committee members
  - d. Have all committee members sign a confidentiality statement
  - e. State purpose of meeting and student's request
  - f. Facilitate the appeal hearing
  - g. Call for a vote based on student's request
  - h. The Chair renders the decision of the Appeals Committee to the OTA Program Director or Division Dean. The OTA Program Director or Division Dean communicates the outcome of the hearing to the student by phone and in writing within 2 business days.
  - i. Maintain minutes of the appeal in a secure file in the Dean's Office.
  - j. Provide a summary of the meeting to include: a. A list of those on the committee. b. Results of the vote. c. List of evidence presented by both parties. d. Names of any witnesses that participate in the hearing.
  - k. The OTA Program Director maintains a log of all complaints, appeals, and student issues on a secure district server.
  - l. The student will have a 30 minute time limit for presentation of any materials to support the appeal.
  - m. The instructor will have a 30 minute time limit for presentation related to the appeal.
  - n. At the conclusion of the presentation of evidence by both parties, and any closing statements, the Chair will dismiss all participants from the hearing, except for the hearing panel, to begin confidential deliberation on the appeal.
  - o. The Appeals Committee recommendation will be made by secret ballot.
  - p. The Chair will inform the OTA Program Director and/or Division Dean and the faculty member in writing of the Committee's recommendation.
  - q. Any decision made at the departmental level may be taken to the Associate Dean of Student Affairs office.



**\*For issues such as drugs, alcohol, unsafe clinical practice, or other behavioral issues, student may not be allowed to remain in the classroom, lab or in clinical.**

**PLEASE NOTE:**

- Theory and clinical grades are the sole discretion of the instructor and are regulated by the Education Code and are not subject to grievance.
- No participant in the Appeals Committee or a support person selected by the student may be a licensed attorney or trained as an attorney.
- No attorney may be in attendance during the meeting with the Appeals Committee.
- No appeals will be heard in the summer.

## Appeal Process Form

PLEASE NOTE: The student must complete this form in its entirety and submit to the OTA Program Office within 5 working days of the situation.

This is my formal letter of intent to appeal the (state the grievance here).

1. Describe with specific examples exactly what the issue is. Please provide specific examples that support the issue you are appealing.

2. Please state your desired outcome:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



## STUDENTS INJURED IN THE CLINICAL WORK SITE REPORTING ON CAMPUS/OFF CAMPUS INCIDENT

The most current forms are found at: <http://www.gcccd.edu/formsdepot-hsb/default.html>

**\*\*Please indicate clinical student instead of employee\*\***

Students must immediately report any and all injuries to their clinical instructor if at clinicals, course instructor if on campus, and follow up with OTA Program Director [christi.vicino@gcccd.edu](mailto:christi.vicino@gcccd.edu).

Call 911 for medical care for emergencies during evening portion of the OTA Program.

A copy of all forms need to be submitted to the OTA Program office within 48 hours of injury/illness/exposure with originals being submitted to the Benefits Office within 48 hours.

### ON CAMPUS:

- When a Health Professions student is injured on campus in a non-clinical work experience related accident, illness, or exposure to pathogen/infection, that student would seek treatment and services as any other student.
- You may be treated by your own medical services and insurance and/or go to the campus Health Services office and receive treatment. Be sure to complete an accident report on subsequent page. <https://www.gcccd.edu/formsdepot-hsb/documents/district-injury-illness-rpt-2008.pdf>

### CLINICAL SITE:

## IN CASE OF AN ACCIDENT/INJURY OR ILLNESS IN THE CLINICAL SETTING

Please use this most current information and forms for any student accident, injury or illness in the clinical setting. In addition to the information below and on the forms, please make sure the lead instructor/coordinator or director of the program is notified immediately.

After assessing the student's needs, you, the student, and the facility can determine if it is an emergency and should be treated at the hospital site immediately or can be sent to a participating Anthem facility for treatment. [ANTHEM PROVIDER LIST](#) - Also available on OTA webpage under student forms.

- In all cases provide the student with the **HIPAA Individual Authorization** form.
  - Student completes;
    - **top portion with student information** on both sides of the form
    - **last box of part B**, if applicable
    - **signatures** at the bottom of both sides of the form

If the site requests the student to be treated where the incident occurred and the student agrees, the student should complete the **HIPAA Individual Authorization** form when able to do so and then contact the toll free number for Anthem at 1-866-811-7946 (reference the SAIN Program). The representative will be able to help them with any further steps for insurance purposes. Faculty can also complete the top student information portion if the student is unable to do so and fax it to Anthem so that our insurance company is aware of the situation and can help them further.

If the student is not seen at the hospital where they are currently in their clinical rotation, they will go to one of the participating Anthem facilities with the **HIPAA Individual Authorization** form and submit it to the facility upon arrival.

Please note that student insurance is a *secondary insurance* to their own. They will be required to provide proof of personal insurance in all cases and may opt to receive care within their personal insurance network. Even if personal insurance is used, a claim form should still be submitted as it may cover costs that their personal insurance does not cover. If the student does not have personal insurance, then this plan would cover them for this incident with a \$50 deductible.

Any accident, injury or illness must also be reported to the Program Fieldwork Coordinator as soon as possible. **Please contact Joyce Fries at 619-644-7307 and e-mail**. If the program fieldwork coordinator cannot be reached, please contact **Christine Girsch at 619-644-7149**, Administrative Assistant in the Dean's office or your lead clinical course instructor.

Submit the following form in person to the Health Professions Office in Bldg 34, office #256 or email to: [Christine.girsch@gcccd.edu](mailto:Christine.girsch@gcccd.edu) and cc program director within 2 business days. If you have any questions, please call 619-644-7149 or your Program Coordinator.

**HIPAA INDIVIDUAL AUTHORIZATION - ANTHEM** – ALSO FOUND ON THE OTA WEBPAGE UNDER STUDENT FORMS