



School of Allied Health Professions
Department of Occupational Therapy

MASTER OF OCCUPATIONAL THERAPY (MOT) STUDENT HANDBOOK 2025



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Welcome

Welcome to the LSUHSC-New Orleans Master of Occupational Therapy (MOT) Program. We are happy that you chose our program, and the faculty and staff look forward to collaborating with you in your educational journey toward becoming an exceptional occupational therapist!

This handbook provides important information relating specifically to the MOT program. Look for pictures of Mike the Tiger participating in his valued ADLs and IADLs throughout the manual! The [SAHP Student Handbook](#) and the [LSUHSC-N.O. General Catalog](#) are also official sources of student-related policies and procedures.

Students are responsible for adhering to all of the policies, procedures, rules, regulations, and other information listed in the LSUHSC-N.O. General Catalog, the SAHP Student Handbook, and this handbook. Details can also be found in [Chancellor's Memorandum #56](#).

MOT Program Mission Statement

The mission of the Occupational Therapy Program at Louisiana State University Health Sciences Center–New Orleans is to:

- Educate students to become reflective and empathetic practitioners who provide excellent occupation-based intervention while maintaining high ethical standards.
- Foster a spirit of inquiry and scholarly development so both faculty and students experience intellectual growth and cultivate habits that support life-long learning.
- Provide service at university, local, state, and national levels to promote occupation-based health and wellness for clients, communities, and populations.

MOT Program Vision Statement

To create a community of practitioners grounded in effective, occupation-based practice that facilitates participation in everyday living for all people in the unique cultures of New Orleans, South Louisiana, and beyond.

To improve the quality of life of underserved populations through faculty and professional staff-led clinics, and to be leaders in Louisiana in contributing to the body of knowledge of the occupational therapy profession through publication and presentation of capstone and faculty-driven research.

MOT Program Goals

1. Educate students to become competent practitioners who engage in critical thinking, evidence-based practice, and life-long learning.
2. Facilitate the development of client-centered practitioners who provide quality occupation-based intervention.
3. Develop and disseminate knowledge that will validate and promote the practice of occupational therapy.
4. Provide quality occupational therapy-related service at the university, community, state, and national levels.
5. Provide access opportunities to underserved populations to healthcare in all domains.

- Promote the profession of occupational therapy's unique contributions to holistic physical and mental health.

Core Values

- We value and encourage INQUIRY and LIFE-LONG LEARNING.
- We RESPECT the rights of others and view individuality as an opportunity for enrichment and growth.
- We value SERVICE and ADVOCACY to the community and our profession.
- We encourage INNOVATION and the use of creative talents to achieve excellence.
- We promote ADAPTABILITY and RESILIENCY to prevail in the presence of change and uncertainty.
- We value ACADEMIC INTEGRITY and PROFESSIONAL BEHAVIOR.
- We value the promotion of QUALITY OF LIFE and PARTICIPATION.
- We value the use of COLLABORATION and INTERPROFESSIONAL EXCHANGE in education and practice.



Student Support Services



Name	Contact	Services Provided
Office of Student Affairs	Yudi Cazanans, Director; Human Development Center, Room 434A 504-568-4253 http://alliedhealth.lsuhsu.edu/Admin/StudentAffairs.aspx	Student Government Association Admissions, Graduation information
Student Health Clinic	2020 Gravier St., Room 789 504-525-4839 http://www.lsuhsu.edu/orgs/studenthealth/	Student health records Annual flu vaccine
Office of the Registrar and Financial Aid	433 Bolivar St. 504-568-4829 https://www.lsuhsu.edu/Registrar/	Grades Transcripts
Student Health, Wellness, Safety & Academic Resources	https://www.lsuhsu.edu/orgs/campushealth/shwsar.aspx	This webpage has links to multiple student support resources at LSUHSC-N.O.
Campus Assistance Programs (CAPS)	Rm 233 Human Development Center; 411 S. Prieur St. 504-568-8888 https://www.lsuhsu.edu/orgs/campushealth/cap.aspx	24 Hour Crisis Line Short term counseling for academic problems/stress, mental health, drug and alcohol issues.
Peer Advocate Liaison (PAL)	https://www.lsuhsu.edu/orgs/campushealth/pal.aspx	Helps students access resources when they are experiencing personal or academic difficulties.
Office of Academic Affairs	https://alliedhealth.lsuhsu.edu/Admin/academicaffairs.aspx	Student academic accommodation, student justice, grade appeals, and student conduct.
Office of Disability Services and Title IX Coordinator	https://www.lsuhsu.edu/administration/academic/ods/default.aspx	Academic accommodations to ensure full participation for students with disabilities.
University Police	504-568-8999 (Emergency number) https://www.lsuhsu.edu/administration/vcgsa/police/default.aspx	24 Hour/Emergency
IT Help Desk	ahnopcsupport@lsuhsu.edu	IT support
Academic Performance Resources in LSUHSC-N.O.	https://www.lsuhsu.edu/administration/academic/APRIL.aspx	Umbrella of academic support services

Useful Phone Numbers and Addresses

<p>Department of Occupational Therapy 1900 Gravier St., 8th floor New Orleans, LA 70112 504-568-4302 http://alliedhealth.lsuohsc.edu/ot/default.aspx</p>	<p>Louisiana State Board of Medical Examiners (LSBME) 630 Camp Street New Orleans, LA 70130 504-524-6763 https://www.lsbme.la.gov/</p>
<p>American Occupational Therapy Association (AOTA) 4720 Montgomery Lane, Suite 200 Bethesda, MD 20814-3449 301-652-6611 www.aota.org</p>	<p>National Board for Certification in Occupational Therapy (NBCOT) One Bank Street, Suite 300 Gaithersburg, MD 20878 301-990-7979 https://www.nbcot.org/</p>
<p>Louisiana Occupational Therapy Association (LOTA) P.O. Box 14806 Baton Rouge, LA 70898 225-291-4014 https://www.lota.org/</p>	<p>Accreditation Council for Occupational Therapy Education (ACOTE) 7501 Wisconsin Avenue, Suite 510E Bethesda, MD 20814 301-652-6611 https://acoteonline.org/</p>
<p>Coalition of Occupational Therapy Advocates for Diversity (COTAD) https://www.cotad.org</p>	<p>Pi Theta Epsilon (National occupational therapy honor society) https://www.aotf.org/Pi-Theta-Epsilon</p>



Faculty and Staff



CORE FACULTY

INGRID FRANCO, PhD, OTR/L

- Department Head and Associate Professor of Clinical Occupational Therapy
- Academic Background: Bachelor of Science in Occupational Therapy; Master of Science in Healthcare Management; Ph.D. in Occupational Therapy
- Clinical Experience: Adult Physical Disabilities
- Areas of Experience and Interests: Acute care; Low vision; Chronic disease management; Neurorehabilitation
- (504) 568-4304
- ifran1@lsuhsc.edu

ALANNA GLAPION, EdD, OTR/L

- Academic Fieldwork Coordinator and Assistant Professor of Clinical Occupational Therapy
- Academic Background: Master of Science in Occupational Therapy; EdD in Leadership Studies
- Clinical Experience: Adult Physical Disabilities
- Areas of Experience and Interests: Acute Care, IP Rehabilitation, Outpatient, Neurological Rehabilitation
- (504) 568-4310
- aglap1@lsuhsc.edu

JESSICA ALLEMAND, MOT, OTR/L, CNS, PPCES

- Clinical Instructor of Occupational Therapy
- Academic Background: Bachelor of Science in Exercise Science; Master of Occupational Therapy
- Clinical Experience: Trauma-Informed treatment for individuals with chronic pain; Pelvic pain conditions; Pre/Post Partum care; Adult Neurological Rehabilitation
- Areas of Experience and Interests: Pelvic Floor Therapy; Neurological Rehabilitation; Mental Health
- 504-568-4303
- jmora5@lsuhcs.edu

REBECCA CALLAIS, MOT, OTR/L

- Clinical Instructor of Occupational Therapy
- Academic Background: Bachelor of Science in Kinesiology and Exercise Science; Master of Occupational Therapy
- Clinical Experience: Adult Physical Disabilities
- Areas of Experience and Interests: Neurorehabilitation; Vestibular Rehabilitation; Spasticity

- Management; Upper Extremity Rehabilitation; Cervical Spine Dysfunction & Posture.
- (504) 568-4305
- rtoups@lsuhsc.edu

REBECCA (BECKY) FORD, MOT, OTR/L, CHT, CLT-UE

- Clinical Instructor of Occupational Therapy
- Academic Background: Bachelor of Science in Psychology; Master of Occupational Therapy
- Clinical Experience: Adult physical neurological and orthopedic disabilities with emphasis on hand therapy and lymphedema therapy.
- Areas of Experience and Interests: Breast cancer treatment, upper extremity splinting

BRANDON J. WALKER, OTD, OTR/L

- Assistant Professor of Clinical Occupational Therapy
- Academic Background: Bachelor of Science in Kinesiology (Exercise Science Concentration), Master of Occupational Therapy; Doctor of Occupational Therapy
- Clinical Experience: Pediatrics - Outpatient. Hospital - Acute Care
- Areas of Experience and Interests: Family-Centered Care, Home Program Implementation, Andragogy, Sensory Processing, Developmental Disabilities
- (504) 568-7697
- bwalk7@lsuhsc.edu

ADJUNCT FACULTY

LACY POIENCOT, OTR/L

- Instructor
- Academic Background: Bachelor of Science in Occupational Therapy; currently enrolled in the post-professional occupational therapy doctorate program at the University of Alabama at Birmingham.
- Clinical Experience: Outpatient pediatrics, outpatient adult upper extremity orthopedics and lymphedema, adult neurological conditions.
- lpoien@lsuhsc.edu

ALLIE CRANE, MOT, MS, OTR/L

- Instructor
- Academic Background: Bachelor of Science in Kinesiology, Master of Occupational Therapy, Master of Science in Healthcare Management.
- Clinical Experience: Outpatient pediatrics including neurological, developmental, and orthopedic conditions.
- acran1@lsuhsc.edu

DANIEL VANCE, MOT, OTR/L

- Instructor
- Academic Background: Bachelor of Music, Master of Library and Information Sciences, Master of Occupational Therapy; currently enrolled in Doctor of Philosophy in Occupational

- Therapy program at Texas Woman's University.
- Clinical Experience: Assistive technology specialist for persons with ALS, Occupational Therapist for LSUHSC ALS Clinic, adult acute care and inpatient rehab.
- dvanc1@lsuhsc.edu

STAFF

LAUREN CHERAMIE, BS

- Department Coordinator
- Academic Background: Bachelor of Science in Behavioral Science
- (504) 568-4302
- lchera@lsuhsc.edu

Program Overview

The LSUHSC - New Orleans Department of Occupational Therapy offers a 28-month program leading to an entry-level Master of Occupational Therapy (MOT) degree. The program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE).

A career in occupational therapy offers variety, independence, creativity, and a wide choice of career paths. Employment opportunities for occupational therapists are available in a variety of institutional, (e.g., inpatient hospitals, nursing facilities), outpatient, home, community, and non-traditional settings.

Graduates of the program are eligible to sit for the National Board for Certification in Occupational Therapy (NBCOT) exam. Successful completion of this exam qualifies the individual as an Occupational Therapist, Registered (OTR) and allows the individual to be eligible to be licensed as an occupational therapist in most states, including Louisiana. A felony conviction may affect a graduate's ability to sit for the NBCOT certification examination or attain state licensure.

Curriculum Design

The curriculum design is based on the content themes of client-centered care, occupation-based practice, and the occupational therapy process. The curriculum design is represented by the *LSUHSC-New Orleans Occupational Therapy Second Line*. The second line design clearly conveys the unique traditions and culture of New Orleans and the spirited quality that this culture adds to our program. The second line is a tradition in New Orleans that celebrates life, which relates to occupational therapy as a profession. Upon graduation, after 28 months in the curriculum, students will enjoy their own "second line", as they celebrate their accomplishments and become practitioners that allow individuals to live fully.

In this design, the *educational process* is represented by the instruments because they produce quality music, just as the educational process will create quality occupational therapy practitioners. The *course sequence* is represented by the sequence of the musicians in a line. Just as the students must follow a specific sequence of courses, the musicians must follow each other in time in order to create rhythm and harmony. The *content themes* are represented by the leader of the second line because these themes are what lead our entire curriculum on a successful path. The *core values* are represented by the path taken or the street walked upon because this creates a strong foundation on which the second line will travel.

The open, energetic nature of a second line allows for new participants to join in at any time. This dynamic design allows for successful integration of fieldwork educators throughout the process, who will aid in the education of our students. There may be cracks in the sidewalk or bumps in the road that the musicians may stumble upon, just as students may encounter barriers throughout their education. Even though barriers arise, the second line continues onward, just as the student will continue through the program and overcome obstacles toward becoming exceptional occupational therapists.



COURSE SEQUENCE

Semester	Credits	Course
Spring I	4	OCCT 6410: Concepts of Occupation
	3	OCCT 6512: Occupational Performance Across the Lifespan
	5	OCCT 6624: Pathophysiology and Medical Conditions
	3	OCCT 6418: Interactive Reasoning
	3	OCCT 6524: Applied Kinesiology
	18 credits	
Summer I	5	ANAT 6522: Human Anatomy
	2	OCCT 6528: OT for Neurological Conditions I
	7 credits	
Fall I	3	OCCT 6450: Occupation-Based Practice: Infants & Children
	3	OCCT 6532: OT for Neurological Conditions II
	4	OCCT 6530: Applications I: General Practice Concepts
	3	OCCT 6526: OT for Mental Health Conditions
	4	ANAT 6533: Neuroanatomy
	1	OCCT 6540: Fieldwork Experience I & Seminar
	18 credits	
Spring II	3	OCCT 6432: Assistive Technology
	4	OCCT 6614: OT for Orthopedic Conditions
	4	OCCT 6620: OT with the Older Adult
	3	OCCT 6640: Documentation
	3	OCCT 6650: Research I
	17 credits	
Summer II	6 credits	OCCT 6670: Fieldwork Experience II a.
Fall II	3	OCCT 6716: Management in Occupational Therapy
	3	OCCT 6718: Community-Based & Specialized Practice
	4	OCCT 6720: Principles of Practice: Early Life
	3	OCCT 6730: Applications II: Specialized Practice Concepts
	3	OCCT 6750: Research II
	16 credits	
Spring III	8	OCCT 6770: Fieldwork Experience II b.
	1	OCCT 6850: Research III
	9 credits	
		May Graduation
TOTAL	91 credits	

Academic Policies and Standards

[Link to SAHP Office of Academic Affairs Academic Standards](#)

Departmental Academic Standards

The following are graduate professional scholastic requirements for the MOT program:

- A minimum cumulative grade point average (GPA) of 3.0 is required for graduation.
- The minimum scholastic requirement for course work is a grade of C. However, no more than 13 credit hours of C grades may be counted towards the LSUHSC-N.O. MOT degree. Students receiving greater than 13 credits of C may be dismissed from the program.
- In courses designed Pass/Fail or Satisfactory/Unsatisfactory, a grade of Pass or Satisfactory is required. In courses designed with letter grades, a grade of D or F is defined as unacceptable.
- Students must complete the program within 42 months. Extensions may be granted by the Department Head for good cause. All Level II Fieldwork must be completed within 24 months following completion of didactic course work.

Provisions for Academic Progression

1. Applicants admitted to the MOT program on a probationary basis must maintain a 3.0 GPA in their first semester, with no more than one grade of "C" and must not earn an unacceptable grade. Meeting these standards will result in removal of probationary status. Failure to maintain these standards will result in dismissal from the program.
2. All courses in one semester are prerequisite to courses in successive semesters, with the exception of OCCT6670 Fieldwork Experience IIA. If an unacceptable grade is recorded in any course other than OCCT6670, the student will be placed on scholastic probation and receive a notice stating they must satisfactorily complete that course when it is next offered before continuing the program sequence. Students will remain on scholastic probation until this requirement is met and the minimum scholastic requirement for cumulative GPA is achieved. Failure to meet this requirement will result in dismissal from the School.
3. Students may not participate in clinical fieldwork until all prerequisite course work for that fieldwork has been completed successfully.
4. Students who earn a grade of Unsatisfactory or Failing in a clinical fieldwork will be placed on scholastic probation and must repeat the fieldwork.
5. A course, including those designated clinical fieldwork (OCCT 6670 IIA and OCCT 6770 IIB), may be repeated one time only. Students who repeat a course but earn an unacceptable grade will be dismissed from the School.
6. Students on scholastic probation are not eligible for graduation.
7. Grades recorded in repeated course work do not replace the original grade. Both the original grade and repeated grade will appear on the academic transcript, and both grades will be used in the composition of the academic grade point average.

Academic Dismissal and Appeals

- If core faculty conclude that a student should be dismissed because the student has failed to meet academic requirements satisfactorily, a recommendation for dismissal will be sent to the Dean of the SAHP.

- Students dismissed from the School for academic reasons must reapply to the program to be considered for readmission.
- For information about academic appeals, students can refer to the *Referral to a Hearing Panel* section in the School of Allied Health Professions Student Handbook.

Student Withdrawal

Students are permitted to withdraw from the Master of Occupational Therapy program at any time. If a student who has voluntarily withdrawn wishes to be considered for readmission to the program, they must file an application for readmission through OTCAS in a following application cycle. This applicant will be considered with all other applicants in the applicant pool.

It is the student's responsibility to follow the procedures for withdrawal. Please see the SAHP Student Handbook *Medical/Sick Leave/Withdrawal* section for the procedures, and the *Tuition and Fees* section for information on tuition reimbursement.

Remediation Process – Didactic Phase

Identification

- The student is expected to be proactive and notify the instructor if there are knowledge deficits.
- The instructor, coordinator, or Faculty Advisor identifies the at-risk student through faculty reports, exam grades, and advisory sessions.

Evaluation and Assessment

- Identified students will be referred to their course coordinator or Faculty Advisor for assessment of root causes. Referrals to campus assistance programs may be instituted (Student Health, the Office of Student Affairs, and/or CAPS).

Plan Development

- The course director, student, and/or any other parties will design a remediation plan.

Plan implementation

- The student will be informed of all available resources for remediation.
- It is the student's responsibility to initiate and maintain communication with tutors, advisors, and any others involved in the remediation plan.
- It is the student's responsibility to actively participate in and complete the remediation. The course director will monitor progress and make changes to the plan in collaboration with the student as indicated.

Remediation Process – Fieldwork Phases

- See [Student Level II Fieldwork Manual](#).



Grading and Evaluation of Performance Policy

[Link to the SAHP Grade Policy and Grade Appeals Procedure \(pp 14-16\)](#)

Departmental Grading Policy

In each course in the curriculum, the student's performance is evaluated by examination as well as other means, and a grade is submitted to the SAHP's Office of Student Affairs and, from there, to the Office of the Registrar, within a two-week period after completion of the course. The single final grade to be assigned to a student on completion of the course work is determined by considering all important attributes of that student's performance in the course.

Grades of D or F are unacceptable; the student will be unable to continue in the program until an acceptable grade is made in the course when next offered.

A grade of "I" (Incomplete) is assigned when the student has been unable to complete the course requirements in the usual time or manner because of an approved circumstance. This grade does not imply a deficiency on the part of the student. Students with Incomplete status in a course must finish all required work in a manner specified by the program. On completion of the required course work, the grade of "I" will be changed to an appropriate grade as described above.

Letter grades are assigned on the basis of the following distribution:

- 90-100% A
- 80-89.9% B
- 70-79.9 % C
- 60-69.9% D
- <59.9% F



Student Advising

Each student in the program has been assigned an academic advisor. This assignment continues until the student graduates or leaves the program. There may also be a change in the assigned faculty advisor if the advisor leaves the program. You may request a change in faculty advisor with the Department Head.

You will meet with your faculty advisor at least one time per semester for input related to fieldwork site choices, semester goals, and/or reflection on student progress and professional behaviors. You will be informed of the focus of the meeting ahead of time.

Faculty advisors are also available on an as-needed basis. Students or faculty may initiate a meeting.

For pre-determined meetings, the student is expected to come prepared as follows:

- When meeting regarding fieldwork, the student is expected to be prepared with their list of desired fieldwork sites along with the reasons for choosing them, and with measurable personal goals for each fieldwork rotation. See sample *Fieldwork Personal Development Plan*.
- When meeting regarding your progression through the program and professional behaviors, you are expected to come to the meeting with a completed *Academic Professional Behavior Self-Assessment*. See below.

For as-needed meetings, the student or faculty member should make an appointment at a time that is convenient to both parties. There are several ways to make an appointment:

- A student may stop by a faculty member's office.
- Students/faculty members can be contacted via phone or email. If you leave a message, indicate two to three possible meeting times in order to expedite the process of establishing an appointment.
- If the student has a class with their advisor, the student or the advisor can ask for an appointment before class, during a class break, or after class.

If a faculty member initiates a meeting with a student, either as the student's advisor, or instructor, the faculty may record the counseling session in the student's *Advising Log* (sample attached) located on the shared faculty drive. The student has the right at any time to request to see the records of their sessions. Additionally, if the faculty member deems it necessary, the faculty may record the counseling session on a *Student Counseling Form* and request that the student read and sign the session summary (see form below).



Fieldwork Personal Development Plan

SAMPLE

Level I Fieldwork

1. Long Term Goals:

- a. To integrate knowledge learned in the classroom in a clinical setting.
- b. To improve observation skills in a clinical setting.
- c. To develop comfort with speaking with OT clients.

2. Short Term Goals:

- a. Initiate end-of-day “recap” with clinical instructor to discuss treatment strategies on 3/5 days of the week.
- b. Prioritize self-directed learning by asking 1-2 questions about each patient’s care plan.
- c. Complete a reflective journal for each treatment session I observe during Level I FW.
- d. Locate one evidence-based article to share with clinical instructor by the end of the week.
- e. Initiate conversing with clients as appropriate by the last two days of the week.

Level II Fieldwork

1. Long Term Goals:

- a. To become competent in occupational therapy evaluation and treatment of clients in an adult inpatient rehab setting.
- b. Improve my ability to react to constructive and negative feedback in a professional manner.

2. Short Term Goals:

- a. Use time management skills to arrive at the clinic 30 minutes before the first treatment session.
- b. Spend 60 minutes each evening researching ideas for patient intervention the following day.
- c. Proactively ask my FWE for feedback after treatment sessions

Name:

Date:

Academic Professional Behavior Assessment (APBA)

Answer yes or no for each specific behavior, then give yourself an over-all rating for the section using the following 5-point scale:

1 2 3 4 5

1—rarely, demonstrates ability

2—demonstrates occasionally, needs substantial improvement

3—not entry-level, but making steady progress, requires minimal cues (responds to feedback, progressing)

4—entry-level, demonstrates consistency

5—exceeds entry-level competency

Professionalism	
In academic and student clinic work, I . . .	
Yes / No	Dress appropriately and project a professional image
Yes / No	Abide by set policies and procedures
Yes / No	Show respectful verbal communication
Yes / No	Show respect for all
Yes / No	Take responsibility for actions
Yes / No	Demonstrate dependability
Yes / No	Am punctual
Yes / No	Meet deadlines
Yes / No	Act ethically
Comments:	

Overall Professionalism: Circle your number.
1 2 3 4 5
<hr style="width: 20%; margin: auto;"/>

Problem Solving	
In academic and student clinic work, I . . .	
Yes / No	Critique my own skills
Yes / No	Apply feedback

Yes / No	Implement solutions
Yes / No	Appropriately reconcile differences of opinion
Yes / No	Deliberate the consequences of a solution
Yes / No	Accept designated workload without complaint
Yes / No	Give constructive feedback
Comments:	
Overall Problem Solving: Circle your number.	
<p style="text-align: center;">1 2 3 4 5</p> <p style="text-align: center;">_____</p>	

Effective Use of Time and Resources	
In academic and student clinic work, I . . .	
Yes / No	Creatively use resources
Yes / No	Coordinate my schedule effectively
Yes / No	Budget time effectively
Comments:	
Overall Use of Time & Resources: Circle your number.	
<p style="text-align: center;">1 2 3 4 5</p> <p style="text-align: center;">_____</p>	

Interpersonal Skills	
In academic and student clinic work, I . . .	
Yes / No	Demonstrate active listening
Yes / No	Engage in tasks equally with others
Yes / No	Initiate appropriate verbal communication
Yes / No	Use nonverbal communication that is consistent with the intended message
Yes / No	Motivate others
Yes / No	Present information in a logical articulate manner

Yes / No	Demonstrate a positive attitude towards learning
Comments:	

Overall Interpersonal Skills: Circle your number.

1 2 3 4 5

Working Relationships

In academic and student clinic work, I . . .

Yes / No	Receive feedback without defensiveness
Yes / No	Demonstrate flexibility
Yes / No	Show effective collaboration to accomplish tasks
Yes / No	Demonstrate the ability to work well with colleagues

Comments:

Overall Working Relationships: Circle your number.

1 2 3 4 5

Student Signature: _____

Faculty Advisor Feedback:



School of Allied Health Professions
Department of Occupational Therapy

Student Advising Log: Sample

Date/Time	Narrative of Meeting (Note follow-up, if needed)	Faculty Member



School of Allied Health Professions
Department of Occupational Therapy

STUDENT COUNSELING RECORD

Student Name _____

Date _____ Time: _____ to _____

Faculty Present _____

Recorder _____

Provide narrative of major points covered during the meeting. Summarize action steps to be completed by student and/or faculty, including timelines and persons responsible, if necessary.

I have read this counseling record summary.

Student Signature: _____

Student Attendance Policy

As stated in the LSUHSC Catalog, “Students are expected to attend all scheduled appointments in each course. Determination of the number of absences which may be interpreted as excessive, rests with the Department, and is subject to approval by the Dean.”

Excessive absence, regardless of the cause thereof, may be construed as sufficient reason for considering a student as academically deficient. Determination of the number of absences, which may be interpreted as excessive, rests with the department.

Promptness and attendance are mandatory for all classes, laboratory, review sessions, Neuro PLEX and Pediatric PLEX sessions, and fieldwork. This includes courses offered by the Anatomy Department and any activity conducted virtually. Each absence can result in the loss of points in the course in which the class or laboratory session was missed. See individual course syllabi.

Regardless of the reason for the absence, the student who is going to be absent or tardy shall notify the instructor prior to that class, exam, lab, or PLEX session.

Procedures for Class Attendance:

- **In-Person Didactic.** Students are expected to provide advanced notice of absences or a reasonable explanation to the faculty member whose class will be missed via email or phone. In the case of unplanned absence, i.e. illness or injury, the student is expected to notify the appropriate faculty member/s *as soon as possible* and not later than 24 hours after the missed class.
- **Virtual Didactic.** If class is conducted virtually, students are expected to attend and engage in content as in person. All students should begin the class with their cameras on. Whether or not a student’s camera is to remain on during the entirety of the class is at the discretion of the instructor.
- **Fieldwork.**
 - Level I - If a serious illness or emergency occurs on a day the student is scheduled for Level I fieldwork or observations, it is the student's responsibility to inform the fieldwork educator (FWE) at the facility prior to the expected arrival time using the method preferred by the FWE. In addition, the Academic Fieldwork Coordinator (AFWC), and the instructor of the course the Level I experience is connected to should be informed via email within one hour of expected arrival time.
 - Level II - If a serious illness or emergency occurs on a day the student is scheduled for Level II fieldwork it is the student's responsibility to inform the fieldwork educator at the facility prior to the expected arrival time using the method preferred by the FWE. The student must inform the Academic Fieldwork Coordinator (AFWC) via email and report the missed time on CORE within one hour of expected arrival time. See Level II Fieldwork Handbook for more details.
 - Timelines for notification referred to above should be followed. Missed fieldwork will be required to be made up. In the event of serious illness or emergency, the student and instructor will develop a written plan for making up missed fieldwork.



Student Conduct and Professional Behavior Expectations

[Link to SAHP Student Handbook](#); see pp 17-23 for Student Conduct Policies.

Departmental Professional Behavior Policies

The faculty at LSUHSC - New Orleans, School of Allied Health Professions, Department of Occupational Therapy, welcomes you to the professional portion of your academic education. As a professional program, the expectations of students are somewhat different from those you may have experienced in the pre-professional portion of your education. The following policies and guidelines regarding verbal and written communication, respectful discourse, attire, privacy and confidentiality, professional membership, and unethical behavior are provided to assist you in understanding the program's expectations.

AOTA Code of Ethics and Professional Membership

- Being part of a profession means behaving in a manner that aligns with that profession's code of ethics and core values. The AOTA provides a Code of Ethics and set of Core Values which all occupational therapy practitioners and students are expected to abide by. You will be learning more about these in your classes but at a minimum, students are expected to treat fellow students, faculty, staff, and other colleagues in a professional manner, meaning with respect and dignity. Disrespectful behaviors will not be tolerated. You must review [the AOTA Code of Ethics](#) and are encouraged to reflect on the Core Values and their impact on you as a student.
- Professionals are expected to be life-long learners and to participate in their respective professional organizations. All students are required to become members of the American Occupational Therapy Association (AOTA) and the Louisiana Occupational Therapy Association (LOTA). It is strongly encouraged that students become members of the Student Occupational Therapy Association (SOTA).

Communication with Faculty & Grievance Procedures

- Faculty members are available on an as-needed basis or at designated office times. Students or faculty may initiate a meeting. It is preferred that students make non-emergency appointments with faculty members in advance.
- When a faculty member's door is closed, it is often because they are addressing job related responsibilities requiring privacy or time away from the office. If a faculty member's door is open, it is expected that students knock before entering and requesting to speak with the faculty member.
- For course, faculty, and/or guest lecturer concerns that the student may experience, please follow this chain of communication:
 - Complete the Course Evaluation made available on Moodle at the end of every semester to provide feedback regarding individual faculty or courses.

- Provide feedback about guest lecturers on the *Guest Lecturer Feedback Form* located on Moodle in every course.
- Speak directly to the faculty member responsible for the course regarding faculty, course, lecture, and/or guest lecturer-specific issues. Students may elect to have their advisor present at such meetings. If the student feels they cannot report directly to the faculty member, they should report the issue to their faculty advisor or the Department Head.
- If a student is not satisfied with the results of a meeting with a faculty member, they may then discuss the issue with the Department Head.
- If a student is not satisfied with the results of a meeting with the Department Head, or if the issue concerns the Department Head, they may request a meeting with the Dean of the SAHP.
- If the student feels additional complaint is necessary, the last line of complaint is to the Vice-Chancellor of Academic Affairs or the Chancellor of the Health Sciences Center depending on the nature of the complaint.

Communication with Classmates and Other Students

- As adults in a professional program, it is expected that students will speak directly and respectfully with each other regarding any issues between them.
- If the student does not feel comfortable with this, or if the student is not satisfied with the results of the meeting with the fellow student, the student may meet with their faculty advisor for support and next steps.

E-mail Policies

- Upon registration in the program, each student is assigned an e-mail account through LSUHSC. Students will be required to use their LSUHSC e-mail accounts for registration purposes, and to send and receive messages from the School and the Department.
- It is expected that the student will correspond with faculty members through their LSUHSC e-mail account.
- Students are required to check their e-mail at least once daily.
- Please refer to the information provided by the Information Technology Department in the School of Allied Health Professions (SAHP) for the “Guidelines for the Development of Passwords”.

In-class Computer Use

- Courses may require the use of laptops for classroom activities, including exams, quizzes, or other classroom activities.
- When laptops are used in class, it is expected to be for school classroom activities **only**. Any student using a computer during class for non-school related activities will be excused from the classroom. Students failing to comply with this policy will be reported to the Dean’s office, Department Head, and/or appropriate designee for disciplinary action and may be subject to dismissal from the program.

Cell Phone Use

- Cell phones are to be turned off during all classes and during all meetings with faculty. In the rare case of an emergency, the student should ask for permission from the faculty member in charge of a given class or meeting to keep a cell phone turned on in order to receive the emergency call.

Professional Attire

Proper attire is required for all classroom, laboratory, and clinic sessions.

- Patients/clients frequent the LSU Health Sciences Center daily. Therefore, students are required to dress in attire suitable for the professional environment in which their classes are held, not just during visits to clinical sites away from campus. Bare feet, short shorts, or skirts (closer to hip than knee), tank tops, spaghetti straps, tube tops, athletic wear, yoga pants, leggings and sweatpants are not considered professional or acceptable attire.
- Faculty will give instructions for laboratory, fieldwork dress, and presentation attire as indicated. Long hair should be pulled back when in situations where clients are involved. Artificial fingernails cannot be worn when providing hands-on patient care or during fieldwork.
- During any Department Student Clinic, students are required to wear scrubs or full-length pants with a polo-style shirt, socks, closed-toe shoes, and their student ID. No dresses, skirts, jeans, shorts, or leggings.
- Fieldwork sites will provide dress and professional appearance codes that students must adhere to. In addition to a uniform requirement, these could include requirements regarding jewelry, visible tattoos, piercings, hair color, nail length, use of artificial nails, and fragrance use.

Privacy and Confidentiality

- Students MUST respect the confidentiality of their clients/patients, colleagues, and faculty. The student is required to respect the dignity, individuality, privacy and personality of each and every individual.
- Information about a client should be shared on a “need to know” basis only, and not for reasons of personal interest. If a client's information is discussed related to official class business (e.g., during seminars, classes), the client's identity must remain anonymous and information about the client that is not necessary to the learning situation must not be shared. Examples of information that should not be shared include the identity of known relatives and legal or moral issues not related to OT services being rendered.
- Information learned about classmates during class discussions should be considered confidential. Students are expected to respect the confidentiality and privacy of your classmates.
- Health Insurance Portability and Accountability Act (HIPAA) guidelines must be adhered to at all times.

Unprofessional, Unethical, and Illegal conduct

- Unprofessional, unethical, and illegal conduct of any kind will subject the offending student to appropriate disciplinary measures that can include dismissal from the program.
- As per the definitions in [CM-56 Student Rights, Roles, and Responsibilities](#), both academic and non-academic infractions include the inappropriate use of social media. Disrespectful

treatment on social media of individuals, the Department of OT, community partners of the Department, or of fieldwork sites and fieldwork educators will result in appropriate disciplinary measures.

- See the School of Allied Health Professions (SAHP) *Policies and Procedures Relating to Academic Misconduct* in the SAHP Student Handbook.
 - Link is at the top of this chapter.
- For information about academic appeals, students can refer to the *Referral to a Hearing Panel* section in the School of Allied Health Professions Student Handbook. Link is at the top of this chapter.

Hall conduct

- Students need to be cognizant when talking and gathering in the halls, as noise travels easily. Please keep the noise at a minimum, particularly since we share the floor with other colleagues.

Use of Alcohol, Controlled Drugs, and Illegal Drugs

- The use of alcohol is prohibited in classroom buildings, laboratories, auditoriums, library buildings, faculty and administrative offices, athletic facilities, and all other public campus areas.
- Alcohol may be served for special events on campus with written authorization from the Dean, Chancellor, or their authorized designee.
- The unauthorized use of, possession of, or being under the influence of alcohol, controlled substances, or illegal drugs is prohibited while at work, on call, on duty, at school, or engaged in LSUHSC- New Orleans campus business on or off LSUHSC-N.O. premises.

Violence Free Workplace

- It is illegal and expressly prohibited to engage in the unauthorized carrying of a firearm or dangerous weapon by a student or non-student on University property at any time. This includes, but is not limited to, school sponsored functions or in a firearm-free zone. Violators will be arrested and prosecuted to the fullest extent of the law.

Tobacco Free Workplace

- LSUHSC - New Orleans is 100% tobacco-free, both indoors and out.



Non-Academic Infractions Remediation Process – Didactic Phase

Identification

- The APBA self-assessment is designed to alert the student to areas of improvement in their professional behaviors. The student is expected to be proactive and consult with their faculty advisor or other appropriate individual for self-improvement.
- Identification of professional misconduct may be brought to the attention of the Department Head or any faculty member by any number of individuals, including but not limited to, classmates, core faculty, adjunct faculty, guest lecturers, staff, LSUHSC students, and community partners of the Department.

Evaluation and Assessment

- The Department Head will determine whether the matter is appropriate for Department-level remediation.
- The Department Head, involved persons, and the student will meet to assess the situation and determine root causes. Student attendance at any meeting called for the purpose of addressing a non-academic infraction is mandatory. The student may elect to have their faculty advisor present.
- The remediation process may end here if the assessment shows there was no issue or if it was able to be resolved.
- All present will sign the Student Counseling Record.
- Referrals to campus assistance programs will be instituted if indicated (Student Health, the Office of Disability Services, University Ombuds Office, and/or CAPS).

Plan Development

- The Department Head, student, and other appropriate parties will design a remediation plan. The remediation plan may include timed and measurable behavioral goals that the student will be expected to adhere to as well as communication with reporting or injured parties.
- Potential remediation activities or communication include, but are not limited to, rapport building, conflict styles assessment, assertive communication training, apologizing, participating in conflict resolution discussion, reflecting on the relevant area of the AOTA Code of Ethics, or revising a social media post.
- All present will sign the remediation plan and/or the Student Counseling Record.

Plan Implementation

- It is the student's responsibility to actively participate in and complete any identified remediation activities.
- It is the student's responsibility to achieve identified professional behavior expectations in the time frame allotted.
- The Department Head or their designee will monitor progress and make changes to the plan in collaboration with the student as indicated.
- Plan implementation and monitoring will cease when identified outcomes have been met.

- Failure of the student to achieve the outcomes or participate in the remediation process will result in reporting the infraction to the Associate Dean for Academic Affairs.

Non-Academic Infractions Remediation Process – Fieldwork Phases

- See [Student Level II Fieldwork Manual](#).

Use of Department Spaces During and Outside Scheduled Class Time

Building Access

Buildings on campus are accessed using your student ID badge.

After 4:30 on weekdays, and on weekends, students have access to the OT Mat Lab (rm 8A14), Student Lounges (Rooms 8B1 and 8B12), and Student Work Rooms (Rooms 8B6, 8B3, 8B2, and 8C3). All other areas of the Department are off-limits after 4:30 and on weekends, unless faculty approval has been obtained.

Classrooms

Students are expected to demonstrate respect for the School and courtesy to others by keeping the classrooms free of trash and clutter. Beverages are allowed in the classrooms, but food is prohibited.

Student Lounges

There are two student lounges, the room off the elevator lobby (8B12) and the 'Dome Room' (8B1). In addition to eating, these lounges should be used for relaxing and chatting. These rooms should not be used for quiet studying.

The microwave and refrigerator in the student lounges are for student use with the understanding that students keep them clean at all times. Any food that is left in the refrigerator or in the lounge must be marked with the student's name and should be discarded by students if not. The student refrigerator and microwave are to be emptied and cleaned at the end of each semester and cleared at the end of each week during hurricane season (June 1 to November 30).

Student Work Rooms

Four rooms on the 8th floor are designated as student work and study spaces: 8B6, 8B3, 8B2, and 8C3. Quiet study or group work should take place in the student work rooms, the LSUHSC library, or other campus workspaces.

Sensory Room

Room 8A1 is a space designed for quiet, rest, and relaxation. Student-generated guidelines for use of this room include no eating and no loud talking.

Faculty Spaces

- Though the ADL Kitchen will occasionally be used for student learning and for Student Clinics, the ADL Kitchen is also a faculty lounge space.
- Room 8B19 is a Faculty Conference Room and should not be used by students unless permission has been given by a faculty member.
- Students are not permitted in faculty offices or in the Copy Room without a faculty member present.

General Departmental Policies and Guidelines

Student ID Badge

It is the policy of LSUHSC-New Orleans that all students, faculty, and staff wear their LSUHSC-issued ID badge in a visible location at all times while on campus.

Continuing Compliance Training

- The LSUHSC Office of Compliance Programs is responsible for ensuring that students, faculty, and staff are trained in safety issues. All training is on-line through the Compliance Training title in the MyLSUHSC tab on the website. Examples of training include safe management of bloodborne pathogens, information security, and HIPAA Privacy.
- The Office of Compliance will send you email notifications on a regular basis of required training you must complete that month. Completion of these training modules is required for LSUHSC to maintain their accreditation.
- It is the student's responsibility to complete each training module before it becomes overdue. Students will not be allowed to participate in Level I or Level II Fieldwork experiences with any incomplete training.

Mailboxes

Mailboxes are provided for students in the OT Mat Lab. Please check your boxes regularly. Faculty mailboxes are located in the Main OT Office.

Campus Safety

Campus emergency phone numbers are placed in all classrooms and on bulletin boards, but it is recommended that students download the LSU Shield app to their phones as well as signing up for emergency text alerts from the University. The text alerts will provide you with information related to both crime and weather alerts. Sign up here:

<https://911.lsuhsoc.edu/EAS/TextEmailFAQs.aspx>

Keep your property secure at all times, even when moving between classrooms. Do not leave your backpacks, purses, or bags in one classroom while in another.

When walking to and from your vehicle, be vigilant of your surroundings. If possible, do not walk alone, especially at night. The University Police will escort you if you request the service by calling 504-568-8999. Use the buddy system and look out for each other.

Textbooks and Written Reports

Written reports are required to be written in APA style according to the most recent edition of the *Publication Manual of the American Psychological Association*, unless otherwise indicated by the course instructor. Students are required to purchase a personal copy.

Student purchase of textbooks is *required*. Each semester, students are provided with a book list needed for each course for the upcoming semester. Textbooks are indicated as being required or recommended. Students must obtain all required books for each semester, as assigned readings must be completed before coming to the class session. The majority of the books purchased will be used over multiple semesters and will be excellent resources for fieldwork and clinical practice.

Computer, Photocopying and Printing Access

Computers are available for student use in the LSUHSC library and in the OT Mat Lab.

Students can make photocopies on the copy machine in the 6th floor elevator lobby or in the LSUHSC Library. These are accessed by paying for them with your Pay Paw account encoded in your student ID badge. You must have money in your Pay Paw account.

Students may print to the Student Printer in the OT Mat Lab. This is also accessed by paying for them with your Pay Paw account encoded in your student ID badge. There is also a printer at the LSUHSC Library.

Employment

Fulfillment of the requirements for the MOT degree requires a serious commitment of time and effort. Therefore, employment is discouraged, especially weekday employment. Students are encouraged to carefully weigh and manage their responsibilities at home, school, and work while in the program.

Student Organizations

- *Department of Occupational Therapy*
 - The Department has three recognized student clubs: Student Occupational Therapy Association (SOTA), Coalition for Occupational Therapy Advocates for Diversity (COTAD), and Pi Theta Epsilon (PTE).
 - All students are eligible to be a member of both SOTA and COTAD. Qualifying students are eligible for the national honor society for occupational therapy, PTE.
- *School of Allied Health Professions*
 - One MOT student will be elected to represent the program on the Student Government Association (SGA) and all students are encouraged to run for other SGA offices. All students may apply to the Student Ambassador Program, coordinated by the Office of Student Affairs.
- *University-Wide*
 - There are three university-wide student organizations that you may be interested in: the International Student Association, the InterProfessional Student Alliance (addresses health disparities in the greater N.O. area) and LOCUS, an LGBTQ+ allies organization. <https://www.lsuohsc.edu/studentorgs/>

- More information regarding student organizations and opportunities to participate within the School, University, and community will be distributed throughout the program.

Representation of the LSUHSC Occupational Therapy Department

Any fundraising completed in the name of the department, school, or institution must receive approval from the student club faculty advisor and the Chief Financial Officer or equivalent for the School. Forms are available in the Student Affairs section of the SAHP webpage. Any promotional materials should be approved by the Department Head of OT.

Students should wear their LSUHSC ID badge and dress in appropriately professional attire when representing the Department off campus. This includes off-campus learning experiences, volunteer experiences, or activities related to capstone projects.

Fieldwork

Expenses may be incurred by students enrolled in Fieldwork Experiences in off-campus or out-of-state health care facilities. These expenses are the responsibility of the individual student and SHOULD BE ANTICIPATED. Please refer to the Level I and Level II Student Fieldwork Handbooks for specifics related to fieldwork, such as background checks, drug screens, malpractice insurance, CPR certification, etc.

Exit Interview Survey

Students are required to complete an exit interview survey at the completion of their program, and prior to graduation. Data will be collected that is required by ACOTE as part of the ongoing accreditation process.



Safety Policies and Procedures

Evacuation Procedures

- In case of fire or fire alarm, follow the instructions of designated faculty floor leaders (Alanna Glapion and Jessica Allemand).
- Exit the building using the nearest stairwell in an orderly manner. Do not use the elevators and do not prop any doors open.
- The Emergency Evacuation area for the SAHP is in front of the Resource Building at 433 Bolivar Street. Go directly to the sidewalk in front of the Resource Building after exiting the SAHP building in case of fire or fire alarm.
- See next page for Emergency Evacuation areas for all buildings on the campus.

Infection Control

- The protection of yourself and clients from infection is the responsibility of all healthcare professionals. You will be provided with training in infection control techniques in your Applications I class and via the Compliance Training modules provided by the university.
- All personal protective equipment required for course laboratory sessions will be provided.

Safe Use of Equipment

- Students will be taught the appropriate and safe use of equipment that has the potential for harm, i.e. thermal modalities, electrical stimulation, manual and power wheelchairs, patient lifts, etc.
- Students are expected to utilize campus equipment only when directed to do so in conjunction with a class.
- Playing with or otherwise using equipment in an inappropriate manner will be considered a non-academic professional behavior infraction.

MOT Program Student Weather Emergency Policy and Procedure

Policy

In addition to following guidance of [CM-51](#), *LSUHSC-N.O. Response Plan for Weather Related Emergencies*, the Department of Occupational Therapy will be prepared to continue our mission of teaching and meeting learning objectives for our Master of Occupational Therapy students in case of interruption by a weather-related event.

Terminology Used in this Document:

- Synchronous – Synchronous classes run in real time, with students required to log in to the remote teaching platform and participate in class at a specific time.
- Asynchronous – Asynchronous classes allow the student to view instructional materials each week at a time they choose and does not include a live video lecture component.

Procedures

Early Hurricane Season Preparation

- The Department Head (DH) will update the student emergency phone list in June of each year.
- The DH will send an email to all students encouraging them to sign up for the LSUHSC-N.O. Emergency Alert system at <https://911.lsuhsoc.edu/eas/>

Campus Closure

- Should the Chancellor order closure of the campus, all OT faculty, staff, and students must leave the premises by the designated time frame. This includes any OT student who resides in *Residence Hall*, but not students who reside in the *Residences at LSU Health*.
- When a closure of campus is ordered, the students will be asked by the DH to:
 - Empty the refrigerators in both student lounges.
 - Move items off any windowsills in student spaces (lounges, work rooms, sensory room).
 - Bring all resources that may be needed for remote learning home with them.

Communication During Campus Closure

- The DH will send emails to all faculty, staff, and students every 24 to 48 hours regarding current situation and any plans for return to campus or remote learning.
- Content of communication from the DH will depend heavily on information from the Chancellor or their designee.

Remote Teaching and Learning

- Faculty will be expected to work and teach remotely if needed.
- Staff will be expected to work remotely if needed.
- Students will be expected to resume learning, testing, and completing assignments remotely if needed. Asynchronous classes will be conducted at first, with synchronous taking place after stability in the environment has been achieved.
- The decision to resume teaching will be guided by communication from the Chancellor.

Return to Campus

- In general, all students, faculty, and staff will be expected to return to campus when it re-opens.
- Consideration will be given to students and/or staff and faculty who have been displaced from their housing.
- The decision to require a full return to campus for all faculty, staff, and students will be guided by communication from the Chancellor.



Technical Standards for Occupational Therapy*

The Department, School and University are committed to assuring all students complete the course of study of the Master of Occupational Therapy program. These technical standards articulate the expectations and requisite abilities considered essential for occupational therapy students to become primary providers of occupational therapy services. All students admitted into this program should be able to provide or direct these abilities at the time of admission and at all times during matriculation.

The major function of an occupational therapist with registered certification (OTR) is to provide occupational therapy services, including evaluation, intervention planning, implementation, and review; discharge planning; outcomes assessment; and related documentation and communication.

The following technical standards describe the essential eligibility requirements for participation and progression in the occupational therapy curriculum. Standards cover observation skills, behavioral and social skills, communication, psychomotor skills, and cognitive skills. It is the expectation of the Department of Occupational Therapy that students engage at all times in client-centered, occupation-based services in a safe, professional, and compassionate manner. These skills are necessary for successful transition into the clinical world of the OTR.

Observation Skills

Overview: The ability to discern, interpret, and act on information from the environment is essential for safe and effective occupational therapy practice. An occupational therapy student must possess the ability to:

- Accurately discern human performance, discriminating between a safe and an unsafe environment and between therapeutic and non-therapeutic behavior and contexts.
- Perceive, assimilate, and integrate information.

Communication Skills

Overview: Effective communication is critical for students to build relationships with faculty, fellow graduate students, coworkers, clients, and their significant others in students' various roles of learner, colleague, consultant, and leader. An occupational therapy student must possess the ability to:

- Gather, comprehend, utilize, and disseminate information effectively, efficiently, and according to professional standards.
- Communicate in a manner comprehensible by patients, professionals, and laypersons.
- Communicate effectively and sensitively with patients and colleagues, including

individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport and communicate with others.

- Demonstrate the ability to recognize and understand non-verbal behavior.
- Participate in group and face-to-face discussions/presentations in a clear, organized, and professional manner.

Intellectual/Conceptual Skills

Overview: Students must demonstrate critical thinking skills so that they can problem-solve creatively, master abstract ideas, and synthesize information presented in academic, clinical, and fieldwork settings. An occupational therapy student must possess the ability to:

- Measure, calculate, reason, analyze, process, integrate, synthesize, apply and retain facts, concepts, and data.
- Develop and exhibit a sense of professional ethics and also recognize and apply pertinent legal and ethical standards.
- Combine separate pieces of information or specific answers to problems to come up with logical explanations for why seemingly unrelated events occur or are utilized together.
- Use ingenuity and imagination in solving novel, ill-defined problems in complex, real-world settings.

Psychomotor Skills

Overview: Students must provide or direct the motor functions needed to manipulate tools or handle clients in a variety of settings, under a variety of conditions. An occupational therapy student must possess the ability to:

- Provide or direct the safe handling and moving of clients, and completion of medical procedures according to the practice setting.
- Provide or direct accurate utilization of equipment found in the occupational therapy clinical setting.
- Provide or direct the motor skills needed to fabricate splints and other adaptive equipment and to accurately utilize tools.
- Provide or direct the accurate application of a variety of interventions, including preparatory interventions such as modalities and physical manipulation, and occupation-based interventions.

Behavioral and Social Skills

Overview: Students must demonstrate emotional stability, acceptable communication skills, and be capable of developing mature and effective interpersonal relationships with other students, faculty, healthcare workers, clients, and their significant others that inspire trust and respect and exceptional therapeutic use of self. An occupational therapy student

must possess the ability to:

- Tolerate the physical, mental, and emotional academic and clinical workloads and to function effectively under stress.
- Adapt to changing environments, display flexibility, and function in the face of the uncertainties inherent in the clinical and academic setting.
- Demonstrate the ability to self-reflect and understand why they respond/think/feel in the way that they do, and then self-correct, if necessary. Openness and responsiveness to feedback is considered essential for success.
- Safely perceive and navigate varied environments and communities.
- Exhibit the ability and commitment to work collaboratively and professionally with individuals and groups in an intense setting to meet the needs of people of diverse cultures, age groups, socioeconomic groups, and challenges without bias and in a harmonious manner.
- Support and promote the activities of peers and healthcare professionals by sharing knowledge, eliciting input, and acting with empathy toward others.
- Demonstrate compassion; integrity, concern for others, and interpersonal skills; interest and motivation are all personal qualities that are critical.

Professional Responsibilities

Overview: Students must exhibit the ability to meet the challenges of any academic, medical, or clinical situation that requires a readiness for immediate and appropriate response without interference of personal or medical problems. An occupational therapy student must possess the ability to:

- Attend and arrive to classes on time and possess the organizational skills and stamina for performing required tasks and assignments within allotted time frames.
- Perform problem-solving tasks in a timely manner and prioritize and organize multiple workload needs, completing required work within the specified due dates.
- Take initiative to direct their own learning as evidenced by the ability to prepare in advance, utilize resources before asking for help, and independently explore additional information. Students must be able to take responsibility for their actions and outcomes.
- Work cooperatively and collaboratively with other students on assigned projects, and participate willingly in a supervisory process involving evaluation of other students and their own abilities and reasoning skills via giving and receiving feedback, as well as looking for ways to improve.
- Adhere to policies of the university, OT program, and clinical sites. This includes matters ranging from professional dress and behavior, to attending to the program's academic schedule.
- Demonstrate knowledge of and commitment to the code of ethics of their profession and behavior that reflects a sense of right and wrong in the helping environment.

*The Department, School and University are committed to enabling students with disabilities to complete the course of study of the Master of Occupational Therapy program

by means of reasonable accommodations consistent with the Americans with Disabilities Act (ADA). Applicants with disabilities are encouraged to contact the LSUHSC Office of Disability Services (ODS) during the application process and after being accepted into the program, for confidential and thoughtful conversations about what accommodations may be necessary to meet the technical standards. Contact ODS at:
<https://www.lsuhs.edu/administration/academic/ods/>

Please sign the attached Acknowledgement of Technical Standards (next page) and return with acceptance form to sahpsa@lsuhsc.edu.

Revised 9.10.2024 IF
Approved ODS 9.16.2024



School of Allied Health Professions
Department of Occupational Therapy

Acknowledgement of Technical Standards

I understand that as a student in the Master of Occupational Therapy Program at Louisiana State University Health Sciences Center – New Orleans, I will be expected to participate in activities that will prepare me to perform all of the technical standards required of an occupational therapist as listed in the LSUHSC-NO Technical Standards for Occupational Therapy.

Signature:

Date:

Student Outcomes

As reflected in our mission and vision, the outcomes expected of a student who completes the MOT program is a graduate who has achieved entry-level competence as an occupational therapist and who demonstrates the ability to use occupation-centered interventions, client-centered practice, and is able to be a consumer of and contributor to evidence-based occupational therapy.

The curriculum of the program is designed to ensure that the student will achieve all of the outcome standards developed by ACOTE. The student outcome standards are highlighted on the following pages and the link to full ACOTE program and fieldwork standards is [here](#).



STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
	additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.	additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.	additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.	additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.
SECTION B: CONTENT REQUIREMENTS				
The content requirements are written as expected student outcomes. Faculty are responsible for developing learning activities and evaluation methods to document that students meet these outcomes. Level II Fieldwork, the Baccalaureate Project, or the Doctoral Capstone Experience and Project syllabi may not be used to document compliance with a section B content Standard.				
B.1.0. FOUNDATIONAL CONTENT REQUIREMENTS				
Program content must be based on a broad foundation in the liberal arts and sciences. A strong foundation in the biological, physical, social, and behavioral sciences supports an understanding of occupation across the lifespan. If the content of the Standard is met through prerequisite coursework, the application of foundational content in the sciences must also be evident in professional coursework. The student will be able to:				
<i>B.1.1. Human Body, Development, and Behavior</i>				
B.1.1.	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation. 	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation. 	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation. 	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation.
<i>B.1.2. Sociocultural, Socioeconomic, Diversity Factors, and Lifestyle Choices</i>				
B.1.2.	Apply, analyze, and evaluate the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal	Apply and analyze the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal	Apply knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations (e.g., principles of psychology, sociology, and abnormal psychology).	Explain the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations (e.g., principles of psychology, sociology, and abnormal psychology).

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	psychology, and introductory sociology or introductory anthropology.	psychology, and introductory sociology or introductory anthropology.		
B.1.3. Social Determinants of Health				
B.1.3.	Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions. This must include an analysis of the epidemiological factors that impact the public health and welfare of populations.	Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions. This must include an analysis of the epidemiological factors that impact the public health and welfare of populations.	Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions. This must include an understanding of the epidemiological factors that impact the public health and welfare of populations.	Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions. This must include an understanding of the epidemiological factors that impact the public health and welfare of populations.
B.1.4. Quantitative Statistics and Qualitative Analysis				
B.1.4.	Demonstrate the ability to use quantitative statistics and qualitative analysis to interpret tests and measurements for the purpose of establishing and delivering evidence-based practice.	Demonstrate the ability to use quantitative statistics and qualitative analysis to interpret tests and measurements for the purpose of establishing and delivering evidence-based practice.	(No related Standard)	(No related Standard)
B.2.0. OCCUPATIONAL THERAPY THEORETICAL PERSPECTIVES				
Current and relevant interprofessional perspectives including rehabilitation, disability, and developmental as well as person/population-environment-occupation models, theories and frameworks of practice. The program must facilitate the development of the performance criteria listed below. The student will be able to:				
B.2.1. Scientific Evidence, Theories, Models of Practice, and Frames of Reference				
B.2.1.	Apply, analyze, and evaluate scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.	Apply, analyze, and evaluate scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.	Apply scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.	Apply scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.
B.2.2. Theory Development				
B.2.2.	Explain the process of theory development in occupational therapy and its desired impact and influence on society.	Explain the process of theory development and its importance to occupational therapy.	Define the process of theory development and its importance to occupational therapy.	Define the process of theory development and its importance to occupational therapy.
B.3.0. BASIC TENETS OF OCCUPATIONAL THERAPY				
Coursework must facilitate development of the performance criteria listed below. The student will be able to:				
B.3.1. OT History, Philosophical Base, Theory, and Sociopolitical Climate				
B.3.1.	Analyze and evaluate occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as	Analyze occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as	Apply knowledge of occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these	Apply knowledge of occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these

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	well as how these factors influence and are influenced by practice.	how these factors influence and are influenced by practice.	factors influence and are influenced by practice.	factors influence and are influenced by practice.
B.3.2. Interaction of Occupation and Activity				
B.3.2.	Apply, analyze, and evaluate the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors.	Apply, analyze, and evaluate the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors.	Demonstrate knowledge of and apply the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors.	Demonstrate knowledge of and apply the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors.
B.3.3. Distinct Nature of Occupation				
B.3.3.	Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the general public the distinct nature of occupation and the evidence that occupation supports performance, participation, health, and well-being.	Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the general public the distinct nature of occupation and the evidence that occupation supports performance, participation, health, and well-being.	Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the general public the distinct nature of occupation and the evidence that occupation supports performance, participation, health, and well-being.	Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the general public the distinct nature of occupation and the evidence that occupation supports performance, participation, health, and well-being.
B.3.4. Balancing Areas of Occupation, Role in Promotion of Health, and Prevention				
B.3.4.	Apply, analyze, and evaluate scientific evidence to explain the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations.	Apply and analyze scientific evidence to explain the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations.	Demonstrate knowledge of scientific evidence as it relates to the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations.	Demonstrate knowledge of scientific evidence as it relates to the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations.
B.3.5. Effects of Disease Processes				
B.3.5.	Analyze and evaluate the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury on occupational performance.	Analyze the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury on occupational performance.	Demonstrate knowledge of the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury on occupational performance.	Demonstrate knowledge of the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury on occupational performance.
B.3.6. Activity Analysis				
B.3.6.	Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to formulate the intervention plan.	Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to formulate the intervention plan.	Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to implement the intervention plan.	Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to implement the intervention plan.
B.3.7. Safety of Self and Others				
B.3.7.	Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as	Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as	Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as	Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as

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	appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.	appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.	appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.	appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.
B.4.0.	<p>REFERRAL, SCREENING, EVALUATION, AND INTERVENTION PLAN</p> <p>The process of referral, screening, evaluation, and diagnosis as related to occupational performance and participation must be client centered; culturally relevant; and based on theoretical perspectives, models of practice, frames of reference, and available evidence.</p> <p>INTERVENTION PLAN: FORMULATION AND IMPLEMENTATION</p> <p>The process of formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and participation must be client centered and culturally relevant; reflective of current and emerging occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference.</p> <p>These processes must consider the needs of persons, groups, and populations.</p> <p>The program must facilitate development of the performance criteria listed below. The student will be able to:</p>		<p>SCREENING, EVALUATION, AND INTERVENTION PLAN</p> <p>The process of screening and evaluation as related to occupational performance and participation must be conducted under the supervision of and in cooperation with the occupational therapist and must be client centered; culturally relevant; and based on theoretical perspectives, models of practice, frames of reference, and available evidence. These processes must consider the needs of persons, groups, and populations.</p> <p>INTERVENTION AND IMPLEMENTATION</p> <p>The process of intervention to facilitate occupational performance and participation must be done under the supervision of and in cooperation with the occupational therapist and must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.</p> <p>The program must facilitate development of the performance criteria listed below. The student will be able to:</p>	
B.4.1. Therapeutic Use of Self				
B.4.1.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.
B.4.2. Clinical Reasoning				
B.4.2.	Demonstrate clinical reasoning to evaluate, analyze, diagnose, and provide occupation-based interventions to address client factors, performance patterns, and performance skills.	Demonstrate clinical reasoning to evaluate, analyze, diagnose, and provide occupation-based interventions to address client factors, performance patterns, and performance skills.	Demonstrate clinical reasoning to address occupation-based interventions, client factors, performance patterns, and performance skills.	Demonstrate clinical reasoning to address occupation-based interventions, client factors, performance patterns, and performance skills.
B.4.3. Occupation-Based Interventions				
B.4.3.	Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention.	Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention.	Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention.	Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention.

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B.4.4. Standardized and Nonstandardized Screening and Assessment Tools				
B.4.4.	<p>Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment methods must take into consideration cultural and contextual factors of the client.</p> <p>Interpret evaluation findings of occupational performance and participation deficits to develop occupation-based intervention plans and strategies.</p> <p>Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.</p>	<p>Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment methods must take into consideration cultural and contextual factors of the client.</p> <p>Interpret evaluation findings of occupational performance and participation deficits to develop occupation-based intervention plans and strategies.</p> <p>Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.</p>	<p>Contribute to the evaluation process of client(s)' occupational performance, including an occupational profile, by administering standardized and nonstandardized screenings and assessment tools and collaborating in the development of occupation-based intervention plans and strategies.</p> <p>Explain the importance of using psychometrically sound assessment tools when considering client needs, and cultural and contextual factors to deliver evidence-based intervention plans and strategies.</p> <p>Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.</p>	<p>Contribute to the evaluation process of client(s)' occupational performance, including an occupational profile, by administering standardized and nonstandardized screenings and assessment tools and collaborating in the development of occupation-based intervention plans and strategies.</p> <p>Explain the importance of using psychometrically sound assessment tools when considering client needs, and cultural and contextual factors to deliver evidence-based intervention plans and strategies.</p> <p>Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.</p>
B.4.5. Application of Assessment Tools and Interpretation of Results				
B.4.5.	<p>Select and apply assessment tools, considering client needs, and cultural and contextual factors.</p> <p>Administer selected standardized and nonstandardized assessments using appropriate procedures and protocols.</p> <p>Interpret the results based on psychometric properties of tests considering factors that might bias assessment results (e.g., culture and disability status related to the person and context).</p>	<p>Select and apply assessment tools, considering client needs, and cultural and contextual factors.</p> <p>Administer selected standardized and nonstandardized assessments using appropriate procedures and protocols.</p> <p>Interpret the results based on psychometric properties of tests considering factors that might bias assessment results (e.g., culture and disability status related to the person and context).</p>	(No related Standard)	(No related Standard)
B.4.6. Reporting Data				
B.4.6.	<p>Collect, analyze, and report data in a systematic manner for evaluation of client and practice outcomes. Report evaluation results and modify practice as needed.</p>	<p>Collect, analyze, and report data in a systematic manner for evaluation of client and practice outcomes. Report evaluation results and modify practice as needed.</p>	<p>Under the direction of an occupational therapist, collect, organize, and report on data for evaluation of client outcomes.</p>	<p>Under the direction of an occupational therapist, collect, organize, and report on data for evaluation of client outcomes.</p>
B.4.7. Interpret Standardized Test Scores				
B.4.7.	<p>Interpret criterion-referenced and norm-referenced standardized test scores on the</p>	<p>Interpret criterion-referenced and norm-referenced standardized test scores on the</p>	(No related Standard)	(No related Standard)

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	basis of an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.	basis of an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.		
B.4.8. Interpret Evaluation Data B.4.8.	Interpret the evaluation data in relation to accepted terminology of the profession and explain the findings to the interprofessional team.	Interpret the evaluation data in relation to accepted terminology of the profession and explain the findings to the interprofessional team.	(No related Standard)	(No related Standard)
B.4.9. Remediation and Compensation B.4.9.	Design and implement intervention strategies to remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance.	Design and implement intervention strategies to remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance.	Demonstrate an understanding of the intervention strategies that remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance.	Demonstrate an understanding of the intervention strategies that remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance.
B.4.10. Provide Interventions and Procedures B.4.10.	Recommend and provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations. This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.	Recommend and provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations. This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.	Provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations. This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.	Provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations. This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.
B.4.11. Assistive Technologies and Devices B.4.11.	Assess the need for and demonstrate the ability to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.	Assess the need for and demonstrate the ability to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.	Explain the need for and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.	Explain the need for and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.
B.4.12. Orthoses and Prosthetic Devices B.4.12.	Assess the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.	Assess the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.	Explain the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.	Explain the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.

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	Train in the safe and effective use of prosthetic devices.	Train in the safe and effective use of prosthetic devices.	Train in the safe and effective use of prosthetic devices.	Train in the safe and effective use of prosthetic devices.
B.4.13. Functional Mobility				
B.4.13.	Provide recommendations and training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.	Provide recommendations and training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.	Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.	Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.
B.4.14. Community Mobility				
B.4.14.	Evaluate the needs of persons, groups, and populations to design programs that enhance community mobility, and implement transportation transitions, including driver rehabilitation and community access.	Evaluate the needs of persons, groups, and populations to design programs that enhance community mobility, and implement transportation transitions, including driver rehabilitation and community access.	Provide training in techniques to enhance community mobility, and address transportation transitions, including driver rehabilitation and community access.	Provide training in techniques to enhance community mobility, and address transportation transitions, including driver rehabilitation and community access.
B.4.15. Technology in Practice				
B.4.15.	Demonstrate knowledge of the use of technology in practice, which must include: <ul style="list-style-type: none"> • Electronic documentation systems • Virtual environments • Telehealth technology 	Demonstrate knowledge of the use of technology in practice, which must include: <ul style="list-style-type: none"> • Electronic documentation systems • Virtual environments • Telehealth technology 	Demonstrate knowledge of the use of technology in practice, which must include: <ul style="list-style-type: none"> • Electronic documentation systems • Virtual environments • Telehealth technology 	Demonstrate knowledge of the use of technology in practice, which must include: <ul style="list-style-type: none"> • Electronic documentation systems • Virtual environments • Telehealth technology
B.4.16. Dysphagia and Feeding Disorders				
B.4.16.	Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors.	Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors.	Demonstrate interventions that address dysphagia and disorders of feeding and eating, and train others in precautions and techniques while considering client and contextual factors.	Demonstrate interventions that address dysphagia and disorders of feeding and eating, and train others in precautions and techniques while considering client and contextual factors.
B.4.17. Superficial Thermal, Deep Thermal, and Electrotherapeutic Agents and Mechanical Devices				
B.4.17.	Demonstrate knowledge and use of the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.	Demonstrate knowledge and use of the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.	Define the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.	Define the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.

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<i>B.4.18. Grade and Adapt Processes or Environments</i> B.4.18.	Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.	Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.	Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.	Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.
<i>B.4.19. Consultative Process</i> B.4.19.	Demonstrate, evaluate, and plan the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues.	Demonstrate, evaluate, and plan the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues.	Engage in the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues.	Engage in the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues.
<i>B.4.20. Care Coordination, Case Management, and Transition Services</i> B.4.20.	Demonstrate, evaluate, and plan care coordination, case management, and transition services in traditional and emerging practice environments.	Demonstrate, evaluate, and plan care coordination, case management, and transition services in traditional and emerging practice environments.	Demonstrate, evaluate, and plan care coordination and case management. Understand and articulate transition services in traditional and emerging practice environments.	Understand and articulate care coordination, case management, and transition services in traditional and emerging practice environments.
<i>B.4.21. Teaching–Learning Process and Health Literacy</i> B.4.21.	Demonstrate, evaluate, and utilize the principles of the teaching–learning process using educational methods and health literacy education approaches: <ul style="list-style-type: none"> • To design activities and clinical training for persons, groups, and populations. • To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience. 	Demonstrate, evaluate, and utilize the principles of the teaching–learning process using educational methods and health literacy education approaches: <ul style="list-style-type: none"> • To design activities and clinical training for persons, groups, and populations. • To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience. 	Demonstrate the principles of the teaching–learning process using educational methods and health literacy education approaches: <ul style="list-style-type: none"> • To design activities and clinical training for persons, groups, and populations. • To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience. 	Demonstrate the principles of the teaching–learning process using educational methods and health literacy education approaches: <ul style="list-style-type: none"> • To design activities and clinical training for persons, groups, and populations. • To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience.
<i>B.4.22. Need for Continued or Modified Intervention</i> B.4.22.	Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention.	Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention.	Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.	Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
B.4.23. Effective Communication B.4.23.	Identify occupational needs through effective communication with patients, families, communities, and members of the interprofessional team in a responsive and responsible manner that supports a team approach to the promotion of health and wellness.	Identify occupational needs through effective communication with patients, families, communities, and members of the interprofessional team in a responsive and responsible manner that supports a team approach to the promotion of health and wellness.	Identify occupational needs through effective communication with patients, families, communities, and members of the interprofessional team in a responsive and responsible manner that supports a team approach to the promotion of health and wellness.	Identify occupational needs through effective communication with patients, families, communities, and members of the interprofessional team in a responsive and responsible manner that supports a team approach to the promotion of health and wellness.
B.4.24. Effective Intraprofessional Collaboration B.4.24.	Demonstrate effective intraprofessional OT/OTA collaboration to: <ul style="list-style-type: none"> Identify the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process. Demonstrate and identify techniques in skills of supervision and collaboration with occupational therapy assistants. 	Demonstrate effective intraprofessional OT/OTA collaboration to: <ul style="list-style-type: none"> Identify the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process. Demonstrate and identify techniques in skills of supervision and collaboration with occupational therapy assistants. 	Demonstrate effective intraprofessional OT/OTA collaboration to explain the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process.	Demonstrate effective intraprofessional OT/OTA collaboration to explain the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process.
B.4.25. Principles of Interprofessional Team Dynamics B.4.25.	Demonstrate knowledge of the principles of interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.	Demonstrate knowledge of the principles of interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.	Demonstrate awareness of the principles of interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.	Demonstrate awareness of the principles of interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.
B.4.26. Referral to Specialists B.4.26.	Evaluate and discuss mechanisms for referring clients to specialists both internal and external to the profession, including community agencies.	Evaluate and discuss mechanisms for referring clients to specialists both internal and external to the profession, including community agencies.	Identify and communicate to the occupational therapist the need to refer to specialists both internal and external to the profession, including community agencies.	Identify and communicate to the occupational therapist the need to refer to specialists both internal and external to the profession, including community agencies.
B.4.27. Community and Primary Care Programs B.4.27.	Evaluate access to community resources, and design community or primary care programs to support occupational performance for persons, groups, and populations.	Evaluate access to community resources, and design community or primary care programs to support occupational performance for persons, groups, and populations.	Identify and communicate to the occupational therapist the need to design community and primary care programs to support occupational performance for persons, groups, and populations.	Identify and communicate to the occupational therapist the need to design community and primary care programs to support occupational performance for persons, groups, and populations.

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B.4.28. Plan for Discharge				
B.4.28.	Develop a plan for discharge from occupational therapy services in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.	Develop a plan for discharge from occupational therapy services in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.	Implement a discharge plan from occupational therapy services that was developed by the occupational therapist in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.	Implement a discharge plan from occupational therapy services that was developed by the occupational therapist in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.
B.4.29. Reimbursement Systems and Documentation				
B.4.29.	Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), appeals mechanisms, treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and coding and documentation requirements that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services.	Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), appeals mechanisms, treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and coding and documentation requirements that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services.	Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and coding and documentation requirements that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services.	Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and coding and documentation requirements that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services.
B.5.0.	<p>CONTEXT OF SERVICE DELIVERY, LEADERSHIP, AND MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES</p> <p>Context of service delivery includes knowledge and understanding of the various contexts, such as professional, social, cultural, political, economic, and ecological, in which occupational therapy services are provided.</p> <p>Management and leadership skills of occupational therapy services include the application of principles of management and systems in the provision of occupational therapy services to persons, groups, populations, and organizations.</p> <p>The program must facilitate development of the performance criteria listed below. The student will:</p>			
B.5.1. Factors, Policy Issues, and Social Systems				
B.5.1.	Identify, analyze, and evaluate the contextual factors; current policy issues; and socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for persons, groups, and populations to promote policy development and social systems as they relate to the practice of occupational therapy.	Identify, analyze, and evaluate the contextual factors; current policy issues; and socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for persons, groups, and populations to promote policy development and social systems as they relate to the practice of occupational therapy.	Identify and explain the contextual factors; current policy issues; and socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for persons, groups, and populations to promote policy development and social systems as they relate to the practice of occupational therapy.	Identify and explain the contextual factors; current policy issues; and socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for persons, groups, and populations to promote policy development and social systems as they relate to the practice of occupational therapy.

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B.5.2. Advocacy				
B.5.2.	Identify, analyze, and advocate for existing and future service delivery models and policies, and their potential effect on the practice of occupational therapy and opportunities to address societal needs.	Identify, analyze, and advocate for existing and future service delivery models and policies, and their potential effect on the practice of occupational therapy and opportunities to address societal needs.	Explain the role and responsibility of the practitioner to advocate for changes in service delivery policies, effect changes in the system, recognize opportunities in emerging practice areas, and advocate for opportunities to expand the occupational therapy assistant's role.	Explain the role and responsibility of the practitioner to advocate for changes in service delivery policies, effect changes in the system, recognize opportunities in emerging practice areas, and advocate for opportunities to expand the occupational therapy assistant's role.
B.5.3. Business Aspects of Practice				
B.5.3.	Demonstrate knowledge of and evaluate the business aspects of practice including, but not limited to, the development of business plans, financial management, program evaluation models, and strategic planning.	Demonstrate knowledge of and evaluate the business aspects of practice including, but not limited to, the development of business plans, financial management, program evaluation models, and strategic planning.	Explain the business aspects of practice including, but not limited to, the development of business plans, financial management, program evaluation models, and strategic planning.	Explain an understanding of the business aspects of practice including, but not limited to, financial management, billing, and coding.
B.5.4. Systems and Structures That Create Legislation				
B.5.4.	Identify and evaluate the systems and structures that create federal and state legislation and regulations and their implications and effects on persons, groups, and populations, as well as practice and policy.	Identify and evaluate the systems and structures that create federal and state legislation and regulations and their implications and effects on persons, groups, and populations, as well as practice.	Identify the systems and structures that create federal and state legislation and regulations, and their implications and effects on persons, groups, and populations, as well as practice.	Define the systems and structures that create federal and state legislation and regulations, and their implications and effects on persons, groups, and populations, as well as practice.
B.5.5. Requirements for Credentialing and Licensure				
B.5.5.	Provide care and programs that demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws.	Provide care and programs that demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws.	Provide care and programs that demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws.	Provide care and programs that demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws.
B.5.6. Market the Delivery of Services				
B.5.6.	Demonstrate leadership skills in the ability to plan, develop, organize, and market the delivery of services to include the determination of programmatic needs and service delivery options, and formulation and management of staffing for effective service provision.	Demonstrate the ability to plan, develop, organize, and market the delivery of services to include the determination of programmatic needs and service delivery options, and formulation and management of staffing for effective service provision.	Identify the need and demonstrate the ability to participate in the development, marketing, and management of service delivery options.	Identify the need and demonstrate the ability to participate in the development, marketing, and management of service delivery options.
B.5.7. Quality Management and Improvement				
B.5.7.	Demonstrate leadership skills in the ability to design ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and develop	Demonstrate the ability to design ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and develop program changes as needed	Identify the need for and evaluate processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys)	Participate in the documentation of ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and implement

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	program changes as needed to demonstrate quality of services and direct administrative changes.	to demonstrate quality of services and direct administrative changes.	and implement program changes as needed to demonstrate quality of services.	program changes as needed to demonstrate quality of services.
B.5.8. Supervision of Personnel B.5.8.	Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non-occupational therapy personnel. Analyze staff development and professional abilities and competencies of supervised staff as they relate to job responsibilities.	Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non-occupational therapy personnel.	Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy assistants and non-occupational therapy personnel.	Define strategies for effective, competency-based legal and ethical supervision of occupational therapy assistants and non-occupational therapy personnel.
B.6.0. SCHOLARSHIP				
Promotion of science and scholarly endeavors will serve to describe and interpret the scope of the profession, build research capacity, establish new knowledge, and interpret and apply this knowledge to practice. The program must facilitate development of the performance criteria listed below. The student will be able to:				
B.6.1. Scholarly Study B.6.1.	<ul style="list-style-type: none"> Critique quantitative and qualitative research in order to analyze and evaluate scholarly activities, which contribute to the development of a body of knowledge. This includes the: <ul style="list-style-type: none"> Level of evidence Validity of research studies Strength of the methodology Relevance to the profession of occupational therapy Locate, select, analyze, and evaluate scholarly literature to make evidence-based decisions. Design and implement a scholarly study that aligns with current research priorities and advances knowledge translation, professional practice, service delivery, or professional issues (e.g., Scholarship of Integration, Scholarship of Application, Scholarship of Teaching and Learning). <p>This may include a literature review that requires analysis and synthesis of data.</p>	<p>S y s t e m a t i c r e v i e w s o r p r o f e s s i o n a l i s s u e s (e. g. S c h o l a r s h i p o f I n t e g r a t i o n , S c h o l a r s h i p o f A p p l i c a t i o n , S c h o l a r s h i p o f T e a c h i n g a n d L e a r n i n g).</p> <p>This may include a literature review that requires analysis and synthesis of data. Systematic reviews that require analysis</p>	B.6.1. Professional Literature and Scholarly Activities quire analysis	<ul style="list-style-type: none"> based decisions.

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terature, including the quality of the source of information, to make evidence-based practice decisions in collaboration with the occupational therapist.

- Explain how scholarly activities and literature contribute to the development of the profession.

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- o Validity of research studies
 - o Strength of the methodology
 - o Relevance to the profession of occupational therapy.
- Locate, select, analyze, and evaluate scholarly literature to make evidence-

iterature, including the quality of the source of information, to make evidence-based practice decisions in collaboration with the occupational therapist.

- Explain how scholarly activities and literature contribute to the development of the profession.

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	and synthesis of data meet the requirement for this Standard.	and synthesis of data meet the requirement for this Standard. A research project is not required for this Standard, and narrative reviews do not meet this Standard.		
B.6.2. Quantitative and Qualitative Methods B.6.2.	Select, apply, and interpret quantitative and qualitative methods for data analysis to include: <ul style="list-style-type: none"> Basic descriptive, correlational, and inferential quantitative statistics. Analysis and synthesis of qualitative data. 	Demonstrate an understanding and use of quantitative and qualitative methods for data analysis to include: <ul style="list-style-type: none"> Basic descriptive, correlational, and inferential quantitative statistics. Analysis and synthesis of qualitative data. 	Understand the use of quantitative and qualitative methods for data analysis that include: <ul style="list-style-type: none"> Basic descriptive, correlational, and inferential quantitative statistics. Analysis and synthesis of qualitative data. 	Understand the difference between quantitative and qualitative research studies.
B.6.3. Scholarly Reports B.6.3.	Create scholarly reports appropriate for presentation or for publication in a peer-reviewed journal that support skills of clinical practice. The reports must be made available to professional or public audiences.	Demonstrate the skills necessary to write a scholarly report in a format for presentation or publication, which may be made available to professional or public audiences.	Demonstrate the skills to understand a scholarly report.	Demonstrate the skills to understand a scholarly report.
B.6.4. Locating and Securing Grants B.6.4.	Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities and program development. Create grant proposals to support scholarly activities and program development.	Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities and program development.	<i>(No related Standard)</i>	<i>(No related Standard)</i>
B.6.5. Ethical Policies and Procedures for Research B.6.5.	Demonstrate an understanding of how to design a scholarly proposal in regards to ethical policies and procedures necessary to conduct human-subject research, educational research, or research related to population health.	Demonstrate an understanding of the ethical policies and procedures for human-subject research, educational research, or research related to population health.	<i>(No related Standard)</i>	<i>(No related Standard)</i>
B.6.6. Preparation for Work in an Academic Setting B.6.6.	Demonstrate an understanding and apply	Demonstrate an understanding and apply the principles of instructional design and teaching and learning in preparation for work in an academic setting.	the principles of instructional design and	teaching and learning in preparation for

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<p>B.7.0. PROFESSIONAL ETHICS, VALUES, AND RESPONSIBILITIES</p> <p>Professional ethics, values, and responsibilities include an understanding and appreciation of ethics and values of the profession of occupational therapy. Professional behaviors include the ability to advocate for social responsibility and equitable services to support health equity and address social determinants of health; commit to engaging in lifelong learning; and evaluate the outcome of services, which include client engagement, judicious health care utilization, and population health. The program must facilitate development of the performance criteria listed below. The student will be able to:</p>				
<p>B.7.1 Ethical Decision Making</p>				
B.7.1.	<p>Demonstrate knowledge of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.</p>	<p>Demonstrate knowledge of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.</p>	<p>Demonstrate knowledge of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.</p>	<p>Demonstrate knowledge of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.</p>
<p>B.7.2. Professional Engagement</p>				
B.7.2.	<p>Demonstrate knowledge of how the role of a professional is enhanced by participating and engaging in local, national, and international leadership positions in organizations or agencies.</p>	<p>Demonstrate knowledge of how the role of a professional is enhanced by participating and engaging in local, national, and international leadership positions in organizations or agencies.</p>	<p>Demonstrate knowledge of how the role of a professional is enhanced by participating and engaging in local, national, and international leadership positions in organizations or agencies.</p>	<p>Demonstrate knowledge of how the role of a professional is enhanced by participating and engaging in local, national, and international leadership positions in organizations or agencies.</p>
<p>B.7.3. Promote Occupational Therapy</p>				
B.7.3.	<p>Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.</p>	<p>Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.</p>	<p>Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.</p>	<p>Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.</p>
<p>B.7.4. Ongoing Professional Development</p>				
B.7.4.	<p>Identify and develop strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.</p>	<p>Identify and develop strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.</p>	<p>Identify and develop strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.</p>	<p>Identify and develop strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.</p>
<p>B.7.5. Personal and Professional Responsibilities</p>				
B.7.5.	<p>Demonstrate knowledge of personal and professional responsibilities related to:</p> <ul style="list-style-type: none"> Liability issues under current models of service provision. Varied roles of the occupational therapist providing service on a contractual basis. 	<p>Demonstrate knowledge of personal and professional responsibilities related to:</p> <ul style="list-style-type: none"> Liability issues under current models of service provision. Varied roles of the occupational therapist providing service on a contractual basis. 	<p>Demonstrate knowledge of personal and professional responsibilities related to:</p> <ul style="list-style-type: none"> Liability issues under current models of service provision. Varied roles of the occupational therapy assistant providing service on a contractual basis. 	<p>Demonstrate knowledge of personal and professional responsibilities related to:</p> <ul style="list-style-type: none"> Liability issues under current models of service provision. Varied roles of the occupational therapy assistant providing service on a contractual basis.

HONOR CODE

The Department of Occupational Therapy at Louisiana State University Health Sciences Center – New Orleans (LSUHSC – N.O.) regards honesty and integrity as qualities essential to the practice of occupational therapy. The Honor Code governs student conduct during all academic activities. Upon admission to the program, students must agree to abide by the Honor Code. Students who violate the code violate this agreement, and incur the sanction imposed by the LSUHSC – N.O. School of Allied Health Professions Policy and Procedures Related to Student Conduct.

Examples of conduct that are regarded as being in violation of the Honor Code include, but are not limited to:

- a.) Copying from another’s examination paper or allowing another to copy from one’s own paper, or using unauthorized aids (e.g., electronic, printed, or hand-written materials) during an examination or assignment.
- b.) Unauthorized collaboration, e.g., working together on an assignment after the instructor has stated that work should be completed independently without assistance.
- c.) Plagiarism; representing as one’s own work the work of another, including artificial intelligence.
- d.) Revising and resubmitting graded work for regrading without the instructor’s knowledge and consent.
- e.) Giving or receiving unauthorized aid on a take-home or make-up examination, i.e., talking about examination answers with a classmate.
- f.) Giving or receiving aid on an academic assignment under circumstances which a reasonable person would consider as not permitted.

EACH STUDENT AGREES TO:

- 1. Not seek an unfair advantage over other students, including, but not limited to, giving, or receiving unauthorized aid during completion of academic requirements.
- 2. Consult with faculty and other sources to clarify the meaning of plagiarism prior to starting an assignment, including the utilization of artificial intelligence. Learn the standard techniques of proper reference to sources used in the preparation of written work.
- 3. Clarify with an instructor, when in doubt, as to what is considered unauthorized aid, e.g., receiving assistance when writing a paper, using other than authorized resources when taking an open-book test.
- 4. Truthfully represent fact and self at all times.
- 5. Respect the personal rights and property of others.
- 6. Actively uphold the spirit and letter of the Honor Code.
- 7. Read and abide by the School of Allied Health Professions Policy and Procedures Related to Student Conduct and the Department of Occupational Therapy Academic Standards.
- 8. Abide by the American Occupational Therapy Association’s (AOTA) Code of Ethics (2020).

I agree to abide by this Honor Code.

Student Name: _____

Signature & Date: _____

Acknowledgment of Receipt of Student Handbook

My signature below indicates that I:

- Have received and reviewed the information on the Graduate Scholastic Requirements and Provisions for Academic Progression of the School of Allied Health Professions and the Department of Occupational Therapy.
- Have read the LSUHSC School of Allied Health Professions (SAHP) Student Conduct Policy and Procedures contained in the SAHP Student Handbook. I understand and agree to abide by the regulations as stated.
- Have read the LSUHSC-N.O. Master of Occupational Therapy Student Handbook. I understand and agree to abide by the policies, procedures, and guidelines stated therein.
- Have read and agree to abide by the Department of Occupational Therapy Academic and Non-Academic remediation processes.
- Agree that the professional behaviors, policies, and guidelines of the Department of Occupational Therapy have been explained to me. I understand the expectations for my professional behavior and the listed policies and guidelines and agree to abide by them.
- Have received and read the Occupational Therapy Technical Standards. My signature below indicates that I understand the standards and possess the capacity to meet all of the listed requirements with no exceptions unless they have been addressed and agreed upon in conjunction with the program and the LSUHSC-N.O. Office of Disability Services.

Student's Printed Name: _____

Student's Signature: _____

Date: _____