



JOHNSON & WALES
UNIVERSITY

Occupational
Therapy Doctorate
Program

Student Handbook
Class of 2025

WELCOME

We are pleased to welcome you to the Occupational Therapy Doctorate Program at Johnson & Wales University's College of Health and Wellness. We all look forward to working with you as you develop into wonderful occupational therapy practitioners. We think you will find a home here and we know you will create lifelong friendships while you work together. The OTD Student Handbook is an important document that describes many policies and procedures that will govern your education with us. Here you will also find the JWU OTD curriculum design which lays out our mission, philosophy, and important elements of your educational program.

Please familiarize yourself with the information in this handbook as well as the University-wide policies that are referenced here. We encourage you to stretch your minds as you take in new ideas and experiences over the coming months. Please ask questions when you have them. Chances are you are not the only one who is stumped. Our department thrives on respect and open communication. We will ask for your feedback frequently as it helps us move towards excellence.

You have all completed rigorous undergraduate programs and met stringent requirements in order to earn your seat in the entry-level OTD cohort. We are confident that you have what it takes to succeed in your work here so you can take your place in the global community of occupational therapy practitioners promoting well-being and participation.

We are glad you are here!

Nancy R. Dooley, Ph.D., OTR/L, Associate Professor & Program Director

Rebecca Simon, Ed.D., OTR/L, FAOTA, Associate Professor & Academic Fieldwork Coordinator

Andrea Fairman, Ph.D., OTR/L, MOT, CPRP, ATP, Associate Professor & Capstone Coordinator

Shannon Strate, OTD, OTR/L, Assistant Professor

Sheri Ferland, OTD, OTR/L, Assistant Professor

Monique Dawes, OTD, OTR/L, CPAM, Assistant Professor

Tania Rosa, OTD, OTR/L, Assistant Professor

Richard Borges, COTA/L, Lab Manager

Brittany Gray, Academic Administrative Coordinator

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I. GENERAL INFORMATION

A. INTRODUCTION

For brevity, certain abbreviations and acronyms appear throughout this Handbook. The term “university” refers to Johnson & Wales University. “JWU” also refers to Johnson & Wales University. The “OTD program” or “JWU OTD” refers to the Johnson & Wales Occupational Therapy Doctorate Program.

Students in the OTD program should use this Handbook in conjunction with:

1. JWU Catalogs, Undergraduate & Graduate
2. JWU Student Handbook
3. OTD Program Fieldwork Manual
4. OTD Program Capstone Manual

Together these resources provide students with information that will assist them in their academic endeavors at the university: services available to students, policies, an outline of the curriculum, and guidelines to prepare for this challenging academic experience.

By enrolling at Johnson & Wales University, students agree to conform to the rules, codes, and policies as outlined in this publication, in the catalog, and in all applicable student handbooks, including any amendments. Students must abide by all the rules, codes, and policies established by the university both on and off campus. The OTD Program specific policies are in addition to university policies listed in the JWU Student Handbook. All catalogs and handbooks are available online at www.jwu.edu and at Student Academic & Financial Services. The JWU Student Handbook, catalog, and other publications contain important policies, procedures, and rules that are not included in this document. **Please note, in the event that this handbook conflicts with and/or is more restrictive or specific than the *JWU Student Handbook*, the provision in this handbook shall apply.**

If a student has questions that cannot be answered by these sources, the student should discuss them with the Program Director. Students are required to sign the attestation statement on the last page of this handbook and of the *Fieldwork Manual and Capstone Manual* as condition for participation in the OTD Program.

Please read these sources carefully and thoroughly. Ignorance of the rules does not excuse infractions. The university reserves the right to amend this handbook and change or delete any existing rule, policy, or procedure, or to add new rules, policies, and procedures at any time and without prior notice.

B. MISSION STATEMENT

The mission of Johnson & Wales University (JWU) is “an exceptional education that inspires professional success and lifelong personal and intellectual growth.”

JWU’s mission is supported by the following guiding principles:

- Undertake continuous improvement and planning for a sustainable future.
- Foster an evidence-based teaching and learning environment.
- Support faculty scholarship to advance our status as a teaching and learning institution.
- Maximize student potential by enriching our academic programs with experiential and work-integrated learning.
- Value our faculty and staff.
- Embrace diversity for a richly inclusive community.
- Practice ethical citizenship in all aspects of university life.
- Act as a good steward of our resources to support the needs of our students, faculty, and staff.

Recognizing the mission and principles defined by the University and its student-centered culture, the OTD program sets forth this mission:

Johnson & Wales University Entry-Level Occupational Therapy Doctorate program provides an exceptional education that produces successful practitioners who value lifelong learning, consistently seek to meet the changing needs of their communities and become leaders in interprofessional practice who emphasize occupation as a determinant of health.

C. PHILOSOPHY

Fundamental to our educational philosophy is a belief that adult learners evolve, change, and adapt throughout the life span. To shape our students’ identities, we embrace the *Philosophical Base of Occupational Therapy Education* which reinforces the role of curriculum and learning experiences that convey “a perspective and belief system that includes a view of humans as occupational beings, occupation as a health determinant, and participation as a fundamental human right” (American Occupational Therapy Association (AOTA), 2018, p. 1).

Consistent with the *Philosophical Base of Occupational Therapy (OT)*, we recognize that humans are occupational beings with an inherent biological need for occupation which occurs in various contexts and enables us to connect with the world to find meaning, experience health and wellness, and to survive (AOTA, 2017; Clark, 1997; Gallagher, Muldoon, & Pettigrew, 2015). The occupational therapy faculty believe that the power of occupation should be central to the OTD

curriculum; just as occupational participation produces life satisfaction, skill development, and a sense of competency (Law, 2002). We affirm the view of occupational therapy expressed by AOTA, “Occupational therapy is based on the belief that occupations are fundamental to health promotion and wellness ... The use of occupation to promote individual, family, community, and population health is the core of occupational therapy practice, education, research, and advocacy” (2017, p. 7112410045p1).

The faculty believe that the adults entering this doctoral program have their own ways of thinking and bring specific skills and experience to the learning environment. Embracing the Constructivism Theory, faculty recognize that every student needs to be treated as an individual with emerging abilities that can be brought forth through interaction, guidance and reflection (Vygotsky, 1980). By understanding that students value learning with a direct connection to their future role as occupational therapists, faculty focus on providing relevant experiential components in each class. Faculty also understand that the transition from novice to expert requires student awareness of their knowledge, limitations, and ability to think about the way they learn (Persky & Robinson, 2017). Students participate in a variety of metacognitive strategies to foster self-awareness, reflection, and complex problem solving.

Faculty intersperse case studies, videos, role-play, discussion and reflection into their instruction to provide the richest resources for the students. In addition, intra- and inter-professional experiences are woven throughout the curriculum, taking place within the university and greater Providence, Rhode Island community. These experiences provide our students with multiple opportunities to reflect upon and consider the roles of occupational therapy in traditional and non-traditional practice settings as well as the scholarship that may extend from these opportunities. Students in this in-person, cohort model program gain the insight and confidence to transform their perspectives about the power of occupation in their own lives, as well as those they will serve as future occupational therapy professionals.

With understanding of the role of occupational beings, occupation, and participation, the JWU OTD program provides students with a strong professional identity. This identity integrates respect for the ethical principles of the profession grounded in the core principles of occupation, and respect for the various contexts that surround individuals and occupations, to meet the ever-changing occupational needs of individuals, populations, communities, and society.

D. CURRICULUM DESIGN AND THREADS

The curriculum design of the JWU OTD program emphasizes reflective learning under the direction of experienced faculty who embrace scholarship and lifelong

learning. Students do not see themselves as merely “recipients of facts,” but assemblers of knowledge (Hooper, 2006, p. 21). Through experiences created to empower them to examine evidence, apply theory, and model professional behavior the student emerges with an ability to synthesize evidence, develop professional skill, and apply knowledge in a variety of settings.

The faculty are dedicated to the concept that the fundamental nature of occupations must be deeply valued and embedded in the curriculum. Just as our clients benefit from occupations, we view our students as occupational beings who participate in the educational transaction (AOTA, 2018).

As stated in the Philosophy, JWU OTD students have the opportunity to actively engage in diverse learning opportunities and collaborate with others (both within and outside occupational therapy). The faculty emphasize continuous self-reflection and a collaborative process that builds on students’ prior knowledge and experience (AOTA, 2018).

Central to the program are the four curricular threads, which emerge from the JWU OTD mission, philosophy, and *AOTA’s Vision 2025* (AOTA, 2017).

The **curriculum threads** are:

- **FOUNDATIONS OF WELL-BEING**
Students master understanding of the foundational knowledge and the common language of occupational therapy practice. Students learn typical and atypical patterns of occupation, human development, movement, and neurological function that support quality of life for individuals, groups, and populations.
- **FACILITATING PARTICIPATION IN OCCUPATIONS**
Students experience and integrate occupational therapy practice in context within different practice settings with a variety of other professionals. Students learn and apply the theories, tools, and procedures used in occupational therapy to facilitate function and participation in occupations throughout the lifespan.
- **EFFECTIVE SOLUTIONS**
Students critically analyze contemporary and authentic issues using the principles of evidence-based practice. The distinct value of occupational therapy in society is revealed through research, scholarship, and practice. Students understand that effective solutions will change over time; therefore, lifelong learning is essential to quality practice.
- **COLLABORATIVE LEADERSHIP**
Students understand occupational therapy’s role as a leader with people, populations, and communities in current practice and emerging practice areas.

It emphasizes inter- and intra-professional collaborations both within health care and externally. Students prepare to assume leadership roles in education, entrepreneurship, health, and wellness.

These curricular threads provide JWU’s OTD program with a distinct identity and set the stage for students to understand the power of occupation, evidence, collaboration and lifelong learning. Together, these components of the design guide each interaction and provide a pathway to success for the entry-level occupational therapy doctorate student. When integrated, we envision students prepared for independent practice as evidence, and occupation-based practitioners who are who are ready to work as leaders in the profession and beyond.

E. COURSE SCOPE

The curriculum design introduces, reinforces, and assesses each area within occupational therapy as a part of the four threads. As they complete each semester of study and synthesize knowledge, the students become self-directed, reflective learners. Learning is scaffolded in such a way as to provide foundational knowledge, theory and assessment, practice, and scholarship.

Each semester includes courses associated with the required threads, culminating in the synthesis of knowledge from all threads within the Level II Fieldwork and Doctoral Capstone Experience, which occur in the last three semesters of the program.

Foundations of Well Being	
OTD7020	Foundations in Occupational Therapy
OTD7030	Human Occupation and Participation Across the Lifespan
OTD7060	Occupational Perspective on Health
OTD7110	Kinesiology
OTD7160	Human Conditions I
OTD7210	Neuroscience
OTD7260	Human Conditions II
Facilitating Participation in Occupations	
OTD7130	Assessment and Theory Across the Lifespan
OTD8240	Occupational Therapy Practice I: Mental Health
OTD8250	Occupational Therapy Practice II: Adults
OTD8270	Technology and Innovation
OTD8360	Occupational Therapy Practice III: Older Adults and Community
OTD8370	Occupational Therapy Practice IV: Pediatrics
Effective Solutions	
OTD7070	Introduction to Fieldwork

OTD7190	Research I
OTD8215	Introduction to Capstone I
OTD8220	Research II
OTD8230	Research III
OTD8315	Introduction to Capstone II
OTD8330	Theoretical and Clinical Reasoning in Context
OTD8350	Contemporary Concepts
Collaborative Leadership	
OTD7170	Occupational Performance and Participation in Groups
OTD8140	Healthcare Systems and Policy
OTD8210	Management and Entrepreneurship
OTD8310	Leadership and Advocacy
OTD8340	Teaching and Learning in Occupational Therapy

The courses complement each other and provide a strong basis in foundational information to prepare for practice in traditional and emerging settings. As students progress through the curriculum, courses reinforce leadership, management, scholarship and advocacy.

The foundational courses introduce and emphasize occupational therapy's distinct value in health, and population health, as a potential area for emerging practice. Students learn to recognize key theories in occupational therapy and how the contextual history of the profession impacts the future. These courses introduce the common language of occupational therapy, reinforce the use of the current Occupational Therapy Practice Framework (2020) and introduce concepts of group dynamics. Research I provides a basis of knowledge upon which all scholarship and therapeutic interventions are built.

While students are learning about human conditions that affect orthopedic and biomechanical issues, they are also learning about kinesiology to help them make connections between client factors, body structure, function and movement and occupations. While students are learning about neurological human conditions, they are also learning neuroscience. Knowledge of theory and assessment sets the stage for future courses, which reflect upon each of these key components of practice. Students are also introduced to the requirements of fieldwork they will need for semesters to follow.

Practice courses each exist with an embedded, direct connection to Level I fieldwork. Each practice course provides students with in-depth knowledge of the occupational therapy process with a different population. This sequence of courses begins with mental health, which provides the foundation for understanding psychosocial components of all areas of practice, and continues with adult populations, with a focus on rehabilitation. They then progress to a course focusing on the older adult and community health populations and finish

with pediatrics, focusing on child and family care from birth to adolescence. Students make the link between their didactic learning (i.e. pediatrics) and what they see within their exposure to a specific population (i.e. pediatric fieldwork in the community) while having a strong faculty led reflective component that includes simulation with direct feedback. This experiential and reflective learning allow students to apply what they learned during the first semesters' foundational courses to practice at a higher level. At this time, their research courses are also advancing into capstone introductory courses and students are challenged to find convergence and divergence between evidence and practice.

Research and leadership courses build student scholarship preparing them to teach, lead, and manage in any setting, and culminate in their doctoral capstone focused in one of the major areas identified by the Accreditation Council for Occupational Therapy Education (ACOTE): Administration, Education, Leadership, Advocacy, Research, Clinical Practice Skills, Policy and Program Development, Theory Development. Students also take two capstone courses which provide in depth organization for their planned capstone experience and project. Students integrate experiences from Level I fieldwork and formalized interprofessional opportunities experienced each semester to assist them in their work for these courses.

As the student becomes more adept in foundational and practice skills concepts of management and entrepreneurship are introduced to advance their skills in a chosen area as a leader and advocate for the profession. The focus of the courses is to recognize the domain and process of the *Occupational Therapy Practice Framework* (OTA, 2020) but also to extend beyond intervention and create a modern practitioner who is ready for the changing vision of occupational therapy in the future. In their last semester they begin to combine higher level theory with practice and clinical reasoning. The skills associated with scholarship of teaching and learning emerge here as the students begin to consider their role in education and present their work within their areas of interest and prepare for capstone.

Almost every course in the curriculum has an interprofessional objective which consistently reinforces collaboration both within the profession (intra-professionally with OT assistant students) and externally (with other health professionals and students, and students from JWU programs such as engineering and design, equine and culinary). These interprofessional experiences encourage students to integrate collaboration into the next stage of their academic careers.

When the didactic courses are complete, the students complete their level II fieldwork experiences in traditional settings and/or emerging practice areas. This 24-week experience in at least two distinctly different practice areas under the direction of an experienced occupational therapist prepares the student for

practice as an entry-level generalist. While supervision models and settings may vary, all four curricular threads are emphasized and reinforced. Students participate in a community of practice learning environment directed by the Academic Fieldwork Coordinator to ensure reflection and professional growth and development throughout this time.

Students then participate in the doctoral capstone experience. After taking three research courses and two capstone introductory courses, students are immersed in an area of interest. This may revolve around clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, or education. The doctoral capstone, as designed, is the culmination of the JWU OTD program. Students in their final semester engage in the capstone experience and the capstone project. The Capstone Coordinator ensures compliance to all procedural requirements, self-reflection, and preparedness for final capstone project presentation.

This curriculum takes students on a reflective journey to provide a worldview of occupational therapy in multiple contexts in a complex and changing world. With a focus on community practice and intra and interprofessional experiences, students explore new venues, populations, and emerging areas for occupational therapy practice. The journey moves them to become occupational therapists ready to meet society's occupational needs through practice, research, advocacy, and education beyond a generalist.

References

- American Occupational Therapy Association. (2017a). Philosophical base of occupational therapy. *American Journal of Occupational Therapy*, 71(Suppl.2), 7112410045. <https://dx.doi.org/10.5014/ajot.716SO6>
- American Occupational Therapy Association. (2017b). Vision 2025. *American Journal of Occupational Therapy*, 71, 7103420010. <https://doi.org/10.5014/ajot.2017.713002>
- American Occupational Therapy Association. (2018). Philosophy of occupational therapy education. *American Journal of Occupational Therapy*, 72(Suppl. 2), 7212410070. <https://doi.org/10.5014/ajot.2018.72S201>
- American Occupational Therapy Association. (2020). *Occupational therapy practice framework: Domain and process* (4th ed.). American Journal of Occupational Therapy, August 2020, Vol. 74, 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>
- Clark, F. (1997). Reflections on the human as an occupational being: Biological need, tempo and temporality. *Journal of Occupational Science*, 4(3), 86-

92. <https://doi.org/10.1080/14427591.1997.9686424>

Gallagher, M., Muldoon, O. T., & Pettigrew, J. (2015). An integrative review of social and occupational factors influencing health and wellbeing. *Frontiers in Psychology, 6*, Article 1281. <https://doi.org/10.3389/fpsyg.2015.01281>

Hooper, B. (2006). Epistemological transformation in occupational therapy: Educational implications and challenges. *OTJR: Occupation, Participation & Health, 26*(1), 15-24. <https://journals.sagepub.com/doi/10.1177/153944920602600103>

Law, M. (2002). Participation in the occupations of everyday life. *American Journal of Occupational Therapy, 56*(6), 640-649. <https://doi.org/10.5014/ajot.201956.6.640>

Persky, A.M., & Robinson, J.D. (2017). Moving from novice to expertise and its implications for instruction. *American Journal of Pharmaceutical Education, 81*(9), Article 6065. <https://doi.org/10.5688/ajpe6065>

Vygotsky, L. S. (1980). *Mind in society: The development of higher psychological processes*. Harvard University Press.

F. SCHOLARSHIP AGENDA

The Johnson & Wales University Entry-Level Doctoral Occupational Therapy Program values all levels of scholarship. In keeping with our mission and curriculum design, the program emphasizes scholarly activities involving community and populations, focusing on the promotion of health and well-being of diverse populations through rigorous inquiry and translation of research into resources that inform practice and improve the quality of life of communities and populations. Interprofessional education and practice that fosters the development of forward-thinking emerging areas of practice is emphasized as an important area of scholarship, as is the examination of occupation as a determinant of health. Research can use a variety of methods and activities including participatory inquiry, program development, mixed methods, and implementation science.

G. COURSE SEQUENCE

YEAR 1	Course Title	Credits
Summer	Foundations of Occupational Therapy	2
	Human Occupations and Participation Across the Lifespan	2
	Research I	3
	Occupational Performance and Participation in Groups	3
Fall	Kinesiology	4
	Assessment and Theory Across the Lifespan	3
	Human Conditions I	3
	Introduction to Fieldwork	1
	Research II	3
Spring	Neuroscience	4
	Occupational Therapy Practice I: Mental Health	6
	Human Conditions II	3
	Research III	3
YEAR 2	COURSE TITLE	Credits
Summer	Occupational Perspective on Health	3
	Healthcare Systems and Policy	3
	Occupational Therapy Practice II: Adults	6
Fall	Management and Entrepreneurship	3
	Introduction to Capstone I	2
	Leadership and Advocacy	3
	Occupational Therapy Practice III: Older Adults	6
	Technology & Innovation in Occupational Therapy	3
Spring	Theoretical and Clinical Reasoning in Context	3
	Contemporary Concepts in Occupational Therapy	3
	Introduction to Capstone II	2
	The Scholarship of Teaching and Learning	3
	Occupational Therapy Practice IV: Pediatrics	6
YEAR 3	COURSE TITLE	CREDITS
Summer	Level II Fieldwork IIA	9
Fall	Level II Fieldwork IIB	9
Spring	Doctoral Capstone Project	3
	Doctoral Capstone Experience	10

H. PROGRAM OUTCOMES

1. The University's Essential Learning Outcomes

Professional Competence

Graduates will demonstrate the knowledge and skills required to succeed in their chosen profession.

Foundation for Lifelong Learning

Graduates will demonstrate the knowledge and skills necessary for lifelong learning, including competence in communication, critical and creative thinking, quantitative and scientific reasoning, and the ability to evaluate, integrate, and apply knowledge from multiple perspectives when making decisions and solving problems.

Global and Community Citizenship

Graduates will demonstrate the necessary skills, including an awareness of ethical responsibility and cultural/ global diversity, to live and work collaboratively as contributing members of society.

2. OTD Program Outcomes

The occupational therapy doctorate program outcomes correlate with ACOTE's standards and emerge from our program's mission, program philosophy, curriculum design, and the documents referenced above. Each program outcome correlates with one or more of JWU's Essential Learning Outcomes of Professional Competence (PC), Foundation for Lifelong Learning (FLL), and Global and Community Citizenship (GCC).

JWU OTD graduates are expected to:

Assist clients with maximizing health, well-being, and quality of life (QOL) through interventions that support normal human development and functioning (PC, GCC).

Graduates apply foundational knowledge and the common language of occupational therapy in practice. Graduates assess and identify typical and atypical patterns of occupation, human development, movement, and neurological function to determine how best to provide intervention that improves quality of life for individuals, groups, and populations.

Facilitate and support client participation in occupations (PC, GCC).

Graduates integrate occupational therapy practice in context within a variety of practice settings. They apply the theories, tools, and procedures used in occupational therapy to facilitate function and participation in occupations throughout the lifespan.

Provide effective client-centered solutions utilizing evidence-based practice (PC, LL, GCC).

Graduates critically analyze contemporary and authentic issues using the principles of evidence-based practice. They utilize and explain the distinct value of occupational therapy in society through participation in the study of research, scholarship and practice. Graduates understand that effective solutions will change over time, therefore they participate in lifelong learning.

Practice collaborative leadership as an occupational therapy professional (LL, GCC).

Graduates understand occupational therapy's role as a leader with people, populations, and communities in current practice and emerging practice areas. They emphasize inter- and intra-professional collaborations within the health care arena and externally. Graduates assume leadership roles in education, entrepreneurship, health and wellness.

I. TECHNICAL STANDARDS

See Appendix A.

J. PROGRAM SCHEDULE

The OTD Program Academic Calendar usually aligns with the published JWU Graduate School Academic Calendar. Semester start-, stop-, and other dates may differ. Students should consult with the Program Director prior to scheduling non-program activities. These schedules are subject to change and it is the student's responsibility to be aware of and comply with the changes.

K. VOLUNTEER OPPORTUNITIES

On occasion, the faculty or staff of the program may make students aware of volunteer opportunities in the university or community. Students are not obligated to volunteer and shall not be financially compensated for this activity. Student employment through the university work-study program will be governed by university policies.

The JWU OTD Program hosts a club called the Student Occupational Therapy Association (SOTA) and has a chapter for the Coalition of Occupational Therapy Advocates for Diversity (COTAD) for those members of the class who are interested in participating. Information for this club can be found in the SOTA/COTAD student manual located on uLearn (under the club tab). Students should contact SOTA faculty advisor as well as current officers of SOTA/COTAD for more information.

L. PROGRAM ASSESSMENT IN THE PURSUIT OF EXCELLENCE

Consistent with the program's accreditation review process, the JWU OTD Program is committed to the pursuit of excellence and will, therefore, collect, review, and analyze program and student data as part of its ongoing self-assessment plan. The following are examples of some of the data that will be collected:

Assessments, written examinations, practical examinations, projects, presentations, fieldwork and capstone performance evaluations, course evaluations, professionalism grading rubrics, focus group notes, exit and graduate surveys, fieldwork supervisor surveys, student evaluations of fieldwork and capstone sites.

We are required to collect this information by the Accreditation Council for Occupational Therapy Education and appreciate when students complete surveys in a timely manner. Survey results really do help us improve your OTD program.

II. RULES AND REGULATIONS

A. INTRODUCTION

This section contains policies and requirements for students seeking enrollment or enrolled in the JWU OTD Program. These policies are unique to the OTD Program and are designed to promote standards for academic competence, professional behavior, integrity, conduct, and personal responsibility. Section III represents the parameters of achievement and behavior the program faculty expect of students as future health practitioners who will be serving the public and consumers. It is the responsibility of all students to be knowledgeable about program policies. The policies are applied to all aspects of the student's academic progress and conduct for as long as the student is enrolled in the Program. To the extent that any issues are not covered by this Handbook, but are covered by other university policies, those such policies apply.

B. PROGRAM REQUIREMENTS

1. Background Checks / Drug and Alcohol Testing

All OTD students are subject to a mandatory background check prior to attending fieldwork. Some sites may require repeat or further testing of students, such as additional background checks, drug testing, and/or fingerprint screening. The university will pay the cost of background checks, but the student is responsible for all costs related to additional requirements not completed through the university (drug screening, etc.).

In the event a student has an unsatisfactory finding on a background check, **sites may deny the student placement. The academic fieldwork coordinator will work with the student in accordance with procedures outlined in the student fieldwork manual.** Failure to submit to a background check will result in delay of placement, and therefore may delay graduation.

DISCLAIMER:

Felony convictions may prohibit national certification or state licensing. If a student is concerned about any prior issues, which might prevent him or her from securing a cleared background check, she or he may choose to undergo a character review at any time. This is done by requesting the National Board for Certification in Occupational Therapy to complete an Early Determination Review. Further information about the process and fees is available on [NBCOT website](#).

2. **Immunizations and Physical Examination**

In accordance with the guidelines set by the Academic Fieldwork Coordinator, occupational therapy students are required to submit mandatory documentation (vaccinations, CPR certification, flu shots, etc.) to EXXAT prior to fieldwork. Beginning in Fall 2021 JWU requires students to demonstrate COVID-19 vaccination.

Failure to meet any of these requirements will result in a departmental hold placed on the student's account, which prohibits the student from registering for fieldwork courses.

Students are also required to meet the physical examination and immunization requirements of their fieldwork and capstone sites that may include requirements not listed above, such as finger printing or drug screening. The student is responsible for the cost of any additional testing or requirements other than is initially submitted.

Additional details can be found in Fieldwork Manual and the Capstone Manual.

3. **Malpractice Insurance**

The university will enroll students in malpractice insurance while they are matriculated in the OTD Program. Please contact Fieldwork Coordinator for additional details.

4. **Textbooks**

All course syllabi include a list of required texts and other resources and/or supplies which must be purchased by the student. Students can plan on spending approximately \$1,000 to \$3,000 for these required items throughout the three years of the program. A list of required texts will be made available by the JWU OTD Program as soon as possible prior to the start of classes. In addition, each course syllabus includes a list of recommended texts and resources that students are not required to purchase but may wish to have as important reference materials. If an online required course text is available, purchase of a hard text is optional. All students are required to have a laptop capable of accessing these electronic materials. For those texts not available online, students are expected to obtain the required text by the beginning of class for each semester.

The faculty carefully reviews textbook requirements and whenever possible makes choices that consider cost effectiveness. Several books will

be used throughout the program or in multiple courses. Please check with your professor or program director before renting a book on a temporary basis. Also, consider that you may want textbooks available at the end of the OTD program to help study for the national certification examination.

5. **Information Technology Requirements**

Students must have a [laptop computer](#) with reliable wireless Internet access. Both the program and the university use email as the primary method of communication. Students must also be able to access ulearn, the university's online course management system, for class materials and grades. Students will be required to log into EXXAT, a cloud-based platform that will help them organize all fieldwork and capstone related materials.

JWU Information Services recommends Chrome browser for some online applications. Students must have software that allows them to prepare PowerPoint presentations and Word documents, along with up-to-date virus/malware protection. These are available for free as Office 365. Additional information can be found on the [JWU IT webpage](#).

Email is the official method of communication to its students. Students are required to check their university email on a daily basis (at least once every 24 hours). The program is not responsible if students have inaccurate or missed information because they do not routinely read, check, and clear their email accounts. Email from accounts other than the student's JWU email will not be accepted or used for any communication. Students are expected to keep their JWU email inboxes accessible to program communications. If a student's email is returned due to a "full" account, the returned email will not be re-sent and the student will be responsible for the content of the returned email.

Ulearn is the official source of information about courses for the OTD program. Students are expected to check ulearn frequently for course updates and class materials.

C. **ACADEMIC PERFORMANCE POLICY AND PROCEDURES**

1. **Academic Performance**

Students are encouraged to reach out to faculty members and their advisor with questions or to seek instruction, advice, and resources to support their individual learning and academic performance. The university has a number of resources to assist students experiencing academic challenges, including academic advisors and the Center for Academic Support.

The core values of honesty, integrity of data and research methodology, and confidentiality form the basis for academic integrity. Johnson & Wales University is a member of the Center for Academic Integrity (CAI), a consortium of more than 200 colleges and universities that seeks to encourage the deepening of academic integrity on campuses nationwide. JWU OTD students must demonstrate intellectual and personal honesty in learning, teaching, and research. JWU OTD students should not knowingly misrepresent data or its origin. JWU OTD students must truthfully report results, not act in gross negligence in collecting and analyzing data, and not selectively report or omit data for deceptive purposes. Furthermore, JWU OTD students may not take or release the ideas or data from others that were shared with the legitimate expectation of confidentiality.

When violations of academic integrity are suspected and reported or observed, the university's Academic Integrity Review Process is initiated. The policy is available on-line at:
<https://catalog.jwu.edu/handbook/academicpolicies/academicintegrity/>

OTD students must adhere to the Institutional Review Board (IRB) policies on protecting human participants in research. Students should refer to JWU's IRB policies when conducting human-related experiments or survey research. For more information about IRB at JWU, visit
<https://www.jwu.edu/about-jwu/institutional-research.html>

2. **Graduation Requirements**

To successfully graduate from the JWU OTD Program, students must:

- Successfully complete and pass all required courses and program requirements with a grade of B- or better and have a minimum cumulative GPA of 3.00.
- As noted below, the grade of B- is worth 2.7 points, so other grades must be high enough to create an average GPA for each semester of 3.00 or higher.
- Complete fieldwork and capstone requirements within 24 months of finishing coursework.

Any exception to this plan requires discussion with and approval from program director and faculty advisor to determine any extenuating circumstances.

3. Academic Standing

Status at Start of Term	Total Credit Hours Attempted	Cumulative GPA	Status after Term Completion
Good Standing	0–higher	3.00–4.00	Good Standing
Good Standing	0–higher	0–2.99	Academic Dismissal

Academic Standing Standards

Students who have a GPA less than 3.00, or any grade lower than a B- will be dismissed from the program. No didactic coursework may be repeated.

Students must complete and pass all current semester courses before they can progress to the next semester of the program. Successful academic performance in the program is demonstrated by passing all required courses and other program requirements with a grade of B- or better and having a minimum cumulative GPA of 3.00.

Final grades are generally not appealable. In the case of clerical or mathematical error in the calculation or recording of a grade, students have one calendar year from the semester-end date within which they may appeal an official grade. This appeal must be addressed to the faculty member in writing. Approved grade changes are only viewable on academic transcripts or degree audits.

<https://catalog.iwu.edu/handbook/academicpolicies/gradeappeals/>

4. Graduate Grading System

Grade Range	Letter Grade	Quality Points
97–100	A+	4.00
93–96	A	4.00
90–92	A-	3.70
87–89	B+	3.30
83–86	B	3.00
80–82	B-	2.70
77–79*	C+*	2.30*
73–76*	C*	2.00*
70–72*	C-*	1.70*
0–69*	F*	0.00*

*Not considered a passing grade in the OTD Program

5. **Repeating Level II Fieldwork**

Occasionally a student is unable to complete a level II fieldwork course, OTD9810 or OTD9860, on their first try. **Students may repeat level II fieldwork once, for a total of 3 placements.** This policy addresses billing for a repeat of OTD9810 or OTD9860.

Students will be charged 1 course credit for repeating OTD9810 or OTD9860, rather than the full 9 credits associated with these courses.

Students will then proceed to their doctoral capstone project and experience courses, OTD9910 and OTD9920, at their usual rate in the next semester.

If students need to repeat a capstone course, this will most often require a grade pending at the end of semester which will convert to a final grade when work is complete. The program director and capstone coordinator will collaborate with student, faculty mentor and site mentor if applicable to make this decision.

Repeating or delaying fieldwork or capstone may delay graduation. Students must complete fieldwork and capstone requirements within 24 months of finishing coursework.

6. **Academic Dismissal**

Dismissed students may no longer matriculate in the OTD Program at the university. An academic dismissal may be appealed first to the Program Director and then to the Dean of the College of Health & Wellness. A final appeal may be made to the Deans' Academic Appeal Committee.

Doctoral student requirements:

- To return to the university, students may petition the appropriate doctoral program director, through the written appeals process.
- Individuals who have been dismissed from a doctoral program for poor academic performance or progress may appeal the dismissal decision to the appropriate doctoral program director.
- A written appeal of academic dismissal must be submitted to the doctoral program director in writing no later than 30 days after the date of the notice of dismissal. The letter of appeal should include a) the basis for the appeal; b) a summary of discussions, if any, between the student and representatives of the student's program such as the student's major advisor and/or the student's doctoral program director; and c)

outcome or remedy proposed by the student. The letter may include additional or new relevant information. The doctoral program director will communicate with the dean of the appropriate college by transmitting the student's letter of appeal.

- **Grounds:** The following are grounds for appeal: 1) incorrect calculation of grade point average; 2) misapplication of standards for academic performance and satisfactory progress by the appropriate college; 3) circumstances which had not been known which might be relevant to the dismissal.
- **Disposition:** The dean of the appropriate college may 1) act on the appeal, 2) appoint a designee to collect additional information for the dean, or 3) constitute a 3-person ad hoc review committee from the college. The purpose of the ad hoc committee is to provide an opinion and recommendation to the dean regarding the appeal. The ad hoc committee will review all materials and communications related to the case. Additional information may be requested.
- The dean will inform the student and the doctoral program director in writing of the method of disposition of the appeal. If a dean's designee is appointed, the student and the doctoral program director will be informed of the name and contact information for the dean's designee.
- The dean's decision with respect to a student's appeal shall be final. The student and the doctoral program director will be informed in writing of the dean's decision.

7. **Satisfactory Academic Progress – Financial Aid**

To be eligible for financial aid, all students must satisfy Satisfactory Academic Progress (SAP), which is required by federal law. Satisfactory Academic Progress measures a student's completion of coursework toward a degree. JWU evaluates SAP at the end of each term/semester, including summer, for each student. Students who do not meet all SAP criteria may lose their eligibility to receive all types of financial aid (e.g., federal, state, private, institutional and other aid). Students will be notified of the decision both verbally and in writing. Failure to achieve satisfactory academic progress may result in a remediation or other plan that may necessitate additional course work and/or delay graduation. A delayed graduation could involve additional time enrolled as a student and additional tuition and fees. This additional cost may not qualify for financial aid.

8. **Advanced Placement**

There is no advanced placement in the OTD Program.

9. **Prior Work Experience**

The OTD Program does not provide academic credit for any prior work

experience.

10. **Transfer Credit**

The OTD Program does not accept any transfer credits.

11. **Refund Policy**

Information on the university's refund policy is available at:

<https://catalog.jwu.edu/financingyourdegree/refundpolicies/>

D. CLASSROOM AND CLINICAL SITES

1. **Health & Safety Plan**

Details will be provided in the OTD Health & Safety Plan and course syllabi.

2. **Attendance**

Attendance is essential to student success. Attendance is mandatory at all assigned classes, labs, seminars, and testing sessions.

Interprofessional (IPE) activities are team based. They are required sessions by the program and the accreditation body. Student presence at these sessions is a professional responsibility.

Promptness is another professionalism trait the healthcare practitioner must display. Students must arrive on site on time, preferably 5-10 minutes early. Repeated tardiness is considered unprofessional conduct, and, at the discretion of the faculty member, the student will be referred to their assigned faculty advisor, and/or the Program Director.

The purpose of the university's attendance policy is to help students develop a self-directed, professional attitude toward their studies and maximize their educational opportunities. Regular class attendance provides fundamental educational value and offers the most effective means to gain command of the course concepts and materials.

Students must attend all classes, arrive on time and remain for the entire class period, and report to class fully prepared with all required materials. To meet these expectations, students must arrange course schedules that minimize conflict with other commitments, including personal commitments, or work. When students encounter difficulty meeting these requirements, they must actively engage their faculty member to discuss the concern.

Acute illness is a justifiable reason for absence from class. Please do not come to class if you are genuinely ill, have a fever, or suspect that you have a communicable illness (such as the flu). Contact your instructor

concerning your absence from any class before the class starts if possible. You may also communicate with the Administrative Coordinator or Program Director if you cannot reach the instructor.

Individual faculty define the specific role that class attendance plays in the calculation of final grades for each course. Additionally, excessive absences in certain courses may result in withdrawal from the course at the instructor's discretion. Students should consult the course syllabus and course instructor for specific faculty policies on attendance and make-up work within a course. Student Academic Services does not issue excused absences from class. Students must contact their course instructor directly to discuss the missed class.

To avoid issues with missed work or content, all planned absences must be reported to appropriate faculty member as soon as possible. The student is responsible for making up any missed work and contacting faculty member to ensure receipt all necessary information from class(es). Unplanned absences may occur due to circumstances beyond the student's control such as unexpected illness and family emergencies. Students are responsible for informing faculty about the absence as soon as possible and making up any missed work, as well as reviewing any missed content. Frequent unexcused absences will be considered a professional behavior issue and will be referred to advisor and/or program director for action.

Students may request to be excused for religious holidays; however, these dates must be discussed and approved by the Program Director.

When a problem related to absences cannot be resolved at the program level, the student will be referred to JWU Student Affairs and the Director of Student Conduct. This office will review the case and make a determination that could include probation, suspension, or dismissal from the program and university.

3. **Electronic (Mobile) Devices**

Mobile phone devices must be turned off, or otherwise rendered inaudible unless directed by instructor for in class use. Students using electronic devices in the classroom are expected to use them for JWU OTD related communication and note taking. If students are found to be distracted by use of device, it will be reflected in professionalism grade. If students need to access their mobile device during class for any reason, permission must be granted by instructor.

4. **Examination Protocol**

The following rules apply to all students during an examination:

- Students are required to be present for all scheduled examinations.
- A student who arrives late to an examination will not be given additional time to complete it. If a student arrives 15 or more minutes late from the exam start time, it is the prerogative of the faculty member to determine if the student will be permitted to take the exam or whether the exam will be rescheduled for that student. If the examination is rescheduled, the exam will cover the same subject material as covered by the original examination; however, it may be modified from the original examination. Furthermore, any student arriving after other students have completed the exam and left the testing area will not be allowed to start the examination.
- A student who is unable to attend a scheduled examination for any reason must immediately notify the faculty member (in person, via text, or via email) as soon as possible *prior* to the start of the exam. The faculty member will determine whether the student will be permitted to make up the missed examination. The student may require a health provider note for absences due to illness.
- Failure to make up the examination within a specified time will result in a grade of zero (0) for that examination.

5. **Attire and Appearance**

Students should be professionally dressed for presentation days and other special events. Please see syllabi for each class to determine instructor expectations. When in doubt about proper dress, please discuss with your instructor. The Fieldwork and Capstone manuals include details about dress code.

You will be given a JWU OTD identification badge to use in experiential learning on campus and at fieldwork and capstone sites. Students should introduce themselves as occupational therapy students and sign all documentation with their legible full signature followed by OTS which stands for OT student. At no time should a student misrepresent him or herself as being other than an occupational therapy student.

6. **Borrowing Materials**

Students may borrow assessments, books and other materials as needed from the OT Department. Students should contact the academic administrative coordinator to coordinate borrowing materials, assessments and supplies. Students may also use consumable materials, such as assessment scoring sheets, paint, or games, for example, during level I fieldwork experiences. Since the assessment storage closet is kept locked,

students must interact with a faculty or staff member to initiate borrowing materials.

- Students are expected to return the materials in good condition and by the date specified.
- Students should let the academic administrative coordinator know if replacements are needed or supplies are getting low.
- The academic administrative coordinator checks the sign out sheet to ensure that all items have been returned four times per semester and contacts students who have outstanding items.
- Faculty and the program director will intervene if materials are not returned in a timely manner.
- If items are still not returned, a student may be referred to the university student affairs office for violation of Student Code of Conduct to assist in items.

E. STUDENT MISCONDUCT

1. Student Code of Conduct

The purpose of the Student Code of Conduct and the Conduct Review Process is to help the university maintain a safe, healthy, and positive campus community and online environment for living, learning, and working, where individuals act lawfully and in compliance with university policies and rules, and act with honesty, integrity, civility, and respect for themselves and others and for the university community and its surrounding communities. The Student Code of Conduct sets forth the behavioral requirements for community. The Code of Conduct applies to student behavior that takes place both on and off campus. Violations of this Code are resolved through the Conduct Review Process. For more information please see:

<https://catalog.jwu.edu/handbook/studentaffairs/studentcodeofconduct/>

2. Academic Misconduct

Instances of academic dishonesty, including but not limited to cheating, plagiarism, and unauthorized collaboration, are prohibited under the Student Code of Conduct. Allegations of academic dishonesty that *originate in the academic setting* are managed by faculty and resolved through the “Academic Integrity Review Process” found at:

<https://catalog.jwu.edu/handbook/academicpolicies/academicintegrity/>

3. Occupational Therapy Code of Ethics

Students and faculty are also governed by the Code of Ethics of the American Occupational Therapy Association (AOTA). You will learn about this code and its application throughout the program and can refer to it in Appendix C.

III. GENERAL UNIVERSITY RULES AND REQUIREMENTS

The following section contains information on policies that are of particular importance to this Program. However, please note that students are responsible for reviewing and understanding all provisions of the general Student Handbook. **Please note, in the event that this handbook conflicts with and/or is more restrictive or specific than the *JWU Student Handbook*, the provision in this handbook shall apply.**

A. ACADEMIC POLICIES

1. Withdrawal

Students may withdraw from a course or a semester, or the university. Prior to withdrawing, students must meet with the Program Director and Student Academic & Financial Services to address the impact of withdrawal on their status. Students may be denied a withdrawal from a course, fieldwork or capstone. The student must notify Student Academic & Financial Services of any courses that they wish to drop from their schedule, as well as any intent to leave the university. Discontinuing attendance or notifying an instructor does not constitute an official course or university withdrawal.

For more information on withdrawals, please see:

<http://catalog.jwu.edu/handbook/generalinformationandpolicies/withdrawalfromjwu/>

2. Readmittance

Students approved for readmittance (readmission) will be assessed the current tuition rate and are responsible for any changes to their program of study that may have occurred during their period of absence. If the break in enrollment exceeds one year or more, the student's program of study will follow the requirements listed in the current year catalog. Students are responsible for reviewing the additional readmittance criteria.

<http://catalog.jwu.edu/handbook/academicpolicies/readmittancepolicy/>

B. ACADEMIC RESOURCES

1. Academic Advising

All JWU OTD students are assigned a Faculty Advisor. Students must meet with their advisor on a regular basis, at least two times a year. Faculty

advisors schedule required student advising meetings which may be face to face, or via telephone or internet. The purpose of the meeting is to review the student's progress and to discuss any problems the student may be experiencing. Students are encouraged to meet with their advisor more frequently if they are having problems with academics or professional behaviors, or if they would like to strengthen their experience.

2. **Academic Success Center**

The Academic Success Center (ASC) provides educational resources and opportunities for all students and also promotes equal access for students with disabilities to empower them to achieve success and become lifelong learners.

ASC offers specialized advising for students who self-identify with the department. ASC advisors advocate for equal access, accommodations and respect for students with disabilities in the campus communities.

Additionally, the Academic Success Center offers a wide range of professional and peer tutoring. Study-skills workshops are offered throughout the academic year. Smart Thinking is a 24/7 online tutoring service that is also available to all JWU students and is accessed through their jwuLink account. JWU OTD students are also encouraged to use the Writing Lab to receive individual coaching on academic writing.

Services through the Academic Success Center are complimentary for all students. For more information about services, locations, hours and contact information for each campus, please see: <https://sites.jwu.edu/academic-success/index.html>.

3. **Students with Disabilities**

JWU is dedicated to providing reasonable accommodations to allow students with learning, physical or other disabilities to succeed in their academic pursuits. While maintaining the highest academic integrity, the university strives to balance scholarship with support services that assist students with disabilities with accessing the university's academic environment.

Because the OTD program has technical standards and requirements, applicants and students with disabilities should contact the Accessibility Services to discuss the availability of reasonable accommodations or to obtain documentation guidelines, when appropriate.

For further information regarding available reasonable accommodations and the accommodations procedure, please see: <https://sites.jwu.edu/accessibility-services/>

C. HEALTH AND WELLNESS

1. Health Insurance

While matriculated in the JWU Occupational Therapy Doctorate Program, students are responsible for the costs associated with any routine or non-routine medical care.

All students are *required* to have health insurance coverage while enrolled in the OTD program. If students have acceptable health insurance coverage (e.g., parent's health insurance or an employer program), they do not have to enroll in the JWU student health insurance plan. They can opt out of the university plan by submitting the online waiver form to demonstrate evidence of coverage. Students must submit a new waiver form each academic year. Students who do not waive the JWU plan will be enrolled in and charged for it. The online waiver form and details of the plan, including the full brochure and benefit flyer, can be found on the University Health Plans website, <https://www.universityhealthplans.com/>.

2. Student Health Services, Student Mental Health Services

The University maintains two Health Services offices where health care is provided to students — one at Wales Hall for the Downcity campus and one at the Harborside Recreation Center for the Harborside campus. Students may visit either office. For more information please visit:

<https://health.jwu.edu/providence-health-services>

In addition, the University offers two student mental health centers on its campuses. Counseling Services, available on both the Downcity campus and the Harborside campus, provide counseling and referral to students. Its confidential services include, but are not limited to, individual and group counseling, emergency psychological services, and sexual assault support services. Further information can be found at

<https://health.jwu.edu/providence-counseling-services>. After business hours or for emergencies, students should contact Safety and Security at 401-598-1103.

Downcity Health Services

Wales Hall
8 Abbott Park Place
401-598-1104

Downcity Counseling Services

Wales Hall
8 Abbott Park Place
401-598-1016

3. **Recreational Facilities**

Students enrolled in the OTD program may take advantage of the fitness programs available on campus. There are two fitness centers: the Wildcat Center Gym & Fitness Center on the Harborside campus and Wales Hall Fitness Center Downtown.

For more information on these facilities and specific fitness programs, see: http://providence.jwuathletics.com/information/fitness_programs/index

4. **Coping with Stress**

The JWU OTD Program is an intensive and rigorous program of academic and experiential learning. The program requirements can be highly demanding and stressful, alone or in combination with other events in students' personal lives. We strongly encourage students to utilize the resources available to them on campus, including Student Health Center and the counseling center <https://health.jwu.edu/providence-health-services>, Academic Success Center, and Fitness Centers.

Please do not hesitate to reach out to your faculty advisor or program director with any issues that are interfering with your success in the program.

5. **Smoking Policy**

Smoking is strictly prohibited in all campus facilities. This includes but is not limited to residence halls, common work areas, classrooms, conference and meeting rooms, private offices, elevators, hallways, stairs, restrooms, vehicles and all other enclosed facilities.

6. **Drug and Alcohol Policy**

In accordance with the Federal Drug-Free Workplace Act and Drug-Free Schools and Communities Act, Johnson & Wales University prohibits the unlawful manufacture, distribution, dispensation, possession or use of narcotics, drugs, other controlled substances, or alcohol at the workplace and in the educational setting. Possession or use of alcoholic beverages anywhere on university premises is prohibited except for lawful use at events, operations, or programs sanctioned by university officials (see the Student Code of Conduct). Disciplinary sanctions which may be imposed on a student found to be in violation this policy include but are not limited to revocation of certain privileges, community service, conduct warning, conduct probation, fine or restitution for loss, suspension or dismissal from the university and/or university housing, and referral to alcohol education

classes. The university also reserves the right to notify parents of violations by students who are under the applicable legal drinking age.

For a full statement of the Drug and Alcohol Policy, see:

<http://catalog.jwu.edu/handbook/generalinformationandpolicies/drugandalcoholpolicy/>

7. **Campus Safety and Security**

Campus Safety & Security promotes the safety and well-being of JWU students, faculty, staff, and property. Campus Safety & Security contributes to the quality of university life by fostering an environment in which security is balanced with freedom of movement, and individual rights are balanced with community needs. JWU strongly encourages the prompt and accurate reporting of all suspicious or criminal activity that occurs on or near university property. Students and staff should report this activity immediately by calling 401-598-1103. In any emergency situation, students should dial 911 or (9) 911 from a university telephone. Officers are available 24 hours a day 365 days a year.

Please make sure doors close behind you when you are leaving the OTD program building.

Johnson & Wales University publishes an Annual Security Report and an Annual Fire Safety Report that contains information about campus security and statistics concerning reported crimes that occurred on campus, on public property close to campus, or on other property used or controlled by the university.

For information on that Report and for more information on Campus Security & Safety, please see: <https://safety.jwu.edu/providence>

D. **OTHER INSTITUTIONAL POLICIES**

1. **School Cancellations for Inclement Weather**

Any cancellation of classes due to inclement weather will be announced over radio stations WPRO-AM (630) and WWBB-FM (101.5) and television stations WLNE (Channel 6) and WJAR (Channel 10) and their associated websites. Cancellations will also be sent via JWU email and posted in the emergency alerts section of jwuLink and the campus website, <https://www.jwu.edu/about-jwu/Alerts/providence-alerts.html>

In addition, you may access class cancellation information by phone: 401-598-5555.

2. **Change of Address**

Throughout the program, students are **required** to notify the program director or academic coordinator immediately when there is a change in their address or phone number. This is in addition to following required university policies for maintaining addresses.

<https://sites.jwu.edu/alerts/update-your-information.html>

3. **Student Employment while in the Program**

Students are strongly discouraged from having full-time outside employment during Level II Fieldwork and Capstone. Throughout the program, any experiential learning components will not be modified to accommodate work schedules. Student employment must not interfere with any aspect of the student's learning experience.

4. **Transportation and Housing**

Students are required to secure their own reliable transportation to class, laboratory, on- or off-campus patient encounters, simulation exercises, and fieldwork sites.

Many of the fieldwork placements will require travel to sites outside the greater Providence area. Students are responsible for all costs associated with these clinical rotations, including but not limited to travel, parking, and living expenses.

5. **Discrimination and Harassment Policy**

Johnson & Wales University prohibits discrimination on the basis of race, religion, national origin, ethnicity, age, sex, sexual orientation, gender identity or expression, genetic information, disability, veteran status, or any other unlawful basis in admission to, access to, treatment of, or employment in its programs or activities. Individuals found responsible for acts of discrimination or harassment will be subject to the Student Code and/or Human Resource policies, as appropriate.

To review the university's full Prohibited Discrimination and Harassment Policy, including contact information for the nondiscrimination officer and how to file a complaint, please see:

<http://catalog.jwu.edu/handbook/generalinformationandpolicies/discriminationandharassment/>

6. **Complaints and Grievances**

The university maintains a complaint and grievance procedure for the resolution of conflict between members of the university community. This procedure is not intended to be a forum to redress inappropriate or prohibited conduct or challenge university policy. Rather, it is a means by which an individual can seek a timely and fair review of his or her concerns. For information on this procedure, including the types of grievances it covers and the steps to follow, please see:

<http://catalog.jwu.edu/handbook/generalinformationandpolicies/complaintsandgrievances/>

7. **Voluntary Medical Withdrawal**

Students may choose to apply for a voluntary medical withdrawal if they need to leave school for a period of time to address illness or physical or mental health conditions that significantly impair their ability to function successfully or safely as a member of the university community. Students who are granted voluntary medical withdrawals may be eligible for an additional tuition credit to their student account upon their return to the university. A voluntary medical withdrawal is intended only for serious medical or psychological conditions, which may involve hospitalizations, intensive treatment or other similar conditions or events. In these instances, time away from the university for treatment and recovery can often restore functioning to a level that will enable a student to return to the university and be successful.

<https://catalog.jwu.edu/handbook/generalinformationandpolicies/withdrawalfromjwu/medicalwithdrawal/>

8. **Involuntary Medical Withdrawal Policy**

Johnson & Wales University seeks to provide a healthy, safe and positive learning environment for all members of the university community. Pursuant to the university's Involuntary Medical Withdrawal Policy, the university may require students to withdraw from the university or any university program (defined to include any university activities, classes or programs, including university-affiliated internships), indefinitely or permanently or until such time as the university determines students may resume their enrollment in the university or participation in any university program, as the case may be. The Involuntary Medical Withdrawal Policy is designed to comply with applicable laws, including laws governing disability. This policy is not a substitute for and does not replace any disciplinary process or sanctions that may be imposed under the Student Code of Conduct or for academic or other violations. This policy may be

invoked independent of or concurrent with the processes and sanctions under the Student Code of Conduct or otherwise.

<https://catalog.jwu.edu/handbook/generalinformationandpolicies/withdrawalfromjwu/involuntarymedicalwithdrawal/>

IV. STUDENT SIGNATURE SHEET

I attest that I have received, read, fully understand, and agree to comply with all policies and procedures set forth in the JWU Occupational Therapy Doctorate Student Handbook Class of 2024.

Student Signature

Date

Student Name (Print)

**Please sign and return by email to Academic Administrative Coordinator by
Monday, June 7, 2021.**

V. APPENDICES

A. TECHNICAL STANDARDS

Occupational Therapy Doctorate Technical Standards

As future occupational therapists, students must complete an academic program, including clinical components, including fieldwork and a doctoral capstone experience in order to qualify to sit for the National Board for Certification in Occupational Therapy (NBCOT) certification exam. Students must pass the NBCOT exam in order to obtain an occupational therapy license in all 50 states to become occupational therapy practitioners. This document outlines the areas of *essential functions* that an occupational therapy student must be able to perform, with or without a reasonable accommodation, to successfully complete the program and function as an entry-level occupational therapist.

Observational Skills

Students need observation skills in order to interpret client participation in a wide variety of occupations and settings and participate effectively in other group or team situations.

Students must:

- Observe and interpret behaviors, signs, and symptoms in others close up and at a distance
- Perceive data received by the senses in order to integrate, analyze, and synthesize it in a consistent and accurate manner
- Scan the environment for safety factors to prevent hazards and emergency situations
- Perceive sound at normal speaking levels, faint body sounds, and auditory alarms

Intellectual and Communication Skills

Students need to comprehend large amounts of information and to apply this information to the evaluation and management of intervention with clients who have complex occupational performance problems. Effective communication skills enable the occupational therapist to elicit appropriate information from clients and others and to effectively explain assessment and intervention processes and procedures.

Students must:

- Attend to verbal and written information
- Display adequate English language skills in written and oral communication
- Respond to emergency situations safely and effectively
- Deliver and receive information, synthesizing knowledge from multiple sources and senses to integrate for action
- Demonstrate problem-solving, including the ability to interpret information from multiple sources (written, verbal, environmental, interpersonal, etc.)
- Gather information, identify problems, and identify alternative plans of action
- Understand and follow verbal and written instructions in a timely manner
- Record information in a way that is legible, accurate, descriptive, free from errors, and consistent with guidelines or standards
- Document clearly, and in a timely manner, reports and other required items
- Make decisions spontaneously in unexpected, urgent, and pressure situations
- Understand and incorporate new information with increasing complexity
- Adhere to safety precautions
- Interpret and respond to subtle cues of mood, temperament, and gestures provided by others.

Behavioral and Social Attributes

Students must demonstrate the ability to practice in a professional and ethical manner and possess the emotional maturity to practice in a stressful work environment. Students are expected to respond appropriately to individuals regardless of sex, age, race, color, ethnic or national origin, disability, religion, marital status, sexual orientation, or veteran status. Students must:

- Cope with demands of heavy workload, demanding clients, and life-threatening clinical situations
- Recognize and respond appropriately to potentially hazardous situations
- Maintain personal appearance and personal hygiene according to guidelines appropriate for the classroom, fieldwork, and doctoral capstone facilities
- Demonstrate self-reflection and the ability to apply feedback
- Adhere to standards set forth by profession and program (*see AOTA Code of Ethics (2020) and JWU Code of Conduct*)
- Use sound judgment within group settings in order to maintain social contracts, maintain boundaries, and act in accordance with policies or rules of conduct in various settings
- Demonstrate mental flexibility
- Respond appropriately to situations involving pain, grief, death, stress, communicable diseases, blood and body fluids, and toxic substances

Motor Skills

Students need to possess the ability to perform evaluative and therapeutic procedures, requiring specific physical skills and stamina.

Students must:

- Sit with or without support
- Mobilize self through environment independently
- Grasp and manipulate objects, large or small
- Collect and move equipment and supplies up to 25 lbs.
- Maneuver objects or large/immobile people (up to approximately 150-200 lbs.) while maintaining safety of self and others

Occupational Therapy Doctorate

Technical Standards

Certification statement for accepted applicants to the entry-level occupational therapy doctorate program

Please sign, date and return this page to the Occupational Therapy Department.

I certify that I have read and understand the Occupational Therapy Doctorate Technical Standards and that I meet each of these standards with or without a reasonable accommodation.

Signature

Date

Print Name

Students must keep in mind that if they have any difficulty performing these technical standards and need reasonable accommodations to perform any of them, it is the student’s responsibility to contact Accessibility Services (401-598-4689) to request the accommodations. Reasonable accommodations may not fundamentally alter the nature of the training program, compromise the essential elements of the program, cause an undue financial or administrative burden, or endanger the safety of patients, self or others.

Please note the OTD program reserves the right to review and update technical standards that all students must meet to successfully participate in and complete the OTD program.

B. OCCUPATIONAL THERAPY CODE OF ETHICS (2020)

ETHICS

AOTA 2020 Occupational Therapy Code of Ethics

Preamble

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

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

The Code serves two purposes:

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

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

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

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

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

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

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

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

Core Values

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

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

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

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

Principles

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

Principle 1. Beneficence

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

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

remove harm (Doherty & Purtilo, 2016). Examples of Beneficence include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, offering services that benefit persons with disabilities, and acting to protect and remove persons from dangerous situations (Beauchamp & Childress, 2019).

Principle 2. Nonmaleficence

Occupational therapy personnel shall refrain from actions that cause harm.

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

Principle 3. Autonomy

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

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

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

Principle 4. Justice

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

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

Principle 5. Veracity

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

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

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

Principle 6. Fidelity

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

The Principle of *Fidelity* refers to the duty one has to keep a commitment once it is made (Veatch et al., 2015). This commitment refers to promises made between a provider and a client, as well as maintenance of respectful collegial and organizational relationships (Doherty & Purtilo, 2016). Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. For example, occupational therapy personnel should consistently balance their duties to service recipients, students, research participants, and other professionals, as well as to organizations that may influence decision making and professional practice.

Standards of Conduct

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

Table 1. Standards of Conduct for Occupational Therapy Personnel

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

(Continued)

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

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

(Continued)

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

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

(Continued)

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

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

(Continued)

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

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

References

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

Authors

Ethics Commission Members, 2019–20 and 2020–21

Brenda S. Howard, DHSc, OTR, *Ethics Chairperson, 2019–2023*

Leslie Bennett, OTD, OTR/L, *Member at Large, 2019–2021*

Brenda Kennell, MA, OTR/L, FAOTA, *Education Representative, 2015–2021*

Kimberly S. Erler, PhD, OTR/L, *Practice Representative, 2014–2020*

Barbara Elleman, MHS, OTD, OTR/L, *Practice Representative, 2020–2023*

Jan Keith, BA, COTA/L, *OTA Representative, 2017–2020*

Marita Hensley, COTA/L, *OTA Representative, 2020–2023*

Donna Ewy, MD, FAAFP, MTS, *Public Member, 2019–2022*

Roger A. Ritvo, PhD, *Public Member, 2018–2021*

Mark Franco, Esq., *Legal Counsel*

Rebecca E. Argabrite Grove, MS, OTR/L, FAOTA, *AOTA Ethics Program Manager*

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Adopted by the Representative Assembly, November 2020

Note. This revision replaces the 2015 document *Occupational Therapy Code of Ethics (2015)*, previously published and copyrighted in 2015 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 69, 6913410030. <https://doi.org/10.5014/ajot.2015.696S03>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

References for Appendixes A and B

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

Bibliography

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