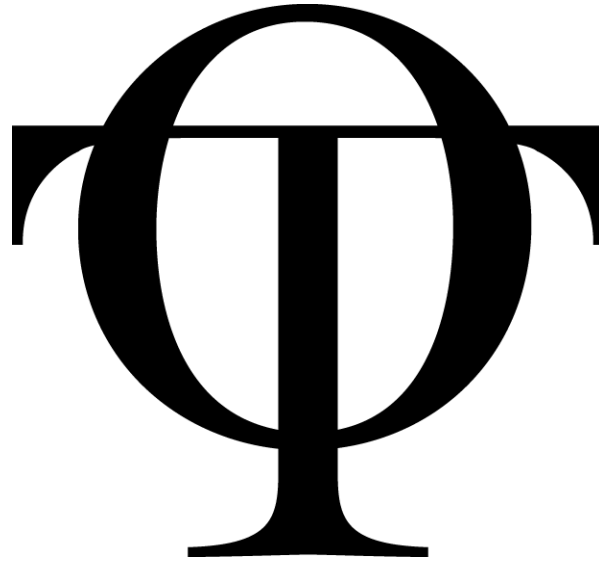


COLUMBIA UNIVERSITY



# STUDENT HANDBOOK

Programs in Occupational Therapy

2018 - 2019

## *Limitations of Handbook*

*This handbook is intended to provide information for the guidance Columbia University Occupational Therapy students. While every effort has been made to ensure the accuracy of the information contained herein, accuracy cannot be absolutely guaranteed, and anyone who needs to rely on any particular matter is advised to verify it independently. The contents of this handbook are subject to change, and the Programs reserve the right to depart without notice from any policy or procedure referred to in this handbook, or to revise and amend this handbook in whole or in part at any time. This handbook is not intended to and should not be regarded as a contract between the University and any student or other person.*

*Students should also refer to the Essential Policies for the Columbia Community, <http://facets.columbia.edu>, the university publication on policies and regulations..*

# OCCUPATIONAL THERAPY STUDENT HANDBOOK

This Handbook contains information and policies adopted by the Programs in Occupational Therapy. Some of the information is contained only in the Handbook and is provided here in greater detail than in any other document. All of the information relates to some aspect of your education, and it is important that you become familiar with the contents.

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# Introduction to the Programs in Occupational Therapy

## Introduction

The curriculum of the Program in Occupational Therapy at Columbia University reflects the mission of the University, the philosophical base of the profession, the beliefs and values of the faculty about professional education at the graduate level, and the needs of our graduate students. Our entry-level professional program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®), and has been since 1943. The Program in Occupational Therapy received a full 10-year accreditation in 2013, and is scheduled for its reaccreditation evaluation in the 2022-2023 academic year. The Accreditation Council for Occupational Therapy Education (ACOTE®) is part of the American Occupational Therapy Association (AOTA), and can be contacted by telephone (301) 652 2682, via their website ([www.acoteonline.org](http://www.acoteonline.org)), or by mail at:

ACOTE  
c/o Accreditation Department  
American Occupational Therapy Association (AOTA)  
4720 Montgomery Lane, Suite 200  
Bethesda, MD 20814-3449

## Mission Statement

The mission of Columbia University is to provide a deep, broad, challenging education, beyond the acquisition of information and marketable skills, encouraging the hunger for understanding and the quest for enduring values.

The Program in Occupational Therapy is guided by the mission of the Vagelos College of Physicians and Surgeons (P&S), of which it is an integral part. The mission of the Vagelos College of Physicians and Surgeons *is to prepare its graduates to be leaders and role models who define excellence in patient care, medical research, education, and health care policy. Their Columbia education will prepare them to exhibit the highest standards of humanism and professionalism to their patients, to their community, and to society.* (<http://ps.columbia.edu/education>).

The P&S mission creates a favorable climate for the Occupational Therapy Program to have shaped its curriculum well beyond the medical model. The Occupational Therapy Programs' mission is: *to educate and prepare occupational therapists to promote health and well-being*

*through occupation as practitioners, consultants, educators, and researchers in a variety of socio-cultural, professional, and institutional contexts.*

The programs various curricula are built on the premise that attainment of competence and scholarship requires that once having been provided with the resources, students learn how to learn independently and collaboratively. This emphasis upon both independent and collaborative learning is viewed as the most effective mechanism for preparing students to practice in an evolving health care system.

Graduates of the programs are professionals who can identify human and environmental problems, can independently and collaboratively search for and create resources to develop solutions, and through a process of clinical reasoning determine and implement optimal intervention strategies. Mastery of these skills is achieved through a curriculum model that simultaneously provides a variety of clinical and academic resources and teaches students to rely on their own resources. The program also provides a foundation for graduates to assume responsibility for lifelong learning and for contributing to the growth and evolution of occupational therapy.

## **Philosophy**

Our curriculum is built on three philosophical ideas that guide the selection of content and extend concurrently through the four semesters. First, a person is an active being whose development is influenced by occupation and occupational contexts. Second, content focuses on the individual and one's social network, and addresses occupational performance across the lifespan for those with or at risk for acute and chronic disorders who must maintain a wellness and prevention program. Third, content serves as preparation for professional roles and responsibilities in research, program development, health policy, education, and management. These philosophical ideas are consistent with AOTA's Vision 2025, which states: *Occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living.*

The program's curriculum is built on the principle that attainment of student competence and scholarship requires the provision of essential resources and mentoring students to master independent and collaborative learning styles. The emphasis upon both independent and collaborative learning is viewed as the most effective mechanism for preparing students to practice in an evolving health care system. Our curriculum is also built on the assumption that while occupational therapy professional education has the goal of preparing occupational therapists who can work in all practice areas locally and globally, education must promote an understanding of how policy impacts health care and facilitates the future roles of advocate, scholar, and leader. Because many of our students may enter the graduate program as

emerging adults, they require initial guidance towards becoming a graduate learner, and benefit from acculturation into the new role of an independent and collaborative learner.

### 1. The Graduate Level Learner

- Students within graduate level programs have varied life and academic experiences that lead to different expectations of the academic setting.
- All students have previously demonstrated the ability to participate in a liberal arts education and may have demonstrated knowledge and skill in the world of work.
- Graduate learners have varied needs and approaches to learning. Students must be willing to adapt to different teaching styles and faculty must be able to accommodate the needs of a variety of learning styles.
- Graduate learners should assume responsibility for their own education. They must be initially provided with resources and instructed in information access processes, but should eventually be able to independently access needed resources and information.
- Graduate students enter graduate education as motivated learners with a self-selected career goal. Each new learning experience must allow students to use well-established skills to address unfamiliar, unexpected, and more complex situations.
- Graduate learners are consumers of their educational system and must be included in formulation of systematic policies.

### 2. Professional Education

- Each profession has a unique body of knowledge that must be transmitted within a limited time frame to those entering the profession. Students must learn to manage their time to meet temporal as well as content requirements.
- Education for practice must include making connections across professions and placing the profession of occupational therapy in a larger interprofessional context. Students must be provided with opportunities for interprofessional and transdisciplinary learning.
- Professional education must include ample time and opportunities to apply theories and skills to actual practice.
- The learning environment must include a variety of role models who embody the qualities that are valued by the profession.
- Faculty in professional education are experienced practitioners who assume responsibility for transmitting the values of the profession to students. This calls for a collegial environment in which faculty members assume the role of mentor, facilitator, and coach rather than serving as the student's only source of knowledge.

### 3. Occupational Therapy

- A person is an active being whose development is influenced by occupation and occupational contexts.

- When normal development at any life stage is interrupted by illness, injury, or environmental barriers to participation, a corresponding breakdown of person's activity pattern and his or her ability to engage in occupation, should occur.
- Occupational therapy—assisting people to participate in desired occupations in a variety of social and environmental contexts—is used to restore function, prevent dysfunction, and adapt to irreversible losses.
- Wellness and prevention are influenced by engagement in occupation.
- The occupational therapy process involves a partnership between the client and the occupational therapist.
- Provision of occupational therapy at any level includes assessment and problem identification, goal setting, intervention planning, implementation of multiple approaches, and evaluation of outcomes based on the client-centered needs of the individual. Students must become familiar with each of these processes and apply them at individual and community levels.
- The occupational therapy process must equally integrate the occupational therapist's specific knowledge and expertise, interpersonal skills, and ability to communicate, collaborate, and coordinate services in any given setting.

#### 4. Health Care

- Currently, health care is in a state of transition. Students must become familiar with change as an environmental reality and must learn ways of anticipating, planning for, and responding to change.
- Health care delivery must be provided in many different settings. Students must be prepared to translate occupational therapy principles to the service needs of a variety of settings.
- In anticipation of health care reform, education must prepare students to respond to as yet unanticipated fiscal realities requiring the balance of quality and supply.

#### 5. Society

- Membership in a profession carries privileges and responsibilities assigned to that profession by society. These responsibilities include, but are not limited to, recognition of and adherence to ethical standards to which the student must be educated.
- Students must recognize and be responsive to the changing composition of the communities in which they work.
- Students must acknowledge that a profession has made a contract with society to treat all service recipients with the highest degree of integrity, to provide humane care to all persons under their care, and to respect the cultural diversity and alternative lifestyles of all clients.



- As members of the world society, students must acknowledge their relationship and commitment not only to people in geographic proximity to the university, but also to people all over the world.

## Professional Values Statement

Your successful entry into the profession of occupational therapy depends on many factors. These include your academic achievement and your recognition and demonstration of professional behavior. Students who make a smooth transition into professional practice possess a set of internal values that are closely aligned with the values of their chosen profession.

### What is value?

Basically, a value is a belief held as one's own that guides behavior. As you are faced with choices about how to respond to situations in life, your personal values will guide the choice of response you select.

### What are professional values?

Professional values are beliefs that are observed as guides for conduct in behaving, in this instance, as an occupational therapist. These professional values can differ from personal value preferences. AOTA has identified seven core values and attitudes: Altruism, Equality, Freedom, Justice, Dignity, Truth, and Prudence.

### What are professional values at Columbia?

Professional values and their corresponding behaviors at this university begin with the concept that we are a *community* composed of many individuals. While individual needs in this community are important, of paramount importance is the understanding that we are all current or future members of a professional group. Professionals are often called upon to lay aside personal concerns and to consider the values of the professional group.

During your student career, you will become familiar with the Occupational Therapy Code of Ethics and Ethics Standards (2015), included in this handbook. This document represents the values held by your profession and is a guide to conducting yourself as a health professional. These professional values will likely cause you to examine your personal values for signs of congruence or lack thereof.

The faculty and administrative staff members of the Program in Occupational Therapy will assist you in the socialization process of your chosen profession. It is expected that your personal values of honesty, integrity, and responsibility will remain active while you are a student and will be incorporated into your professional values. In the spirit of establishing a community for learning which will benefit all of us and which will assist you on your path towards becoming a professional, we expect all faculty, administrative staff, and students to conduct themselves according to specified behavioral standards when interacting with each other. These standards are based on mutual respect, a desire to maintain an atmosphere of civility, and tolerance for individuality. We believe that adherence to these standards by all of us will establish the foundation for mutually rewarding relationships. This foundation will ultimately enhance the atmosphere for teaching and learning and will afford all of us opportunities for professional growth.

## Curriculum Design: Professional (Entry-Level) Program

At Columbia University, we believe that occupational therapy education should:

- prepare occupational therapists who can work in all practice areas, including emerging areas, locally and globally;
- include an understanding of how policy impacts health care;
- allow for the future roles of advocate, scholar, and leader;
- reflect AOTA's Vision 2025.

Graduates of the programs are professionals who can identify human and environmental problems, can independently and collaboratively search for and create resources to develop solutions, and through a process of clinical reasoning based on evidence based practice determine and implement optimal intervention strategies. Mastery of these skills is achieved through a curriculum model that simultaneously provides a variety of clinical and academic resources and teaches students to seek these out. The program provides a foundation for graduates to assume responsibility for lifelong learning and for contributing to the growth and evolution of occupational therapy.

Our curriculum is built on five assumptions:

- First, the educational program must provide students with an understanding of and the ability to apply the concepts related to occupational performance throughout the major areas of life stages and clinical conditions of clients, the impact on their social network, and on prevention and wellness.
- Second, professional education must provide ample time and opportunity to apply theories to practice in a broad spectrum of contexts and environments, and along a population continuum from person to society.
- Third, the program is based on a framework that acknowledges the need to introduce graduate learners to the body of knowledge of the profession by providing learning experiences with increasing complexity and sophistication in order to promote learning along the continuum of remembering, to creating, and towards facilitating student independence.
- Fourth, as there are many avenues on which to build occupation based interventions and programs, we use as our overarching contexts both the Practice Framework, 3<sup>rd</sup> Edition, and the International Classification of Function. In addition, our curriculum teaches content related to a variety of theoretical models and frames of references so that our graduates will be armed with approaches that can be tailored to clients' needs.
- Fifth, the expectation for professional education at the graduate level must include preparation for scholarship of application and integration, an understanding of healthcare policy, and the assumption of a variety of professional roles.

Threaded throughout our curriculum, with increasing complexity all through the two years, are the following: occupation, context and environment, population continuum, from person to society, and scholarship of application and of integration.

- The content related to occupation covers knowledge related to but not limited to: theory of occupation and of occupational science, occupational analysis and activity analysis, occupation's use as a means and ends in prevention and intervention, occupation's role in clinical assessment and intervention, along with community based programs, and a broad understanding of the application of occupation, including occupational justice
- Context and environment, whether, related to the specific space in which one's daily occupations occur, or to all the personal, cultural, etc. characteristics that can influence performance, are stressed equally throughout our curriculum.
- As occupation and occupational therapy have bearing on individuals and extended populations, it is important to highlight its role in prevention, treatment, health policy, justice, etc. These notions are addressed throughout the curriculum.
- And finally, as occupational therapists must be evidence based practitioners, the scholarship of application and of integration is embedded in our courses.

Students are introduced to these concepts and their role in occupational therapy from the very beginning of their education, with increasing sophistication throughout the two years. These concepts are highly valued and addressed in significant ways in each of the clinical courses, as well as in the curriculum at large. For example, faculty address the varying complexity of occupation in a variety of contexts, populations, and evidence based practice with increasing sophistication. Bloom's taxonomy of knowledge and skills is evident as the courses progress. Furthermore, reinforcing the didactic portion of our curriculum is fieldwork which provides the students with an opportunity to see, experience, and even challenge what they are learning. Our students are expected to demonstrate their achievement at the different levels of knowledge and skill attainment through the course assignments, fieldwork opportunities, and professional development activities.

#### Rationale for Content, Scope, and Sequence

Students come with a broad preparation in the liberal arts and clearly delineated prerequisite courses in the physical and behavioral sciences, as well as communication skills. All science content in the program builds on this earlier foundation. Structure and function are reviewed in the first semester along with an introduction to pathology. The pathology content during the second semester provides the basis for the problems and specifically for working with patients with mental disorders during their Level I and Level II fieldwork. The research component of the program extends throughout the two years and culminates in a report of a research project

at the end of the second year. Also in the second year are the remaining three clinical courses and their corresponding fieldwork.

In collaboration with the staff at the fieldwork sites, three different Level I models have been developed to emphasize different learning strategies that are required for each. The first is the traditional model generally found in Level I settings where 1-2 students are supervised by one OTR one day per week over 10 weeks. This is used for **Physical Disabilities I** and **Occupational Therapy with Children II**. In the second model, used for **Mental Health**, students go to their placements for two days per week during the last seven weeks of the course and receive direct supervision by an occupational therapist on-site or off-site. This allows students to absorb all the didactic content before application to the clinical setting. In the third model, used for **Occupational Therapy with Older Adults**, students are most frequently placed into a community setting and receive direct supervision from someone other than an occupational therapist. An occupational therapist supervisor visits the students in the clinical setting. Students assume greater responsibility for decision-making and for exercising professional judgment.

### First Semester

In the **Professional Foundations** course students learn what to expect from the profession and what will be expected of them as occupational therapists. Subject matters will include therapeutic use of self, occupations, and theories of occupational therapy, where basic science courses in **Human Anatomy Foundations for Occupational Therapy** and **Kinesiology** can be applied. The course that emphasizes normal development of groups is **Mental Health I: Group Dynamics** where students examine various group theories and apply these to classroom experiences. This course also begins to look at groups as an important treatment modality for patients, a content area that is further developed in the Mental Health course of the second semester. Also in preparation for Mental Health students have a course in **Clinical Conditions 1: Psychopathology** that covers the symptoms and classification of mental illness. Finally, the research sequence is introduced through the course in **Research Methods** that lays the foundation for planning and implementing the Master's Project during the following three semesters.

### Second Semester

While the emphasis of the first semester is on structure and function, the second semester focus is on dysfunction and treatment. Throughout all courses students are introduced to the concept and application of *occupations*, examining the tasks of living from an anthropological perspective as well as from a clinical perspective: what people do, when, where, why and how,

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*We see the need, we meet it, we exceed it!*

and what happens when people are unable to do these things. The major time commitment is given toward the **Mental Health II** course that includes concentrated didactic preparation in the first seven weeks, followed by six weeks of two full days per week of Level I fieldwork. This content is balanced by our **Clinical Conditions II** course, which addresses medical, neurological and orthopedic conditions, and includes a lab component that begins the skill development process of physical exams. A course in **Clinical Reasoning** is part of this semester, as students explore the role of interpersonal relationships and counseling interventions, and where reflective and interactive reasoning is stressed. **Neuroscience Foundations for Occupational Therapy** is included in this semester to continue one's understanding of structure and function. In keeping with the third unit in the Curriculum design that addresses preparation for professional responsibilities in research, students are introduced to the research agenda of the program and join with faculty on designing and carrying out a project. Students participate in one of two paths to follow during this and the subsequent semesters. One path, beginning with the **Evidence Based Practice I** course, provides the arena where students, in teams, develop the research proposal to be implemented in the second year. The second path gives students the option of taking two research courses, **Research 1 and 2**, in lieu of Evidence Based Practice I, II, and Final Project. **Research 1** is offered in spring of year 1, followed by **Research 2** in fall of year 2. A research project is also embedded within these courses.

#### Summer – Level II Fieldwork A – Mental Health

Students spend twelve weeks, full-time, in a mental health setting. This could be an acute or long-term care facility, with inpatient or outpatient services, with age groups that range from pediatrics through older adult. An effort is made to provide a different type of setting from the Level I Mental Health fieldwork. Students give input on location and, when possible, setting.

#### Third Semester

Evaluation and treatment, as well as prevention, are emphasized in the third semester in two clinical courses addressing the problems of specific patient populations: courses that focus on **Physical Disabilities**, and on **Older Adults**. The Level I experience in **Physical Disabilities** runs once weekly throughout the entire semester, while the half-day weekly Level I **Older Adult** experience starts during the last weeks of the semester and runs throughout the fourth semester. (Please see the explanation above of the various Level I experiences.) In addition, students begin coursework in Pediatrics. **Occupational Therapy with Children Part I** covers foundations of occupation centered pediatric practice, the evaluation process and typical and atypical development. During this semester, students may continue to work with their research advisors and begin data gathering for their Master's Project. This is done with the guidance of their faculty advisor, and through involvement in the third component of the research

sequence: **Evidence Based Practice II**. Students who selected the Research 1 and 2 courses continue and complete this course sequence. **Supervision and Management** provides students with knowledge and practice within the roles of supervisor and manager. **Introduction to Grantwriting** allows students to consider various modes of service delivery, to design a community based program for implementation, and to prepare all the components of a grant, from strategic aims through budgets and marketing. **Introduction to Grantwriting** is a year-long course that is completed during the final semester of the program.

#### Fourth Semester

In the final semester the clinical content increases in complexity and students begin to move out of the medical model for their Level I fieldwork. A clinical focus continues with three populations. **Occupational Therapy with Children Part II** covers intervention and areas of practice. It is coupled with the pediatric full-day, once weekly fieldwork that takes students into schools, private practices and day programs. The **Older Adult** fieldwork that began in the fall semester continues on a weekly basis and exposes students to community agencies for the both the well and frail elderly and home based care for more disabled older adults. This culminates in a Poster Forum in which students engage in a poster presentation event for the community. The second half of **Physical Disabilities** exposes students to evaluation and treatment of patients with neurophysiologic problems. The **Health Policy** course introduces students to the changes in health care as reflected in the policies and programs that influence and are influenced by the changes. Finally, the culmination of the **Master's Project** occurs during this semester. Students complete their research and present their work at the Occupational Therapy sponsored Interdisciplinary Research Day. Students who had followed the Research 1 & 2 path also have the opportunity to present their evidence based research project during the Interdisciplinary Research Day event. This event brings together a broad university audience in which student research achievements are highlighted.

#### Electives

We offer a series of **Electives** in areas of interest to occupational therapy. Each student is required to select at least two electives from a roster provided by the program. Occupational Therapy electives provide opportunity to study material in greater depth, and allow students to pursue particular areas of interest. These electives can be taken at any time during the program of study, as long as prerequisites have been satisfied. Most students take these during their final year of study. The Electives offered range from advanced inquiry into a variety of clinically related topics, to teaching assistantships.

## Summer – Level II Fieldwork B – Physical Disabilities

Students spend twelve weeks in a variety of facilities where adult patients receive occupational therapy for problems primarily with a physical origin. They are placed in a broad range of settings, ranging from acute care to chronic care, health promotion, and private practice.

## Fall – Level II Fieldwork C – Special Interest (optional<sup>1</sup>)

This optional fieldwork provides students with experience in additional areas. This includes but is not limited to pediatrics, international work, or professional concerns with the AOTA.

### Advisement

Throughout one's participation in the occupational therapy program, every student is assigned to an advisor. The role of the advisor is to shepherd the student through the program, assist with any academic challenges, provide feedback on professionalism, and guide the student towards one's professional goals. The advisor formally meets with each advisee at least once during each semester, but is always available when a student requests a meeting. The advisor may also serve as a liaison between the student and other faculty as well as university services.

Each student is also advised by the fieldwork coordinator team. Please refer to the *Fieldwork: Professional Program* section of this manual.

### **Educational Outcomes/Objectives**

The goals of the Program are to educate occupational therapists who demonstrate the knowledge, skills, and attitudes that will enable them to:

1. Work competently and collaboratively in any practice setting as well as in prevention and wellness, integrating and applying a range of evidence-based knowledge of therapeutic interventions and of occupation
2. Identify micro and global systems operating throughout the population continuum (person to society)
3. Acknowledge and embrace similarities and differences in gender, ethnicity, class, culture, and age

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<sup>1</sup> If choosing an optional fieldwork, graduation takes place after the completion of this fieldwork. In addition, check with the Financial Aid office as financial aid awards may be affected.



4. Instill and foster the direction toward leadership and scholarship in health care
5. Interpret and promote occupational therapy approaches for:
  - a. Clients and their families
  - b. Health professionals
  - c. The general public
  - d. Fiscal intermediaries and legislators
6. Think simultaneously as an occupational therapist generalist and specialist
7. Acknowledge change as a persistent factor and respond proactively
8. Assume responsibility for contributing to the health policy arena

The competencies for each of the objectives are met through individual courses throughout four semesters.

## **Fieldwork: Professional Program**

The fieldwork experiences in the professional program are carefully designed to provide students with a range of experiences in a variety of practice areas and in a variety of practice settings. Both Level I and Level II fieldwork experiences are described below.

### **Overview of Level I Fieldwork**

Level I Fieldwork is designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process. The four fieldwork Level I experiences are embedded in each of the major clinical courses. Each of the experiences offer varied opportunities to learn and participate in the role of occupational therapy in varied treatment settings and contexts and are connected to the particular course content.

The focus of these experiences is not intended to be independent but is closely supervised with the overall objective for the student to be exposed to occupational therapy practice and opportunities. The Level I experience offers students a basic comfort level with the occupational therapy process (evaluation, intervention, and/or consultation services).

In collaboration with the staff at the fieldwork sites, three different Level I models have been developed to emphasize different learning strategies that are required for each. The first is the traditional model generally found in Level I settings where 1-2 students are supervised by one OTR one day per week over throughout the semester. This is used for **Physical Disabilities I** and **Occupational Therapy with Children II**. In the second model, used for **Mental Health**, students go to their placements for two days per week during the last six weeks of the course. This allows students to absorb all the didactic content before application to the clinical setting. Students may be at clinical sites supervised by someone other than an OTR but still receive

direct supervision by an occupational therapist on-site or off-site. They are visited one time on site and receive other supervisory guidance from an OTR during the course of the Level I experience. This model helps facilitate the connection of occupational therapy theory into clinical practice in sites without OTs on site. In the third model, used for **Occupational Therapy with Older Adults**, students are in a community setting and receive direct supervision from someone other than an occupational therapist. Students assume the role of a consultant with greater responsibility for decision-making and for exercising professional judgment. The objectives for the Level I experience are included in the fieldwork manual distributed to students, and reviewed in the class each experience is associated with.

### **Assignment of Students to Level I Fieldwork Sites**

All fieldwork placements are arranged through the Level I fieldwork coordinator in consultation with the course directors. We make every effort to ensure students are in varied placements throughout their Level I and Level II fieldwork experiences.

Qualified supervisors for Level I fieldwork may be from varied professions, including occupational therapists, creative arts therapists, social workers, psychologists, teachers, nurses, physical therapists, etc. When students are supervised by other health care professionals, we have arranged for an OTR supervisor to make a site visit and to be available to students for consultation and advisement to help facilitate the connection between occupational theory and practice. In addition, the course directors are available to the students as well.

### **Fieldwork Level I Experiences and Assignments**

Each clinical course has their own required experiences and assignments connected to the Level I fieldwork experience. Fieldwork assignments are submitted to and graded by the course directors. Assignments may or may not also be reviewed by the site supervisors. Experiences are designed to apply knowledge, develop evaluation and intervention skills, written, verbal and nonverbal communication and interpersonal skills, foster clinical reasoning and problem solving abilities, promote professional behaviors, and engage students in the supervisory process. Students are expected to actively participate in the fieldwork experience with the understanding that each site and their clients have their own requirements and needs that may dictate their fieldwork experiences. The overarching objective is to expose students and engage them in varied aspects of the occupational therapy process.

### **Fieldwork Level II**

Each Level II fieldwork experience provides an in depth experience in the multiple roles and responsibilities of an occupational therapists. Assignments to all Level II experiences are made by the Level II Fieldwork Coordinator, in collaboration with the student and with the faculty. All materials related to the Level II experience are distributed by the Level II fieldwork coordinator and administrative coordinator. The Level II experience is described in the next section of this document.

The general sequence of fieldwork for full time students is:

Second Semester: Level I Mental Health

First Summer: Level II Mental Health

Third Semester: Level I Physical Disabilities

Fourth Semester: Level I Pediatrics and Level I Older Adult

Second Summer: Level II Physical Disabilities

Fall after Second Summer (Optional): Level II Specialty (Pediatrics, Hands, etc).

### Fieldwork II Objectives

The objectives of the overall fieldwork program, which includes all Level I and II experiences, are as follows:

1. Apply previously learned theoretical concepts to the actual therapeutic and professional situation in a variety of contexts and environments.
2. Utilize appropriate methods of evaluation to determine the needs and treatment goals of assigned patients/clients.
3. Analyze and evaluate to plan an effective intervention program for assigned patients/clients, which includes appropriate goals, methods, and media to meet the needs and circumstances of assigned patients/clients.
4. Analyze and implement occupation-based and evidence-based treatment programs with assigned patients/clients according to the guidelines set forth in given treatment plans.
5. Understand the impact of psychosocial implications on clients and address psychosocial needs in all areas of practice regardless of treatment setting.
6. Integrate client-centered, meaningful, occupation-based outcomes based on physical, psychosocial and environmental factors across all practice areas.
7. Understand and use communication effectively, orally or in writing, with patients/clients and staff for the purpose of contributing to and facilitating the collaborative treatment planning aspects of the therapeutic milieu.
8. Interact professionally as a beginning occupational therapist with other members of the treatment team.

9. Create and define ways in which he/she would like to become a contributing member of the occupational therapy community.
10. Analyze and apply knowledge of the various environments in which an occupational therapist can perform and the various roles in which an occupational therapist can function.
11. Perform organizational and administrative tasks which are necessary for the maintenance, up-keep, and continued functioning of an occupational therapy unit or program.
12. Participate and understand the supervisory process to become familiar with the process and to learn the value and techniques of giving and receiving feedback for purposes of learning and growth.
13. Supervise other students, personnel, or volunteers to develop an awareness of the role and responsibilities of the supervisor.
14. Cultivate professional attitudes and motivations which include a sense of commitment to and involvement in the goals and functions of the interprofessional team.

### Overview of Level II Fieldwork 2

Fieldwork Level II consists of supervised practical experience at various agencies or institutions associated by agreement with Columbia University. A minimum of 24 weeks full time Level II Fieldwork Experience is required in order to sit for the certification examination. This time may be completed on a full-time or part-time basis.

It is the policy of Columbia University's Programs in Occupational Therapy that one Level II fieldwork experience is completed with a population challenged with mental health disorders and one Level II fieldwork experience be completed with an adult population challenged with physical disorders.

1. Fieldwork placements are typically for 12 weeks full time. Full time is defined as five days for the number of hours/day that is considered full time in the facility, which is not to be less than six hours a day. Students follow the workday schedule of supervisors. This may include some evening or weekend hours. Students must make up all missed time, and arrangements for doing so must be negotiated with the clinical supervisor.
2. Completion of all fieldwork experience must be no later than 24 months following completion of the academic preparation unless the Program Faculty Review Committee grants an extension for extenuating circumstances. While every effort is made to

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<sup>2</sup> Some of this material is adapted from guidelines set forth by the Metropolitan Occupational Therapy Education Council, and Mercy College's Occupational Therapy Program

schedule fieldwork during specific time frames, fieldwork site availability may alter this sequence. Consequently, some students may have breaks prior to starting fieldwork or between fieldworks.

3. Students from Columbia may only affiliate at facilities where a signed and current fieldwork agreement exists. If students would like to affiliate at a site that does not presently hold an agreement with Columbia University they should contact the fieldwork coordinator as soon as possible to explore the feasibility of completing fieldwork at the site.
4. It is possible to complete a fieldwork placement in a region in the United States other than New York's Tri-State area. Students interested in this option should speak with the fieldwork coordinator when they enter the O.T. program.
5. An optional third Fieldwork placement in an area of specialization may be arranged upon the request of the student or the recommendation of the fieldwork coordinator. These experiences provide additional knowledge and skills in an alternative practice area (e.g. pediatrics or hand therapy), or provide students with an opportunity to work in an administrative arena (e.g., working at the AOTA National Office in political lobbying efforts). These fieldwork experiences are tailored to meet the goals of the individual student, and may be 8-12 weeks in length. Students who participate in this optional fieldwork postpone their official graduation date until the Specialty Fieldwork has been completed. Financial Aid awards may or may not be affected.
6. Once a student is assigned to a site for fieldwork, the student is expected to fulfill his/her obligation. There are times, however, when a fieldwork site may alter its date or cancel its commitment. In the event that there is a cancellation, Columbia University will make every effort to reassign the student.
7. Some fieldwork sites have additional requirements, such as proof of immunization, screening for illicit substances, background checks, and fingerprint screening. While these sites sometimes ask the Program to provide these assurances, it is our Programs' policy that this is a student's responsibility to provide the necessary documentation to that site. Most sites are requesting these additional requirements. It is best that all students assume that they will be asked to comply for each fieldwork experience. Students should make sure that their documents are kept up to date on Exxat.

a. Students must pay for background checks and fingerprinting during the first fieldwork experience that they are required, but may be reimbursed by the Programs if they are required to complete fingerprinting or a background check for another fieldwork experience. Students should maintain receipts, preferably on Exxat, so the program can confirm they have paid. See the administrative coordinator to start the reimbursement process.

8. The occupational therapy office maintains files on all centers in which students may be affiliated. These files contain any information that the centers send to our program (student manuals, objectives, assignment lists, etc.) and student site evaluations. These files may be reviewed on Exxat to assist in making decisions about your preliminary placement selections. If older files are available on Exxat, they are located in the documents section of each site.

#### Guidelines for Selection of Fieldwork Sites

The Programs in Occupational Therapy, the legal Office of Columbia University and the Administration of Institutions must establish formal memoranda of understanding for your fieldwork. In our ongoing effort to provide and maintain quality clinical fieldwork, we have instituted the following criteria:

1. If your fieldwork placement is without an established Columbia University memoranda of understanding the student must meet with the fieldwork coordinator well in advance of the fieldwork placement as agreements may take up to one year to finalize. It is recommended that out of state fieldwork placements be reserved at least one year in advance.
2. Once a clinical setting has accepted you for your placement, every effort must be made to honor this agreement. Request for changes in established assigned placements will be received only in the case of emergency situations.
3. In clinical courses prerequisite to fieldwork, the records of students receiving grades less than B- are subject to faculty review prior to going out on Level II fieldwork.
4. Professionalism is required throughout our academic program, including all fieldwork experiences. If professional behavior is less than satisfactory, fieldwork may be delayed until one's professionalism has met the expected standard.

#### Assignment of Students to Level II Fieldwork Sites

1. During the first year of the program, the fieldwork coordinator meets with each student to discuss areas of interest and learning style. In the early part of each year, the fieldwork coordinator meets with each group of students in a fieldwork seminar and describes each site/setting available for student training for Level II during the summer. Each student submits a form indicating their learning style and preferences for pace and practice interests as well as a preliminary form indicating the top sites they are interested in. The fieldwork coordinator, in conjunction with the faculty who assist with fieldwork placements, reviews each student's choices and makes the final decision based upon knowledge of the student's academic records, learning style, interests, special skills and abilities along with knowledge of facilities' student program, patient populations, work space, and types of learning experiences offered. All placements are based upon the availability of the facility to host a student.
2. Students are **not permitted** to approach facilities to negotiate their own placements unless they have spoken to the fieldwork coordinator. Clinical sites frequently frown upon receiving calls from multiple students and students may not be aware of the placements of other students. Any contacts, concerns, or questions related to fieldwork should be directed to the fieldwork coordinator.
3. Most fieldwork placements require a personal interview as part of a facility's student selection process. Some of these interviews are competitive in nature. The fieldwork coordinator will advise students of interview requirements. Students can practice interview skills with the fieldwork coordinator, if needed or required. Interview should be completed as soon as assignments are made or as soon as the site can schedule.

If, as a result of the interview, the site elects *not* to accept the student for this experience, the fieldwork coordinator will choose an alternate site. Every effort will be made to reassign the student to another experience. This reassignment might take place during the same time frame, or later, depending upon site availability.
4. As stated in the previous section, once a student is assigned to a site for fieldwork, the student is expected to fulfill his/her obligation. There are times, however, when a fieldwork site may alter its date or cancel its commitment. In the event that there is a cancellation, Columbia University will make every effort to reassign the student as quickly as feasible.
5. Level II fieldwork is generally completed on a **full time** basis at the end of each academic year of course work. Part-time fieldwork can only be considered after all of the program's academic work is completed, and with permission from the fieldwork coordinator.

6. Students interested in completing a fieldwork experience abroad must review the procedure and policies outlined in this document. All international fieldwork is considered “optional”, and can only be completed after successfully completing the first two Level II experiences. The program follows guidelines stipulated by Columbia University for students enrolled in the university. Additional fees may be incurred for international experiences.

#### Level II Fieldwork Attendance Policy

1. During the fieldwork experience, students are expected to follow the daily work schedule of the occupational therapists at the facility to which they are assigned. This may include working evenings or weekend days. ***There are no personal or vacation days during this experience. Fieldwork sites have the right to request a physician’s note for any missed day(s). If a student uses more than 3 sick days, the student is required to make up those days at the end of the experience.*** Therefore, students should not make non-refundable vacation plans or commitments for the week following their anticipated completion of fieldwork. Fieldwork sites may also have their own attendance policies. In that case, the student must abide by the policy of their site.
2. There are occasions when a fieldwork experience needs to be extended in order to reinforce a student’s knowledge and skill. This decision is made in collaboration with the supervisor, the fieldwork coordinator, and the student. Again, students should not make non-refundable vacation plans for the week following their anticipated completion of fieldwork.
3. There may be extenuating circumstances for which students need to be excused early on fieldwork days. Students must make such arrangements directly with their on-site fieldwork supervisor. If granted an excused absence, the student must make up the time, and is responsible for arranging with the supervisor to do so. The fieldwork supervisor reserves the right to limit or disallow absence based on patient and clinic needs.
4. If the dates of your fieldwork change, you are required to notify the Fieldwork Coordinator and the Administrative Coordinator. Failure to notify faculty and staff of date changes may have insurance implications, including having your coverage lapse before you complete fieldwork

#### Fieldwork Deficiency



If, regardless of the reason, a student does not successfully complete a Level II fieldwork experience, and there are no other previous academic concerns, the fieldwork coordinator will make every effort to reassign the student to a site within one academic year, if the schedule allows. The fieldwork coordinator has discretion to require remediation prior to reassigning the student.

## **Clinical Drug Testing Policy**

All Columbia University Irving Medical Center students, which include all Occupational Therapy students, are required to submit to drug testing. This is typically handled prior to the first fieldwork assignment. The CUIMC Policy and Procedure on Pre-Clinical Drug testing is distributed to all Occupational Therapy students during the fall semester.

The Director of Student Health Services and the Director of AI:MS (Addiction Illness: Medical Solutions) have also provided this summary of components of the policy:

Students in the School of Nursing, College of Dental Medicine, and the Vagelos College of Physicians and Surgeons will be required to undergo a 10-metabolite urine drug screen during the semester prior to the beginning of their clinical rotations (or in the case of the nursing programs during their first semester at CUIMC).

Students will not be able to begin a clinical rotation until they have been cleared by this process.

### *Confidentiality*

Drug Screening results will be held in strict confidence in the student's medical record unless released at a student's request or under certain specific circumstances: a danger to self or others, including risk to patients, failure to follow up with a mandated program following a positive test. Should evaluation of a positive test or recommended treatment interfere with a student's ability to complete a clinical rotation, a medical leave will be required.

### *Positive Test Result*

Students who have a positive test reported to the Student Health Service will be required to have an evaluation by the Director of the AI:MS (Addiction Illness: Medical Solutions) program. S/he will determine further evaluation and follow-up, which may include evaluation by an addiction specialist, follow-up urine drug testing, evaluation in the Mental Health Service, or referral to a drug treatment program.

### *Scheduling of Testing*

In order not to overwhelm clinical laboratory facilities, students will be scheduled to pick up their test requisition from the SHS during a specified two-week interval. Once a requisition is picked up, there is a 72 hour window for students to report to the LabCorp or Quest laboratory to have their test completed. Failure either to pick-up the requisition within the assigned 2 week window, or fill the requisition within the assigned 72 hour window, will be treated as a positive test, and evaluation by Stephanie Garman, LCSW, CASAC., Director of the AI:MS (Addiction Illness: Medical Solutions) program will be required.

Please see [Drug Testing](#) for the complete Pre-Clinical Drug Testing Policy and Procedure.

## **Curriculum Design: Post- Professional Doctor of Occupational Therapy (OTD)**

The **Clinical Doctoral Program in Occupational Therapy (OTD)**, designed for working professionals, will provide those practitioners who wish to remain in the practice arena with advanced knowledge and clinical skills in the area of cognition and perception across the life course and across practice areas. The overarching goal of our program is to deepen knowledge within a specific area and its application to practice, pursue evidenced-based practice as a clinician, apply research methodology to answer a clinical question, and apply clinical reasoning to practice at an advanced level.

The Clinical Doctorate in Occupational Therapy builds on the Masters level competencies by expanding the scope and the depth of entry level knowledge. Advanced theory with translation to practice is the cornerstone of this program, with application to a range of practice areas. These areas include:

- cognitive and perceptual mechanisms that underlie occupational performance
- assessment and interventions for cognitive and perceptual impairments that limit occupational performance
- cognitive approaches to learning, memory, reasoning, and problem solving to enhance intervention strategies
- attention to how people learn, mentally represent, and translate into performance and its impact on skill acquisition
- understanding the relationship between cognitive theory and neurobehavioral theory and its role in performance

It is expected that upon completion of the Columbia University Programs in Occupational Therapy Doctor of Occupational Therapy degree, graduates will be leaders in the clinical arena with potential to expand and advance their area of specialization at local, state, and national levels. Upon completion of the OTD degree, students will be prepared to:

- Apply advanced knowledge and skills in cognitive assessment and intervention in their chosen area of clinical specialization.

- Understand and apply relevant theories to practice.
- Select and utilize appropriate assessments in the evaluation process.
- Apply evidence-based interventions.
- Analyze their clinical practice in its various contexts using multiple processes of clinical reasoning as it applies to occupations.
- Design and implement clinically based research that contributes to the evidence-base of occupational therapy practice.
- Develop and/or apply clinically relevant programs that build upon clinical reasoning and relevant theories along the continuum of care.
- Apply this knowledge as clinical educators.

## Degree Requirements

Receiving the Doctor of Occupational Therapy degree will involve satisfactorily completing a minimum of 75 points beyond the baccalaureate degree (in occupational therapy), or a minimum of 36 points beyond the Master's degree (in occupational therapy). This includes the use of a clinical residency\* towards evidence-based practice and the completion of two capstone projects: a publication-ready research paper and a clinical portfolio. This program is an evening program, and can be completed in two to three years of part-time study.

*\*Clinical Residency: Our program is heavily dependent on clinical experiences. All students are required to identify a clinical site that can serve as their "clinical residency". This is typically one's place of work. As long as one's site provides approval, assignments, including the research project, can be carried out with one's clients, and during one's workday.*

## Courses Of Instruction

### Core I: (up to 39 points)

The content of Core I is devoted to the basic study and practice of occupational therapy and to the beginning understanding and application of research methodologies. Courses within this core include those taken by our entry level Master of Science program, which are outlined in our bulletin.

### Core II: (10 points)

The content of Core II is directed towards challenging existing knowledge, paradigms, and hypotheses in cognition and perception. Guided by course faculty and the doctoral mentor, the learner engages in critical reflection, discourse, and experiential learning as foundational courses in the program are taken.

Courses related to this core are:

- Advanced Application of Theory to Practice (3 points)
- Neuroscience of Cognition (3 points)
- Methods of Teaching (2 points)
- Professional Development (2 points)

**Core III: (15 points)**

The focus of Core III is directed towards transforming critical thinking and creating and implementing advanced knowledge and applications in cognition and perception. The student undergoes deeper level critical reflection, discourse, and experiential learning as courses geared towards advanced level assessments and intervention are taken.

Courses related to this core are:

- Cognitive Assessment & Intervention (4 points)
- Cognitive Basis of Function and Decision Making (4 points)
- Advanced Evidence-Based Practice (3 points)
- Theories of Measurement and Instrument Development (3 points)
- Case-based Application (1 point)

**Core IV: (11 points):**

At Core IV, the student becomes an advanced-practitioner who is an agent of change in clinical practice. The student works with the doctoral mentor to complete coursework, residency, and two capstone projects (Clinical Portfolio and Evidence-Based Research Paper).

*Courses to support the capstone (5 points)*

- Writing for Publication (1 point)
- Grantsmanship (2 points)
- Ethics and Occupational Justice (2 points)

*Capstone (6 points)*

- Residency
- Clinical Portfolio (3 points)
- Evidence-based Research Paper submitted (3 points)

*Clinical Portfolio*

All students will be expected to submit a clinical portfolio, in which the following will be represented:

- Evidence-based practice
- Program development
- Grant proposal
- Certifications
- In-services given
- Presentations / publications
- Mentorship – both roles (as mentor and being mentored) reflected

#### *Evidence-based Research Paper*

Students will be responsible for carrying out a research project based on a clinically derived question (i.e., not theoretical, but evidence-based practice). A faculty sponsor plus an ongoing seminar will support students during this process. This research project will culminate in a paper submitted to faculty in publication ready format. In order to graduate, the paper must also be submitted for publication in a refereed journal.

## Curriculum Design: Doctoral (Ed.D.) Program, Movement Science (Motor Learning) and Occupational Therapy

Columbia University's Programs in Occupational Therapy has teamed with the Movement Science Program at Teachers College, Columbia University, to offer a unique program leading to the **Ed.D. in Movement Sciences with a specialization in Occupational Therapy**. This program will allow students who already have a Masters in Occupational Therapy and clinical experience to gain from combining study in both areas. Students take core and research preparation course work in the movement science program, and coursework in the occupational therapy program. The research would be carried out largely under the supervision of occupational therapy faculty, with the additional support of movement science faculty.

This degree is directed toward preparing the current and the next generation of leaders in occupational therapy with interests in movement and daily function. These leaders will assume professorial roles in universities and colleges within departments of occupational therapy. The degree may lead to:

- Tenure-track faculty position in occupational therapy departments emphasizing teaching and applied research.
- Research Coordinator (university, hospital, clinic)
- Director/Administrator (university, teaching hospital)

Students enrolled in the Ed.D. Program will have an opportunity to integrate and contribute to basic and applied science as it relates to occupational therapy and movement science.

Broad areas of research fall under the following categories:

- How movement and posture support participation in daily living.
- Movement impairment and its impact on functional daily living skills.
- Development and testing of real world / ecologically valid assessments of motor function.
- Development and testing of occupation-based practice guidelines related to movement impairment.

Examples of current and potential areas of specific research foci include:

- The role of perception, motor, and cognition in the context of daily living.
- How mental imagery and practice affects recovery after central nervous system dysfunction.
- Vestibular, sensory, and motor impairment as manifested in patients with psychiatric disorders, and its impact on participation in daily living.

- The use of mirror therapy to rehabilitate handwriting and promote upper limb function after stroke.
- The use of prism adaptation to improve limb use for those living with unilateral neglect.

Students in the Ed.D. program in Movement Science with a specialization in Occupational Therapy have a unique opportunity to study with faculty of both programs. Although students are enrolled in Teachers College, each is assigned an academic advisor from the Programs in Occupational Therapy, who, in collaboration with the faculty of TC, plan out a program of study that combines the science of motor learning within the context of occupation. Students in this program are expected to maintain continuous enrollment.

Coursework is taken on both campuses. As per university policy, the Ed.D. requires 90 credits beyond the bachelor's degree. Since most students with entry-level Masters in OT have at least 45 graduate credits in related areas, we expect that 45 credits will be transferred from another qualified institution and that the doctorate will be comprised of approximately 45 credits beyond the existing Masters. The credit allocation is to be shared among the existing programs in Movement Science and Occupational Therapy.

Summary of Credit Point Distribution by Area:

Teachers College:

Movement Science: (15 points)

Research Preparation: (9 points)

Occupational Therapy (15 points)

Electives (6 points)

Thesis

***Ongoing Evaluation of Doctoral Students.*** At least once a year, the progress of doctoral students is formally reviewed by at least two faculty members (one from occupational therapy and one from movement sciences) who then meet with the student to discuss their evaluation and give advice.

***Certification Examination.*** This examination covers the research area of the student's dissertation work. The student will prepare a bibliography of material to be covered and will have it approved by the sponsor (OT faculty member) and one member of the movement science faculty, both of whom will prepare and evaluate the exam. Successful performance on the certification examination will be required prior to formal review of the dissertation proposal.

***Dissertation Proposal.*** The student submits a dissertation proposal to the faculty in occupational therapy/movement science. The dissertation proposal should include pilot work. Upon acceptance of the dissertation proposal, continuous enrollment is required (comparable to three points of credit or non-credit dissertation advisement) until the successful completion of the degree.

***Preparation and Defense of the Dissertation.*** The final oral defense of the dissertation involves a specially appointed committee of at least four faculty members including the sponsor (from the OT faculty), a movement science faculty member, a second person from the OT faculty and an out of department representative from Teachers College.

Please refer to the program's bulletin, and to Teachers College, for additional information.



## Academic Standards for Occupational Therapy

The Programs in Occupational Therapy use a letter grade system for all courses. A grade of “C” is considered the minimum passing grade. The records of students receiving grades of C , or of students in jeopardy of academic probation, are subject to review by the program’s Progress and Promotions Committee. It is the policy of the Occupational Therapy Programs that all courses within the program are taken for letter grade. The exceptions are Fieldwork II and program electives.

The program grades are defined as follows:

### Excellent:

- A      Excellent achievement.
- A-     Close to excellent work.

### Good:

- B+     Very good; expected of most graduate students.
- B      Good, acceptable achievement.

### Fair:

- B-     Acceptable achievement, but below what is generally expected of graduate students.  
This is the minimal acceptable grade for a clinical course.

### Minimally Acceptable:

- C+ and C      Minimally acceptable achievement.

### Failure: F

**Numerical values** are often given on tests and assignments. These values translate to letter grades as follows:

A	4.0	=	95-100	C+	2.33	=	78-79
A-	3.67	=	90-94	C	2.0	=	74-77
B+	3.33	=	88-89	F	0		< 74
B	3.0	=	84-87				
B-	2.67	=	80-83				

Level II fieldwork is given for a grade of P/F (Pass/Fail). Upon matriculation, students may, with faculty approval, transfer a maximum of 3 semester credits of elective graduate course work from another regionally accredited college or university toward satisfying the degree requirements; or up to 9 semester credits if requesting a transfer of courses taken within an

occupational therapy program. Courses must carry graduate credit and must be evaluated with a letter grade; the minimal acceptable grade is **B**. Requests should be submitted in writing to the Director with a university catalog that contains the course description.

Full-time students can expect to complete the program in 24 calendar months and part-time students in 36 months. All students must complete at least one fourth (15 points) of the program in an academic year in order to maintain satisfactory progress. In instances where a student may withdraw from the program, be granted a leave of absence, or interrupt the program of study because of mitigating circumstances, a determination of satisfactory progress will be subject to faculty review. Transcripts of students' records are issued at the end of each term, and the academic performance of each student is reviewed by faculty. In order to continue in good standing, whether enrolled full- or part-time, students must maintain an average term grade of **B (3.0)**. Students who fall below this average will be placed on academic probation. To continue in the program the student must achieve a B by the end of the following term. Any student unable to achieve this average, or who is placed on academic probation for a second time, is subject to dismissal. A student may also be placed on academic probation if the average of their individual assignments in clinical courses falls below a B-, even if their course grade is higher.

A student failing more than one course throughout the student's tenure in the Occupational Therapy Program may not continue in the program. A student who receives a grade of F in a required course or fieldwork experience must repeat that course or fieldwork experience in our program and may do so only one time. A passing grade must be earned in the repeated course or fieldwork experience in order to be permitted to continue in our program and advance to the next level of professional courses or fieldwork. The courses in the first semester serve as prerequisites for the second semester courses. The failing grade (F) remains on the student's official transcript and is included in the academic record, whether or not the student repeats the course and passes it after the second attempt. All courses in each subsequent semester serve as prerequisites for the next semester. A student who has failed one course (including Level II Fieldwork) will be placed on a leave of action until the course is satisfactorily completed. The course must be completed in our program the following year.

Grades of C in required courses are subject to faculty review. In treatment courses that are prerequisites to fieldwork, the record of students receiving less than B- are subject to the review prior to Level II Fieldwork. It may be determined that additional testing, assignments, and/or remediation be required. This requirement is intended to strengthen one's knowledge and skills prior to fieldwork. If additional assignments and/or remediation is required, a Learning Contract will be set with the student to determine expectations for that additional assignment/remediation. In addition, in courses in which there is a Level I Fieldwork experience, **students must pass the Level I Fieldwork** in order to pass the course.

A student can request a mark of INC from the instructor in writing if he/she has satisfactorily met all the requirements of a course but has been compelled for reasons beyond his/her control to postpone certain assigned papers or reports. The outstanding work **must be completed prior to the end of the next semester** or before being permitted to advance to Level II Fieldwork. In the event that a student does not complete the requirements during the extended time period, the grade will convert to a failing grade.

## **Additional Academic Requirements and Competencies**

- In order to assist students in meeting the standards of our Program, we may require those who earn grades on exams that are minimally acceptable (e.g. “C”) or in the fail range to participate in tutoring or remediation sessions. This requirement is intended to remediate performance.
- There are several exams that must be passed (with a minimum grade of 80%) in order to progress through our program. Some of these exams are associated with courses, and must be satisfactorily completed during the semester that the course is given. Others may be health science campus wide exams, but must also be completed during a specific time frame. These time frames are provided during the course or semester.
  - Students in the entry level program in Occupational Therapy are required to pass an exam related to *Medical Terminology*. This competency is included as part of the requirement for the Professional Foundations class.
  - Students in all Programs in Occupational Therapy are required to pass an exam related to *Good Clinical Practices*. This exam is given to all health science students and faculty, and is required prior to involvement in research projects. Entry level students must pass this exam prior to completing Evidenced Based Practice I, and as part of the requirements for that course.
  - Students in all Programs in Occupational Therapy are required to pass an exam related to the *Health Insurance Portability and Accountability Act (HIPAA)*. This exam is given to all health science students and faculty, and is required prior to clinical involvement and involvement in research projects. Entry level students must pass this exam prior to their Level I mental health fieldwork experience, and prior to completing Evidenced Based Practice I (whichever comes first).
  - We recommend that students in the Professional Program in Occupational Therapy complete a civic learning and engagement experience prior to graduation. Please see page 46 of this handbook.

## Change in Programs of Study

Once registered, students may drop or add courses or change sections by filing a formal change-of-program application with the Office of Student Administrative Services (Black Building, Room 1- 141) during the change-of-program period each term (see Academic Calendar). All such changes must first be approved by the Program Director.

Students may drop courses after the change-of-program period by following the same procedure; however, for courses dropped after the last day for change-of-program in each term, no adjustment of tuition will be made. Last dates to drop courses are indicated in the Academic Calendar. Failure to attend classes or unofficial notification to the instructor does not constitute dropping a course and will result in either a failing grade in the course, a “WD” (withdrawn by university), or an “UW” (unofficial withdrawal). This is at the discretion of the course director.

Students who begin the professional program’s full time course of study but wish to change to the three year option must do so early in the first semester, or between semesters. Approval from the faculty Committee on Progress and Promotions is required.

Students who enter the professional program as part-time students will register for courses according to a predetermined schedule. Schedules and prerequisite courses of students on or changed to part-time status will be determined on an individual basis according to program policy.

Any student who begins or changes to part-time status cannot change back to full time.

Students who withdraw from the program must make their decision known to the Program Director as soon as the decision is made. It is suggested that the student meets with the Director, who will review the procedure for withdrawal. This procedure, along with the tuition refund policy for withdrawing, can be found at on the registrar's office website.

## Student Writing Guidelines

The Programs in Occupational Therapy stress the development of professional writing. To this end, all courses have the same expectations in the quality of student’s work. To assist students to develop this skill, we rely on the APA style of presentation which addresses both the content of scientific writing, and its presentation. We also rely on and provide students with access to *Turnitin.com*, a website that promotes the production of original writing. Both of these resources are reviewed early in the program, and are expected to be used throughout the program.

These fundamental writing guidelines pertain to all courses in the Occupational Therapy program. The requirements for papers should meet those described in the individual course syllabus as specified by the course director. As stated earlier, the Programs in Occupational Therapy rely on the guidelines from the Publication Manual of the American Psychological Association (6<sup>th</sup> ed.). The references below are from the APA manual, 6<sup>th</sup> edition.

## **I. General Guidelines**

The following are the general guidelines that you should follow when writing papers.

1. Double space, 12 point font, 1 inch margins.
2. Check grammar, spelling, and punctuation. (See attached poem).
3. Number pages and stick to the number of pages required by assignment. Number the title page as #1.
4. Use heading level as specified by APA.
5. Unless a faculty member asks you to, final papers are **NOT** to be faxed or emailed—they should be turned in to course director in print format.
6. Faculty members may ask that you first submit your paper to the Turnitin website for review. The process on how to do this will be reviewed with the class.
7. Grades follow criteria and percentage described in the course syllabus addressing basic writing mechanics, organization, and content.
8. Papers are due when posted in the course syllabus. Unexcused late assignments may or may not be accepted by the course director. If accepted, a grade reduction for every day of lateness could occur.

## **II. APA Format**

Our program requires that you use the APA Publication Manual 6<sup>th</sup> edition for the body of the paper and for the reference section. Focus on the following sections:

- i. Punctuation
- ii. Headings
- iii. Quotations
- iv. Tables & Figures
- v. Referencing Citation in Text
- vi. Reference List

## **III. Common Problems and Errors**

1. Over use of quotations and paraphrasing: paraphrasing and quotations should be used sparingly to make or emphasize a critical point. You are the author of the paper. Therefore, it should have your original thoughts. A paper full of quotations and a great deal of paraphrasing is unacceptable.

2. Poor use of punctuation
3. Individual chapter authors should be referenced, not just the editor(s) of the textbook
4. Reference Citations in Text
  - i. One work by one author
    - use surname and the date when inserted in the text e.g., Cote (2002) states .... **or** ...ADLs are consistently used with the geriatric population. (Cote, 2002)
    - Within a paragraph, the author's name and the year only need to be cited once. Subsequent references **within** the paragraph only need the author's name. e.g., Cote (2000) states that....Alternately, Cote also found that...
  - ii. Citing one work by multiple authors
    - 2 authors: cite the authors' names every time
    - 3-5 authors: cite all the names the first time and use surname of first author followed by et al. and the year for subsequent use.
    - 6 or more authors: cite the surname of the first author followed by et al. and the year.
5. Use of Ampersand
  - use ampersand sign (&) before the last author when cited after the text; e.g., ADLs are consistently used with the geriatric population. (Cote & Bryan, 2000).
  - Use **and** before the last author when included within the text; e.g., Cote **and** Bryan (2000) state...
6. Use of Numbers
  - general rule is to use figures to express numbers 10 and above and words to express numbers below 10. Measurements, number of subjects, and time are always expressed as numerals.
7. Reference List
  - reference list is only for work cited in the text.
  - need to distinguish works written by primary author vs. chapters written in edited text.
    - Citations from other sources: see APA Manual Reference section
  - i. World Wide Web/Electronic Media
    - ii. Newspaper clippings
    - iii. Magazines

Please refer to <http://www.apastyle.org> for more information on APA style. We encourage you to access the tutorial on their website. The APA Style Blog is also a helpful resource: <http://blog.apastyle.org>. We also expect you to have continued access to the APA Manual in text.

Poem by Janet Minor. <a href="https://www.e-education.psu.edu/styleforstudents/c2_p12.html">https://www.e-education.psu.edu/styleforstudents/c2_p12.html</a>	
I have a spelling checker, It came with my PC; It plainly marks four my revue Mistakes I cannot sea.	I've run this poem threw it, I'm sure your please too no, Its letter perfect in it's weigh, My checker tolled me sew!

## University Requirements for Participating in Research

Entry-level occupational therapy students are required to complete a master's research project at the conclusion of the research course sequence. Students can satisfy this requirement by electing to follow one of two research options, as outlined in our curriculum design. Doctoral students are required to complete a dissertation.

All research protocols at Columbia University must be approved by the Columbia University Institutional Review Board (IRB) in order for the study to proceed. The university's IRB Board serves to protect human participants in biomedical and behavioral research. As of January 1, 2001, the Dean of Health Sciences at Columbia University mandated that any essential investigator (including individuals who obtain consent, collect data, and/or administer tests) submitting a research protocol to the IRB, or participating in the study, must fulfill specific requirements. While these requirements are subject to change, at this time the requirement is a passing grade on the Behavioral and Social Science Test (BSST) examination. This examination reflects the investigator's knowledge of inherent concepts for appropriate human subject protection and good clinical research. To fulfill this university requirement, occupational therapy students are required to submit proof of passing the Good Clinical Practice test at the conclusion of OTM6571. Meeting this requirement will be discussed in Research Methods. You may learn more about this requirement by accessing the rascal page of Columbia's website (see instructions below). <https://www.rascal.columbia.edu>.

Students involved in clinical research are also expected to comply with the Health Insurance Portability and Accountability Act (HIPAA). In order to do so, each student is required to review the course content associated with HIPAA, which is available on line, and to successfully complete the HIPAA exam, also available on line. Information about this is distributed prior to receiving an activated email address.

### Academic and Clinical Integrity

Throughout the two years at Columbia University and in university affiliated clinical settings, every student is expected to carry out assignments as an individual, unless otherwise assigned, and to avoid the incorporation of the ideas or work of others without proper attribution. All

sources of ideas and direct quotations must be clearly documented. **Failure to do so constitutes plagiarism that is punishable as an academic offense.**

In clinical and academic settings, students are expected to carry out assigned responsibilities with discretion and integrity in relations with patients/clients and professionals and to conduct themselves in a professionally responsible manner at all times. In keeping with this, all occupational therapy students are expected to comply with Health Insurance Portability and Accountability Act (HIPAA) as well as ethical standards. In order to do so, each student is required to review the course content associated with both HIPAA and Ethics, which is available online. Course completion is verified upon passing an exam. Students at CUIMC may be expected to take these exams each year. Proof of completion of the HIPAA certification must be uploaded on Exxat. Notification is sent to all students if their course certification expires.

Continuing development of appropriate professional behaviors is required for advancement throughout the Occupational Therapy Program.

The Faculty of the Programs in Occupational Therapy reserves the right to dismiss, or to deny admission, registration, readmission, or graduation to any student who in the judgment of the Faculty of the Programs in Occupational Therapy is determined to be unsuited for the study or practice of Occupational Therapy. These decisions may be based on factors including but not limited to academic and/or professional integrity.

### **Proprietary Rights in Intellectual and Technological Products**

Students, as part of a class assignment, may create, invent, and/or develop a product that has commercial value. Prior to the marketing of such products, all individuals involved must provide a report to the program outlining the plan for commercialization. The University has the right to maintain control over the marketing plan. Any proceeds from such products may be shared between the individuals involved, the Programs in Occupational Therapy, and the University, as described by the policies set forth by the Columbia Innovative Enterprises.



## **Program's Policies, Procedures, And Regulations**

[THESE ARE IN ADDITION TO POLICIES STATED ELSEWHERE.]

### **Prior to Matriculation**

#### **Membership in AOTA:**

Before arriving on campus, students are required to join our professional organization as a student member. Membership provides access to online AOTA journals, including the American Journal of Occupational Therapy, provides discounts for products and conferences, and gives access to "Member only" sites from which assignments may be based. The website for membership is [www.aota.org](http://www.aota.org). Documentation of your membership must be maintained on Exxat.

#### **Student Health and Immunization Requirements:**

There are a number of health related requirements for clinical students. Some of these requirements must be met prior to matriculating and some prior to the start of fieldwork. Information about this can be found on the [Student Health website](#).

#### **Students with Disabilities:**

Students who require accommodations for any disability must first contact the university [Office of Disability Services](#) (ODS). This office, in collaboration with our department, determines the appropriate accommodation. Depending upon the disability, ODS may require further testing. Accommodations are not granted until testing is completed. While a student may start this process at any time prior to or during matriculation, we urge any student with a need to handle this prior to the start of classes. Any student is welcomed to discuss their need with our program's ODS liaison.

### **Guidelines for Student Conduct**

The faculties of the Programs in Occupational Therapy have formulated the following guidelines as a framework for ethical and responsible behavior. A student in the Programs has the responsibility to:

1. Behave honorably at all times;
2. Be sensitive to the needs and concerns of others;
3. Make conscious efforts to understand and respect the values and practices of others who are different from him/herself;

4. Carry out assignments as an individual, unless otherwise assigned, and to avoid the incorporation of the ideas or works of others without proper attribution. All sources of idea and direct quotations must be clearly documented. Failure to do so constitutes plagiarism that is punishable as an academic offense;
5. Be respectful of classmates' and of faculty work; do not forward information, course material, slides or handouts provided to you in any form of media, whether in hard copy, online, via email attachments, or via *courseworks*, to anyone who would not ordinarily have access to this information. Keep in mind that material prepared for you by faculty is typically under copyright control.

Students in the Programs in Occupational Therapy are expected to meet all standards set forth in our Programs' Honor Code, a copy of which is in this handbook.

## **Columbia University Student Email Communication Policy**

Columbia University, recognizing the increasing need for electronic communication with students, has established email as an official means of communication with students. An official Columbia University email address is required for all students. The University has the right to send official communications to the University email address, which is based upon the University Network ID (UNI) assigned to the student.

The University expects that every student will receive email at his or her Columbia University email address and will read email on a frequent and consistent basis. A student's failure to receive and read University communications in a timely manner does not absolve that student from knowing and complying with the content of such communications.

Students may elect to redirect (auto-forward) email sent to their University email address. Students who redirect email from their official University email address to another address do so at their own risk. If email is lost as a result of forwarding, it does not absolve the student from the responsibilities associated with communications sent to their official University email address.

All use of email will be consistent with other Columbia University policies including the Acceptable Use Policy (<http://www.columbia.edu/cu/policy>), and the Responsible Use of Electronic Resources, included in this handbook.

## **Communication within our Program**

All students are expected to remain in communication with each course director, with the fieldwork educators, and with the Programs in Occupational Therapy. To this end, daily access

to the Columbia University Internet system for ongoing communications within courses and about courses, department broadcasts, course assignments/readings, etc. is required. All students must activate and use their Columbia University identification (UNI) and password to access Courseworks and email.

Courseworks is an Internet based program through which information related specifically to courses is disseminated. Everything from course syllabi, reading materials, class handouts, to course-based group discussions and exams, may be distributed / conducted. Each course director will review how Courseworks is incorporated into each course.

If, for any reason, a student is unable to attend class or fieldwork, that student must notify the course director, the fieldwork educator, and the fieldwork supervisor in advance of the absence. Please refer to the sections on attendance.

## **Professional Behavior in the Classroom**

In order to respond to concerns that students and faculty have raised regarding distractions within the classroom, a committee comprised of students met with the Program Director to identify ways to address the rare but disrupting behaviors. Classroom behavior should be consistent with behaviors one would exhibit when treating clients in a clinic setting.

Attend class on time. Attendance will be taken during the first 5-10 minutes of class. A sign-in sheet will be available at the entrance of the room. Student leadership will retrieve the sheet after 5-10 minutes of the start of class, and give it to the instructor. Any late student can sign in after class with the instructor's knowledge. The instructor can note the late attendance.

An occasional late attendance is not considered a lack of professional judgment or behavior, as there are times events out of one's control that might account for this (traffic; subway mishaps; elevator problems). It is assumed, however, that students will adjust their travel plans to avoid such events. Repeated lateness may justify faculty calling in student. If behavior does not change, grade can be reduced ½ grade. See section on Attendance for additional information.

During class. Handle all laboratory materials with care. Return materials to their original place. Return all borrowed materials. Report broken or non-working equipment to the instructor. Restore the space to order at the end of the class by replacing furniture as directed, removing any trash, and cleaning up after themselves.

Technology. Other than using laptop computers to take notes, the use of electronic devices for the purposes of texting, web surfing, email, messaging, etc. will neither be permitted nor

tolerated. It is expected that students will comply with this policy as such use is at best distracting to students and faculty. If the instructor notes that a computer is used for anything other than notes, privileges will immediately be taken away from that student.

N.B.: If there is a pending emergency situation, the student must notify the instructor in advance that their phone (on vibrate only) might signal and they might have to leave the room. Even under these circumstances, the student cannot answer the phone in the classroom, and should sit near the exit so that one can leave with no disruption.

Communication during class, such as talking to another student, whispering, passing notes, etc. will not be tolerated. Professor will publicly call attention to those students.

Elevator chatter. While it is expected that students converse with each other to and from class, it is important that you are aware of your surroundings. As this is a medical complex, personnel, family members, visitors are often within ones immediate environment. Elevators are a good example of small shared space. In the medical setting, it is important to never discuss medical conditions (personal or in the abstract), medical cases, etc. in any public space within the medical center.

Dress code. Professionalism extends to appearance. While we do not expect students to don work attire, excessively casual attire or provocative clothing (short-short, low necklines) within the medical center environment is considered inappropriate. The exception for this is clothing worn in lab. In addition, attire appropriate for fieldwork is also expected.

## Examination Conduct

To allow every student equal opportunity to succeed in an examination, the following procedure will be followed:

1. Students must appear **on time** for an examination. Proctors may allow or deny a student the right to begin the examination later than the designated time based on the student's justifiable excuse for being late.
  - a) **If a student is unable to be present** for an examination due to illness, he/she must notify the instructor or the departmental office prior to the beginning time of the examination. Unless such notice is received by the instructor or recorded in the office, make-up examinations need not be given.

- b) Any student who is unable to take an exam on the date scheduled may petition the course director for permission to take the exam late. The course director will determine if the delay is warranted, and will determine the date for the make-up test. The course director may consult with the academic progress and promotion committee. The student may be required to submit documents to support the request. If approval is given, the exam must be completed successfully prior to the start of the next semester. In the event that level II fieldwork follows the semester, the student cannot participate in fieldwork until that semester is completed. There may be an exception if the uncompleted course is an elective. All students are on the honor code leading up to, during, and after the scheduled tests.

In order to minimize disruptions during exams, and to ensure that every student has the same opportunity to take their exams in a quiet environment, the Programs in Occupational Therapy have adopted the following policy.

- **All personal belongings:** backpacks, bags, coats, hats, books, notes, cell phone, etc.; are to be left by the entrance of the room in which the exam is given. Hats with brims cannot be worn during exams.
- **Food** is not permitted during the exam.
- **Cell phones** should be off. For any student who uses a cell phone to tell time, you will need to either use the clock in the room, or a wrist watch.
- **Students are not permitted to talk** with one another for any reason during the exam.
- **Questions about the exam items** will not be permitted. If for some reason a student has a question that one feels *must* be asked, one can instead write the question on the exam packet, next to the item number. The "questioned" item must be answered, or no credit will be given.
- If you have a **formatting question** about the exam, you may raise your hand and the proctor will address it. An example of a formatting question is a mis-numbered item or mis-numbered page. If there is a formatting error, the proctor will alert all students.
- While we encourage each student to use the **restroom** prior to the exam, if it becomes absolutely necessary to use the restroom, please follow the following procedure:
  - i. Raise your hand to request the break.
  - ii. Only one student can leave at a time.

- iii. Leave your exam with the proctor.
- iv. Do not take any personal belongings of any type with you.
- **When you are finished with your exam**, leave it with the proctor, then get your personal belongings and leave as quickly and quietly as possible. Communication with anyone in the room, even if you are finished with your exam, will not be tolerated.
- When just outside the exam room, please **be respectful** of those taking the test, and remain quiet until you leave the area.
- Adherence to the **Honor Code** is assumed and expected. All students have the responsibility during examinations to neither to give information nor to seek it from another student, or from any unauthorized source. If there is any clear evidence of any student violating this rule, the proctor will have that student turn in his/her examination immediately and leave the room. (A confiscated paper is equal to a failed examination). The Ethics Committee will review any student whose examination has been confiscated.

## Attendance

As our program is a “hands on, face to face” program that is guided by the philosophy of adult learning and professional education, we expect all students to attend all classes and all fieldwork assignments, be on time, and be engaged, as is required in a clinical work setting. If you cannot attend class, you are expected to email the professor prior to class or as soon as possible. In the event that a student is absent due to illness, he/she may be expected to submit a physician’s note. Please note that attendance is taken in each class.

- Excused absence: Any absence due to a major life event is excused. Absence due to a planned major event must be cleared with each instructor at the beginning of each semester. Such excused absences, unless otherwise noted, are generally limited to one day. Extensive absences following a major life event may be subject to a leave of absence, with resuming one’s education the following term / year. Absences due to religious holidays are subject to the terms identified in the following sections: Major Religious Holidays
- Unexcused absence: Any absence due to a vacation or other personal preference is considered “unexcused”. The instructor has the right to lower the final course grade by 1 full letter grade due to excessive (15% or greater) unexcused absences, lateness, and unprofessional behaviors. If your class average is a “B,” your grade will be entered as a “C.” If your average is “B-” or below, you will receive an “F” for the course, as passing in our program is a “C.” Excessive unexcused absences, lateness, and unprofessional behaviors will also result in feedback through our professional

development system. Students who miss 20% or more of classes due to unexcused absences are subject to fail, regardless of their overall class average. The student cannot request to have assignments or examinations rescheduled. Missed assignments and examinations are subject to a grade of "0".

Students that miss 20% or more of class time due to combined excused and unexcused absences must develop a learning contract at the discretion of the course director to address missed course content.

The Programs in Occupational Therapy follow the general university calendar. However, there are on occasion exceptions to the schedule identified by the university. Examination dates, study dates, etc. may follow a different timetable. It is imperative that each student review the Program's schedule each semester, and review each course's syllabi, before making any plans that are contingent on the calendar. All dates are subject to change.

### Major Religious Days

It is the policy of the University to respect its members' religious beliefs. In compliance with New York State law, each student who is absent from school because of his or her religious beliefs will be given an equivalent opportunity to register for classes or make up any examination, study, or work requirements which he/she may have missed because of such absence on any particular day or days. No student will be penalized for absence due to religious beliefs, and alternative means will be sought for satisfying academic requirements involved.

Officers of administration and of instruction responsible for the scheduling of academic activities or essential services are expected to avoid conflict with major religious days as much as possible. If a suitable arrangement cannot be worked out between the student and the instructor involved, students and instructors should consult the appropriate dean or director. If an additional appeal is needed, it may be taken to the Provost.

- While the Programs in Occupational Therapy will do its best to accommodate religious beliefs and observances by its students, requested adjustments must be reasonable, made well in advance of the requested day(s), and allow for the fulfillment of academic requirements. **Absences from class and fieldwork will not be accommodated on those holidays when work is permitted. Absences on days when work is permitted are considered unexcused; anything scheduled, including exams, presentations, fieldwork, etc., cannot be made up. Such absences may be subjected to a lowering of course grade, or failure of fieldwork experience.**

## Civic Learning and Engagement: Community Service

In keeping with our vision of developing future minded leaders with a global view of occupation, the Programs in Occupational Therapy have developed expectations related to community service. While we do not require participation, we strongly encourage students to engage in civic learning and community service activities. The Programs in Occupational Therapy define community service as performance of voluntary work, consultation or duties for the benefit of local and global communities /institutions and the profession of occupational therapy. Community service activities are designed to promote community health, well-being, capacity building, quality of life and principles of occupational justice. Community service activities include though not limited to:

- Engagement in leadership and advocacy in professional organizations, for example NYSOTA Albany Lobbying Day
- Volunteering during a one time community event such as the Columbia-Harlem Homeless Medical Partnership (CHHMP)
- Collecting and donating resources for communities that have sustained catastrophic events
- Participating in community educational events as speakers or support staff

## Policy Related to Attendance and Conduct

The 3rd floor of the Georgian building is home to the Programs in Occupational Therapy and the Program in Physical Therapy. In the Hammer Health Science Center, LL206-211 is our multipurpose lab. Access to the lab is provided 24/7, with card key access only. The official hours for the Programs are 8:00 AM to 6:00 PM Monday through Thursday and 8:00 AM to 5:00 on Friday. The policies that follow are designed to provide a clean and safe environment for all students.

1. “The Classroom is the Clinic”. This motto drives all behavior as part of the Programs in Occupational Therapy.
2. Columbia University’s official mode of communication is via your Columbia email address. Please use your Columbia email for all correspondence. Faculty is not obligated to read or retain emails from other addresses.
  - a. Faculty members are not obligated to respond to emails sent after hours.
3. Students are expected to attend every assigned class, and to be there on time. Please see our absentee policy.
4. The use of any mobile device for telephone calls, video chats, texting, internet surfing, email checking, etc. is prohibited during class. This policy will be strictly enforced!



5. We have a strict social media policy. For example, photography of lecture slides is prohibited unless the lecturer grants permission; sharing photos of classmates, classes, and faculty on social media is prohibited unless explicit permission by all parties has been granted. Please read the social media policy in this handbook.
6. LL206-211 is for the use of occupational therapy only, and is under card-key access. Under no circumstance are you to leave either door open to allow another person to gain access.
7. Please leave all classrooms set up for class use. Although chairs may be rearranged for meetings and seminars, it is imperative that the rooms be returned to their customary setup.
8. Only authorized students, faculty, and staff are to use the photocopiers or have access to the faculty/staff mailboxes. If you need to drop something off for a faculty member, such as a book or a paper, please see our receptionist.
9. Students may use the conference rooms only if a faculty member reserves the room in the Schedule Book, under the name of the student and faculty member.
10. Announcements of immediate importance to the student will be shared via courseworks or email.

## **Policy on Written Assignments**

### **Policy Statement:**

It is our Programs' policy that written assignments such as literature reviews, papers, and case studies be submitted to Turnitin.com prior to submitting to your course director. Be sure to manage your time effectively when completing assignments.

Course directors determine if they prefer assignments to be submitted electronically or in hard copy. Unless otherwise preferred and/or required by a faculty member, students are expected to submit all written assignments in person. If that is not possible, papers may be emailed directly to the faculty member responsible for the assignment.

There are some extenuating circumstances, however, in which students find it necessary to submit short, written assignments to a faculty member through electronic means such as e-mail or facsimile transmittals. If a fax is to be used, no more than 3 pages may be submitted. A faculty member reserves the right to request a paper copy at a later date.

Prior to submitting papers to course directors, students are required to submit their papers to the TurnItIn.com for review. Course directors will provide instruction on this prior to the first assignment.

Late submission of assignments is subject to a grade reduction for each calendar day the assignment is late.

**Intent:** To insure that assignments submitted by students to faculty are readable, meet academic standards for scholarship, reflect ample prior planning on the part of the student, and are submitted and received in a timely fashion.

**Applicability:** All students, full and part-time, enrolled in any of our occupational therapy programs.

**Consequence:** Faculty members who require paper copies of assignments are under no obligation to read assignments longer than three pages that are submitted via fax or e-mail. Subsequently, students are at risk of receiving a reduced or failing grade for such assignments.

## Policy on Authorship

### Authorship on Manuscripts, Presentations, and Posters

In accordance with the *American Psychological Association* publication manual (2010) and the *American Journal of Occupational Therapy* guidelines for authors (n.d.), authorship credit of any work generated by students as part of their CU Occupational Therapy Program curriculum will be determined by the faculty advisor/course instructor based on significant contribution to three primary areas:

- (1) project idea generation and/or research design;
- (2) project development and/or research data collection, analysis, and interpretation;
- (3) poster or paper presentation development, or manuscript preparation and revision.

Authors should substantially contribute to all three areas of project generation and dissemination.

Students are not permitted to use any of the information related to a course assignment in a presentation or publication (other than using it as a citation) without the expressed permission of their faculty advisor/course instructor.

This pertains to any class assignments in which the student (1) participated as a group member or (2) completed independently with faculty feedback and guidance.

Faculty advisors/course instructors who provided guidance and feedback regarding development of a student's course assignment, should be listed as authors on any poster, presentation, or manuscript derived from the course. Students should discuss all ideas for

poster, presentation, and manuscript proposal submissions with their faculty advisors/course instructors prior to actual submission. Failure to do so will result in withdrawal of the submission.

American Psychological Association. (2010). *Publication Manual of the American Psychological Association* (6<sup>th</sup> ed.). Washington, DC: Author.

*Guidelines for contributors*. (n.d.). The American Journal of Occupational Therapy. Retrieved May 18, 2011 from [http://ajot.submit2aota.org/journals/ajot/forms/ajot\\_guidelines.pdf](http://ajot.submit2aota.org/journals/ajot/forms/ajot_guidelines.pdf)

## **Policy on the use of the Internet and Social Media Sites**

### **Rationale**

Columbia University's Programs in Occupational Therapy appreciates the use of the Internet and of social media sites as a means of communication. Social media sites include but are not limited to Facebook, Instagram, LinkedIn, Twitter, Flickr, YouTube, blogs, and podcasts. Additional Internet uses include but are not limited to email, texts, and personal webpages.

It is important to remember that the Internet and social media sites have extensive networks and audiences; there is virtually no privacy on any of these sites or means of communication. In addition, the role of the professional does not end when one leaves school or work, and for this reason, one must understand that behavior on social media sites can reflect negatively on one's place of learning, work, and on one's profession. In addition, particular types of postings and communications may be unethical, if not illegal. Violations can be considered under the realm of academic misconduct and subject to disciplinary action, as well as subject to criminal and/or civil liability.

Furthermore, as you embark on a professional career, it is important to understand that the role of the professional is to some extent based on an implied contract between the profession and society. This includes awareness of society's needs, exhibiting values that are humanistic in nature, maintaining accountability to self and others, and adhering to ethical principles and values as articulated in AOTA's Occupational Therapy Code of Ethics.

### **Guidelines and Policies<sup>3</sup>**

- Every student has been given a UNI, which is the basis of their Columbia University email account. It is our policy that all communication with our program and our faculty

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<sup>3</sup>Based in part on the Social Media Policy from the University of Kansas Medical Center  
<http://www.kumc.edu/Pulse/policy/socialmedia.html>

is done using the CU email. However, when establishing Facebook accounts, for example, it is expected that you use a different, personal account.

- Under no circumstance, regardless of the email address associated with any of your internet or social media sites, is personal health information or academic standing of other individuals to be posted or shared. Even if concealing one's identity, HIPAA (*Health Insurance Portability and Accountability Act*) and FERPA (*Family Educational Rights and Privacy Act*) laws may be violated.
- Comments that are derogatory, inflammatory and/or defaming of any individual, assignment, event, policy, etc. related to Columbia University or to any of our fieldwork sites or academic partners are strictly prohibited.
- In addition, the following may be considered unprofessional behavior, subject to academic misconduct, and serve as the basis for disciplinary action. Please keep in mind that if the department contacts you about any pictures, comments, texts, etc, that are considered unprofessional, it is expected that they will be taken down immediately.
  - General display of rude, offensive, or vulgar language.
  - Display of language, photographs, or videos that may be considered offensive and/or disrespectful of any individual or group because of age, race, gender, ethnicity or sexual orientation.
  - Presentation of photographs or videos of yourself or others that may be interpreted as condoning irresponsible use of alcohol, substance abuse or sexual promiscuity.
  - Presentation of photographs or videos of yourself or others that show engagement in illegal activities including use of recreational drugs.
- When posting information, unless otherwise officially authorized, you may not represent yourself as a spokesperson for the university or program, or as an official representative of the university or program.
- In many workplace settings it is strictly prohibited to engage in social media while within the institution's boundaries. It is our policy that personal engagement on social media sites while on fieldwork, in class, or at conferences is strictly prohibited<sup>4</sup>.
- You may not disguise your identity as a means to get around any of these guidelines and policies.
- Please refer to your course syllabi, which also includes a social media policy.

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<sup>4</sup>It is our policy that the use of laptops, electronic notepads, tablets, smartphones, etc. while in class or on fieldwork is a privilege, and is restricted to note taking for that class or treatment planning related activities while on fieldwork (N.B.: The use of electronic devices while on fieldwork requires approval from your site) . Any other use of such devices may call for the immediate loss of that privilege, and may be considered academic misconduct.

## Policy and Procedure Guidelines for International Fieldwork: Level II Experience<sup>5</sup>

Students interested in participating in an international Level II fieldwork experience should review the following guidelines and procedures. These experiences are only available to students who have already successfully completed at least one of the two required full time experiences. This experience will be considered the optional (specialty) fieldwork. All fieldwork experiences are bound by memorandum of agreements, and all students are covered under our clinical liability insurance policy. In addition, students are required to register with ISOS, an international travel assistance program. Please review the information they provide prior to any international travel.

There are two possibilities for international study:

1. Participating in a site in which we already have an agreement in place.
2. Participating in a site of one's choice.

Both of these options are considered "self-funded". This means that you will be responsible for all travel and living expenses associated with the experience.

In interested in either option, you must see Pamela Miller no later than the end of the fall semester of your final year of coursework.

If you wish to select your own fieldwork site, please adhere to the following guidelines:

- Let Professor Pamela Miller, Fieldwork Coordinator, know **before you start investigating** that you will be looking for an international fieldwork experience. Keep in mind that once you find a site, it must be approved by Pamela Miller. As you investigate different fieldwork opportunities, be sure the following conditions are met:
  - The site must be located in a country that is a member of WFOT (World Federation of Occupational Therapy).
  - The country should not be on the United States government travel warning list. Please access <http://travel.state.gov/travel> for specific information about this.
  - The direct supervisor must be an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has a minimum of 1 year of experience in practice.
  - The site must be willing to sign our memorandum of agreement.

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<sup>5</sup> Beginning on page 17 are our policies and procedures related to Level I and Level II domestic fieldwork experiences.

- The country in which this will take place must honor our liability insurance policy.
- After you have zeroed in on a site, you need to provide Pam Miller with the name and all contact information of the individual with whom she will finalize the agreement and any related arrangements. Make sure the site understands that Pamela Miller will be contacting them.

The Columbia Health Science Campus' Clinical Drug Testing Policy, described earlier in this handbook, applies to international fieldwork experiences as well as domestic fieldwork experiences. Please see <http://www.cumc.columbia.edu/student-health/aims/drug-testing> for the complete Pre-Clinical Drug Testing Policy and Procedure.

## **Photography Release**

The Programs in Occupational Therapy at Columbia University and its representatives on occasion take photographs for the school's use in print and electronic publications. This serves as public notice of the Programs in Occupational Therapy's intent to do so and as a release to the Programs in Occupational Therapy of permission to use such images as it deems fit. If you should object to the use of your photograph, you have the right to withhold its release by filling out a form at the Programs in Occupational Therapy, Georgian Building, room 305.

## Handbook / Bulletin Acknowledgement

All students are asked to sign an acknowledgement form that verifies their responsibility to review this Student Handbook, review the Programs' Bulletin, and to acknowledge that their Honor Code and Essential Function Form was signed and submitted. This form is distributed during the Programs' orientation. The form states:

*This is to acknowledge that it is my responsibility to review and become familiar with the Occupational Therapy Student Handbook. This handbook is posted on the Program's website under the student link. I also acknowledge that it is my responsibility to review and become familiar with the Occupational Therapy Bulletin, posted on the Program's website as well, under the Academic Programs, Student, and Prospective Student links.*

## Honor Code for Academic and Professional Conduct

The Programs in Occupational Therapy are committed to the highest academic and professional standards. To this end, there is an expectation that all students, faculty and staff will act in ways consistent with these standards. Conduct must reflect honesty and integrity in all activities associated with our programs and with all parts of the university. The following reflects our programs' Honor Code, and applies to but is not limited to classroom and clinical settings.

To signify your understanding and agreement with these standards, please read the following and sign where indicated. Note that academic work includes but is not limited to all assignments handed in for review, all presentations, all labs, and all fieldwork assignments, as determined by course directors and/or clinical instructor, and all extracurricular assignments associated with Columbia University. Clinical settings are those settings in which students are placed for any assignment used in fulfillment of our programs requirements, or as part of an extracurricular activity associated with Columbia University.

- Students in the Programs in Occupational Therapy are expected to fully engage in all aspects of the academic curriculum. This includes fulfilling all requirements of each class, as delineated in each course syllabus, and in the student handbook.
- All assignments and examinations will reflect full participation in accordance with the guidelines established by the course directors.
- Each student must fully contribute to all assignments that are collaborative or group based. Under no circumstance will a member of a collaborative effort be “carried” by their group, or receive credit when that student did not contribute.
- All submitted assignments will reflect original work. Any information that is not original must be properly referenced according to the APA guidelines.
- All students are expected to be respectful of classmates' and of faculty work; do not forward information, course material, slides or handouts provided to you in any form of media, whether in hard copy, online, via email attachments, or via *courseworks*, to anyone who would not ordinarily have access to this information. Keep in mind that material prepared for you by faculty is typically under copyright control.
- No assistance, unless authorized by the course director, will be used on any assignment or examination. Under no circumstance will cheating, including plagiarism, be tolerated.

Cheating is defined as: *“the giving or receiving of unauthorized and or unfair aid in academic work. This may occur by, but is not limited to: lying, deceiving, stealing, talking, signaling, copying from other students, and unauthorized usage of books, data (both in hardcopy and electronic formats),*



*study aids, or other sources in a manner inconsistent with the expectations established by”<sup>6</sup> the Programs in Occupational Therapy.*

Plagiarism includes but is not limited to:

- *Submitting essays, or portions of essays, or other prose written by other people as one’s own;*
- *Failing to acknowledge, through proper footnotes and bibliographic entries, the source of ideas essentially not one’s own;*
- *Failing to indicate paraphrases or ideas or verbatim expressions not one’s own through proper use of quotations and footnotes;*
- *Submitting an essay written for one course to a second course without having sought prior permission from both instructors;*
- *Collaborating with other students or outside sources on an assignment or examination without specific permission from the faculty member to do so;*
- *Using another person’s or institution’s research or data without attribution.”<sup>7</sup>*

It is each student’s responsibility to direct any questions or concerns about what constitutes academic and clinical integrity to a faculty member. Within the Programs in Occupational Therapy, the Faculty and the Due Process Committee shall be responsible for reviewing charges of academic misconduct brought against a student. The consequences of a violation will be determined by the faculty. The Programs in Occupational Therapy reserves the right to dismiss, or to deny admission, registration, readmission, or graduation to any student who in the judgment of the Faculty of the Programs in Occupational Therapy is determined to be unsuited for the study or practice of Occupational Therapy. The Programs in Occupational Therapy reserves the right to require its students to sign the Honor Code annually.

My signature below signifies that I read, understand and am fully committed to the Honor Code.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

<sup>6</sup> Based in part on the Social Media Policy from the University of Kansas Medical Center  
<http://www.kumc.edu/Pulse/policy/socialmedia.html>

<sup>7</sup> SIPA. <http://www.sipa.columbia.edu/prog/deans.html> Accessed June 9, 2006

## **Essential Functions for Admission and Matriculation to the Programs in Occupational Therapy, Columbia University**

Students enrolled in Columbia University's Programs in Occupational Therapy are expected to meet standards and functions in addition to academic competence. These standards and functions, which parallel the professional behavior standards outlined in our student handbook (available on our website), reflect personal characteristics necessary for successfully completing our course of study. These characteristics are not related to one's ability to function in a *specific* role as an occupational therapist, but rather to be able to function in *any* role as an occupational therapist and in any practice setting. In order to succeed in our program, students must be able to demonstrate multiple skills and abilities that span the academic, motor, emotional, and social nature of our profession.

Please review the essential functions<sup>8</sup> as described in this document, and verify with your signature that you have the capability to meet these standards. This document must be returned to our office along with your acceptance of admission to our program.

If you have any questions regarding this document, please contact Dr. Glen Gillen.

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

- The commitment to work in an intense setting which challenges the individual to meet the needs of people of diverse cultures, age groups, and challenges. These individuals may be severely injured, limited by cognitive, emotional, and functional deficits and whose behavior may create at times an aversive reaction. The ability to interact with these individuals without being judgmental or prejudiced is critical in establishing one's professionalism and therapeutic relationship.
- The ability and commitment to work with individuals without regard to the nature of their illness or disability, culture, gender or age group as demonstrated by active participation in all learning experiences in and out of the classroom.
- The ability to respectfully communicate verbally and in writing, using appropriate grammar and vocabulary, in order to build relationships with faculty, advisors, fellow graduate students, coworkers, and clients and their significant others. Proficiency in communication includes transactions with individuals and groups in learner, collegial,

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<sup>8</sup> These standards were derived from documents prepared by the American Occupational Therapy Association (Educating Students with Disabilities: What Academic and Fieldwork Educators Need to Know, 1997) and from the New York Institute of Technology (Technical Standards for Admission and Matriculation to the Occupational Therapy Program / Student Handbook, 1998).

consultative, leadership, and task roles. Students must be able to elicit information, gather information, describe findings, and understand non-verbal behavior.

- The ability to meet the challenges of any environment that requires a readiness for immediate and appropriate response without interference of personal or medical problems. This requires training for emergencies (e.g., CPR, infection control).
- The ability to travel independently to and from classes and fieldwork assignments on time and the organizational skills and stamina for performing required tasks and assignments within allotted time frames.
- Commitment to the adherence of policies of the university, the occupational therapy program, and the fieldwork sites. This includes matters ranging from professional dress and behavior, to attending to the occupational therapy program's academic schedule, which may differ from the University's academic calendar and be subject to change at any time.
- Emotional health for full utilization of intellect, the exercise of good judgment, prompt completion of responsibilities, and the development of mature, sensitive, and effective relationships with others. Working with persons in need often requires taxing workloads and adaptation to changing and challenging environments requiring flexibility and a spirit of cooperation.
- Critical thinking skills in order to be able to problem solve creatively, to master abstract ideas and to synthesize information in order to handle the challenges of the academic, laboratory, and fieldwork settings.
- Capability to handle clients and to direct clients in varied practice settings. Visual acuity and independent mobility, fine and gross movements, equilibrium, and the use of touch are essential to assure safety of clients, significant others, and staff.
- Commitment to the code of ethics of the profession and behavior that reflects a sense of right and wrong in the helping environment.

I have reviewed the essential functions for the Occupational Therapy Programs at Columbia University. My signature below indicates that, to the best of my knowledge, I am able to meet these standards.

---

Signature

---

Date

---

Print Name

## Standards of Behavior

### Student Conduct

[The following is from the university policy on community standards:

<http://www.columbia.edu/cu/studentconduct/documents/SandDS2016.pdf>]

As members of the Columbia University community, all students are expected to uphold the highest standards of respect, integrity, and civility. These core values are key components of the Columbia University experience and reflect the community's expectations of Columbia University students. Students are therefore expected to conduct themselves in an honest, civil, and respectful manner in all aspects of their lives. Students who violate standards of behavior related to academic or behavioral conduct interfere with their ability, and the ability of others, to take advantage of the full complement of University life, and will thus be subject to Dean's Discipline.

The continuance of each student upon the rolls of the University, the receipt of academic credits, graduation, and the conferring of any degree or the granting of any certificate are strictly subject to the disciplinary powers of the University. Although ultimate authority on matters of student discipline is vested in the Trustees of the University, the deans of the colleges and his/her staff are given responsibility for establishing certain standards of behavior for their students beyond the regulations included in the Statutes of the University and for defining procedures by which discipline will be administered.

### Professionalism and Professional Behavior

The development and maintenance of professionalism, as seen through actions and communications, is an important component of occupational therapy practice. The *Professional Development Assessment* is a guide for the development of professionalism. It is expected that all students will consistently demonstrate the qualities outlined. Advisors will review with each student their progression towards professionalism, using this report form as a guide. However, in the event that an instructor notes a deviation from the expected behavior in one or more of the qualities defined, the instructor and / or advisor will note the behavior and will meet with the student to identify and discuss the issue at hand. The faculty member and student will sign the form. Copies will be given to the student and to the student's academic advisor. Where indicated, these assessments will be used by the advisor and fieldwork coordinator to prevent or forestall problems during fieldwork.

## Policy for the Development of Professional Behavior

The faculty of The Programs in Occupational Therapy is dedicated to enabling students to become respected professionals. To this end, we expect all students to consider their academic environment as they would a clinical setting. Faculty will be using this **Professional Development Report** as a guide for providing feedback to every student. In addition, we have constructed a policy that will assist in counseling students who consistently demonstrate behaviors that are unacceptable. If a report is completed on a student, the classroom instructor will discuss the form with the student, and have the student sign the report to acknowledge its completion. It is then to be submitted to the student's advisor. The advisor will retain all reports, and meet monthly with the student to monitor positive change in professionalism.

The **Professional Development Report** should be completed for any student who demonstrates one or more of the following behaviors on a consistent basis:

- Lack of attentiveness and respect in the classroom
- Consistently late for class
- Leaving class early
- Leaving class to obtain food/drink
- Leaving class to go to the restroom
- Making appointments during class time
- Cutting class
- Tardiness in submitting assignment(s)
- Careless work
- Inappropriate conversation in class
- Reading/studying during class lecture
- Surfing the internet or writing / answering emails
- Not contributing to a group assignment
- Disrespectful to faculty, staff, or student
- Sleeping during class
- Disregard for copyright policies
- Transmitting other's work (classmates, faculty) without permission.
- Inappropriate use of social media
- Disregard for university policy

**COLUMBIA UNIVERSITY**  
**PROGRAMS IN OCCUPATIONAL THERAPY**  
**PROFESSIONAL DEVELOPMENT REPORT**

STUDENT: \_\_\_\_\_ SEMESTER/YEAR: \_\_\_\_\_

This form is used by both faculty and students in order to assess your progress towards the development of professional skills as an occupational therapist. The following ratings reflect faculty assessment of your attributes. Completion of the form is based on observations in classroom and/or clinical situations that reflect professional behavior.

HONESTY/INTEGRITY	COMMENTS
<b>Behavioral Descriptors:</b>  Adheres to Code of Ethics Adheres to the Honor Code Takes responsibility for and corrects errors Maintains confidentiality Represents the facts/situation in an accurate manner Respects the work prepared by others Respects and returns borrowed materials	
RESPONSE TO FEEDBACK/SUPERVISION	COMMENTS
<b>Behavioral Descriptors:</b>  Respectful of others Chooses appropriate times to approach instructor Proactively identifies problem and possible plan Discusses problem and ideas with instructor Accepts feedback in a positive manner Modifies performance in response to feedback	
ABILITY TO WORK AS TEAM MEMBER	COMMENTS
<b>Behavioral Descriptors:</b> Aware of others verbal/nonverbal reactions Responsive and respectful to the needs of others Allows others to express their opinions Remains open minded to different perspectives Tactful in giving others suggestions/feedback Participates collaboratively	

*We see the need, we meet it, we exceed it!*

COMMUNICATION	COMMENTS
<b>Behavioral Descriptors:</b>  Actively participates in discussions Initiates thoughtful/relevant questions Communicates ideas and options clearly and concisely Attends to class agenda	
INITIATIVE/MOTIVATION	COMMENTS
<b>Behavioral Descriptors:</b>  Independently seeks out learning experiences Takes initiative to direct own learning Assumes responsibility for learning Uses adequate and appropriate resources to achieve goal	
DEPENDABILITY/RESPONSIBILITY	COMMENTS
<b>Behavioral Descriptors:</b>  Takes responsibilities for one's own actions Attends all scheduled sessions Is on time for class/scheduled meetings Hands in assignments/papers when due Complies with program/course expectations Follows through with commitments and responsibilities Maintains a safe and clean environment in class/lab Adheres to scheduled office hours	
JUDGMENT	COMMENTS
<b>Behavioral Descriptors:</b>  Uses an inquiring or questioning approach in class Analyzes options prior to making a judgment Develops rationale to support decision Demonstrates awareness of possible bias Makes sound decisions based on factual information Gives alternative solutions to complex issues/situations Adheres to organizational and interpersonal boundaries Handles personal and professional frustration appropriately	

ORGANIZATIONAL ABILITY	COMMENTS
<b>Behavioral Descriptors:</b>  Comes to class prepared Manages time/materials to meet program requirements Uses organizational skill to contribute to the development of others	
PROFESSIONAL PRESENTATION	COMMENTS
<b>Behavioral Descriptors:</b>  Wears neat, clean clothing appropriate to setting Presents self in a manner that is accepted by peers, clients, supervisors Uses body posture that communicates interest or engaged attention Displays a positive attitude towards becoming a professional	
PROFESSIONALISM	COMMENTS
Conduct on and off campus must reflect the values of occupational therapy. Personal or professional use of any form of media, including all forms of social media (facebook, twitter, myspace, blogs, etc) must adhere to professional values and behaviors; be respectful of students, faculty, staff, university, and colleagues; and not violate any confidentiality. Ethical and legal considerations are in place at all times.	

**STUDENT COMMENTS:**

\_\_\_\_\_  
Signature of Student Acknowledging  
Receipt of Copy

\_\_\_\_\_  
Signature of Faculty Member Completing Form

\_\_\_\_\_  
Signature of Faculty Advisor

\_\_\_\_\_  
Date

(Based on forms from Scranton University, Medical College of Georgia, Mercy College, and Duquesne University) (Revised 10/95)

*We see the need, we meet it, we exceed it!*



## **Due Process Procedures Programs in Occupational Therapy**

Due process procedures can be instituted under two general categories: academic complaints, and disciplinary infraction.

- An individual student may file an academic grievance if one believes one's academic standing and/or treatment did not follow policy.
- The Program Director/Assistant Dean of Education can institute the Dean's discipline proceeding if a student's behavior or use of language seriously threatens our ethical standards and/or standards of conduct for our program and university.

### **Academic Grievance Issues**

Any student in the Programs in Occupational Therapy who disagrees with a decision that affects his/her standing in the program has the opportunity to appeal. The appeal must be made in writing within seven days from the date the student is notified of the decision.

#### Procedure

The student who disagrees with a decision must first try to resolve the issue at the point of origin with the person or persons concerned or request a review by the Academic Standing Committee (within the program). If the issue cannot be resolved in this manner, the following steps need to be followed in consecutive order:

1. The Director of the Program in Occupational Therapy/Assistant Dean of Education will convene the Program Grievance Committee and issue a recommendation.
2. The Vice Dean for Education for the Vagelos College of Physicians and Surgeons will review the proceedings and issue a recommendation.
3. The Dean will issue a decision.

#### Nature of the Appeal

If a student chooses to appeal a decision, the appeal must be presented as follows:

1. The appeal shall set forth a concise statement of the incident to include times, dates, people involved, the grounds for the appeal, and the specific request that the student is making.

2. The appeal shall be filed with the appropriate person within seven working days following the incident in question.

Every effort should be made to resolve the appeal at the level at which it occurs. If at any step the appeal is not resolved to the satisfaction of the student, the student may pursue the matter at the next step according to the procedure outlined.

### Academic Grievance Committee

The Grievance Committee is appointed by the Director of the Programs in Occupational Therapy, and includes 4 voting members and one nonvoting ex officio member as follows:

- Three faculty members from a health science program other than the full-time occupational therapy faculty. One of these three faculty members will serve as the Chair of the Grievance Committee.
- One student member from any health science program other than occupational therapy.
- One occupational therapy faculty member who participates in an ex officio capacity and without a vote.

The academic grievance committee meeting is a fact-finding, not an adversarial courtroom-type proceeding; the student may not necessarily be present to hear other witnesses and there is no formal cross-examination of witnesses or objecting to evidence. In addition, although students are always free to consult with an attorney, they may not have an attorney present during a disciplinary hearing or at any appeal.

The academic grievance committee reports its determination to the Director of Occupational Therapy, who then notifies the student.

The student may, if desired, request an additional level of review. Such a request must be made in writing within seven days following notification of the grievance committee's determination, and directed to the Vice Dean for Education for the Vagelos College of Physicians and Surgeons. Normally, the Vice Dean's review relies solely on the written record and does not include a new factual investigation. The Vice Dean will notify the student of the results of his/her review when completed.

The student may make a final appeal to the Dean of the Vagelos College of Physicians and Surgeons. Such an appeal must be made within seven days following notification of the Vice Dean's decision. The Dean normally relies solely on the written record and does not conduct a new factual investigation. The Dean's decision is final – there is no further appeal within the University.

## Dean's Discipline

A student charged with a disciplinary infraction subject to "Dean's Discipline" is entitled to notice of the charges, an opportunity to be heard, and an opportunity to appeal a disciplinary decision. Persons entitled to file a complaint include any officer or staff member of Columbia University, as well as any matriculated student at Columbia University. Notice of charges must be filed by the Director of the Program in Occupational Therapy within sixty days of the alleged infraction. Dean's Discipline refers to all matters related to standards of ethical and professional conduct. Dean's Discipline does not apply to sexual assault.

Ordinarily, a disciplinary proceeding begins with a written communication from the Director of the Programs in Occupational Therapy requiring the student to attend a disciplinary hearing to respond to a specified charge. (In rare cases, the proceeding may begin with an oral communication requiring the presence of the student at a hearing.) The hearing is held before an ad hoc committee comprised of:

- Director of the Programs in Occupational Therapy
- three faculty members not integral to the case;
  - one from occupational therapy,
  - two from other programs or schools at the medical center.

The hearing is a fact-finding, not an adversarial courtroom-type proceeding; the student may not necessarily be present to hear other witnesses and there is no formal cross-examination of witnesses or objecting to evidence. In addition, although students are always free to consult with an attorney, they may not have an attorney present during a disciplinary hearing or at any appeal.

At the hearing, the student is informed of the evidence that led to the charges against him or her and asked to respond. The student may offer his or her own evidence. This includes the student's own appearance at the hearing and may include the appearance by others (witnesses) on his or her behalf and any written submission or relevant documents the student may wish to submit.

After the committee has considered all of the evidence, its members will reach a determination and the Director of the Programs in Occupational Therapy will notify the student in writing of that decision. If the student is found to have committed a disciplinary infraction, the penalty can include censure, conditional probation, conditional suspension, and dismissal.

The student has the right to appeal a decision that results from a disciplinary hearing to the Senior Associate Dean for Student Affairs of the Vagelos College of Physicians and Surgeons.

The appeal must be made in writing within seven days from the date the student is notified of the decision, and it must clearly state the grounds for the appeal. Such appeal should be sent to the Senior Associate Dean for Student Affairs at the Vagelos College of Physicians and Surgeons who will notify the student and the Program Director of the final decision. Normally, the Senior Associate Dean for Student Affairs at the Vagelos College of Physicians and Surgeons relies solely on the written record and does not conduct a new factual investigation.

Once informed of the decision of the Senior Associate Dean for Student Affairs, the student has the right to appeal to the Dean of the Vagelos College of Physicians and Surgeons and Executive Committee of the Faculty Council. The appeal must be made in writing within seven days from the date the student is notified of the decision, and it must clearly state the grounds for the appeal. Such appeal should be sent to the Dean at P&S 2-401. The Dean focuses upon whether, in the Dean's view, the decision made and the discipline imposed are reasonable under all of the circumstances of the case. There is no further appeal within the University.

Rev. 7/20/18

## Official University Regulations and Policies

The University's official regulations are included in the University handbook, Essential Policies for the Columbia Community. This handbook is available online and at the Office of the University Senate, 406 Low Memorial Library. Because university policies and procedures are subject to change, please check the website, <http://facets.columbia.edu>, for the most current information.

Regulations in FACETS include but are not limited to:

[Student Email Communication Policy](#)

[CUIT Computer and Network Use Policy](#)

[Social Security Number Reporting](#)

[Policy on Access to Student Records \(FERPA\)](#)

[University Regulations](#)

[University Standards and Discipline](#)

[Office for Student Conduct and Discipline](#)

[Policies on Alcohol and Drugs](#)

[Student Policies and Procedures on Discrimination and Harassment, Gender-Based](#)

[Misconduct Policies for Students, and Consensual Romantic and Sexual Relationships](#)

[University Event Management Policies](#)

[Policy on Partisan Political Activity](#)

[Campus Safety and Security](#)

[Crime Definitions](#)

[Required Medical Leave for Students with Eating Disorders \(Morningside\)](#)

[Voluntary Leave of Absence Policy](#)

[Involuntary Leave of Absence Policy](#)

[Military Leave of Absence Policy](#)

[Essential Resources](#)

[Additional Policy Sources](#)

[Consumer Information](#)

[Directory](#)

We encourage you to access these sites as they host the most updated policies. In addition, please review all the policies included in this document. The following pages also contain university policies.

## Copyright, File-Sharing And Responsible Use Of Electronic Resources

As a member of the Columbia University community, it is important that you understand your responsibilities for complying with the University's policies and federal law on the use of electronic resources, including computers, networks (including the Internet), email, and online information resources, and on the use of copyrighted material on Columbia's computer systems and network. The University's electronic resources and services are for the primary purpose of supporting the University's mission of education, research, and service. Uses that interfere with or threaten the operation and activities of any part of the University are prohibited, as are uses that violate the law, University policy or the rights of others.

Peer-to-peer file-sharing programs, such as BitTorrent, make it easy to download and share unauthorized copies of music, movies, and other copyrighted works. Such activity is against the law and exposes you to legal liability.

To help you use Columbia's electronic resources and services responsibly, and to help you understand the basics of copyright law, we have summarized some information about copyright law below. More detailed information can be found on the University's website at <http://www.columbia.edu/cu/policy/copyright.html>

**COPYRIGHT LAW AND POLICY** - Copyright infringement is the act of exercising, without permission or legal authority, one or more of the exclusive rights granted to the copyright owner under section 106 of the Copyright Act (Title 17 of the United States Code). These rights include the right to reproduce or distribute a copyrighted work. In the file sharing context, downloading or uploading substantial parts of a copyrighted work without authority constitutes an infringement. While there are exceptions under the law that allow copying or distribution of protected works, the use of peer-to-peer software programs to download or upload copyrighted music and movies without permission of the copyright owner would virtually never qualify for an exception. Violations of copyright law are also violations of University policy.

**MONITORING** - The University does not monitor the network for content. However, it does monitor the volume of use on the network. File sharing generates a high volume of network traffic, and if your computer is generating excessive network traffic, your Internet access will automatically be limited. For information on bandwidth limits, see the University's Computer and Network Use Policy at <http://www.columbia.edu/cu/copyright/policy.html>

**PEER-TO-PEER FILE SHARING** - Most P2P programs, such as BitTorrent, automatically turn on sharing when installed and run whenever your computer is on. Even if you disable uploading, many P2P programs automatically reset to resume uploading, and copyrighted material in a

“shared” folder can be seen by others using the same P2P software. If you have such programs on your computer, you may be violating copyright law without knowing it. Moreover, some content owners, including the Recording Industry Association of America (RIAA), use the same P2P software to “capture” infringers. This monitoring by the RIAA has led to numerous lawsuits against students, including many Columbia students. Payments to settle these lawsuits can be substantial. The bottom line is that if you want to ensure compliance with the law, do not install P2P file sharing software on your computer.

**Digital Millennium Copyright Act (DMCA).** Under the DMCA, copyright owners file notices of copyright violations with the University, requiring the University to take immediate action to eliminate such violations. If you are implicated in such activity, you will be notified of the allegation and your network access will be terminated until you have (i) removed the infringing material, (ii) taken a short quiz on copyright, and (iii) agreed to comply with copyright law and not engage in, among other things, illegal downloading, storing and distribution of copyrighted materials. In the case of repeat infringement, sanctions become more severe, and the University may be required to terminate all access to our network. For more information on the DMCA, and disciplinary sanctions for copyright infringement, see <http://www.columbia.edu/cu/policy/copyright-info.html>

**Summary of Civil and Criminal Penalties for Violation of Federal Copyright Laws.** Copyright infringement constitutes both a violation of University policy and a violation of the law. Under the Higher Education Opportunity Act (HEOA), the University is required to inform you of the civil and criminal penalties for unauthorized distribution of copyrighted material, including unauthorized peer-to-peer file sharing. Those penalties include the following: Anyone found liable for civil copyright infringement may be ordered to pay either actual damages or “statutory” damages, which are set at not less than \$750 and not more than \$30,000 per work infringed. A court also has discretion to assess costs and attorneys’ fees. Willful copyright infringement also can result in criminal penalties, including imprisonment of up to five years and fines of up to \$250,000 per offense.

Keep in mind that there are legal alternatives for downloading copyrighted material. For a list of some of the popular legal alternatives for downloading movies and music and other copyrighted materials, see <http://cuit.columbia.edu/cuit/it-security-practices/filessharing-networks/legal-music-movies-online>

Additionally, EDUCAUSE, which you can link to at <http://www.educause.edu/legalcontent>, maintains an extensive list of legal alternatives for downloading copyrighted materials. Proper use of the University’s electronic services and resources will enhance the quality of the University network and systems and foster a culture of respect for the intellectual property rights of both members of the University community and copyright owners in the larger creative community.

Jeffrey F. Scott  
Executive Vice President  
Student and Administrative Services

## **Student Policies and Procedures on Discrimination, Harassment, Gender-Based and Sexual Misconduct and Consensual Romantic and Sexual Relationships**

Columbia University is committed to providing a learning, living, and working environment free from discrimination, harassment and gender-based and sexual misconduct. Consistent with this commitment and with applicable laws, the University does not tolerate discrimination, harassment, or gender-based or sexual misconduct in any form and it provides students who believe that they have been subjected to conduct or behavior of this kind with mechanisms for seeking redress. All members of the University community are expected to adhere to the applicable policies, to cooperate with the procedures for responding to complaints of discrimination, harassment and gender-based and sexual misconduct, and to report conduct or behavior they believe to be in violation of these policies to the [Office of Equal Opportunity and Affirmative Action](#) or [Student Services for Gender-Based and Sexual Misconduct](#). For additional information on these issues, policies and resources, please visit the Sexual Respect website at: <https://titleix.columbia.edu/>.

Complaints against students for gender-based misconduct are processed in accord with the [Gender-Based Misconduct Policies for Students](#). Students who attend Barnard College and Teachers College as well as Columbia University are covered by these policies. The use of the term “gender-based misconduct” includes sexual assault, sexual harassment, gender-based harassment, stalking, and intimate partner violence.

Complaints against students for other forms of discrimination and harassment are processed in accord with the [Student Policies and Procedures on Discrimination and Harassment](#) and should be filed with the Dean of Students of the school in which the accused student is enrolled.

Complaints against employees and third parties affiliated with the University for discrimination and harassment are processed in accord with the [Employment Policies and Procedures on Discrimination and Harassment](#). The use of the term “discrimination and harassment” includes discrimination, discriminatory harassment, gender-based harassment, stalking, intimate partner violence, sexual harassment, and sexual assault.

Columbia University maintains policies regarding consensual romantic and sexual relationships between faculty and students, and staff and students. The [Faculty-Student Relationship Policy](#) states that no faculty member shall exercise academic or professional authority over any



student with whom he or she has or previously has had a consensual romantic or sexual relationship. This policy covers all officers of instruction, research and the libraries, including student officers of instruction and research and teaching assistants. The [Staff-Student Relationship Policy](#) states that no staff member at Columbia should participate in the supervision, employment actions, evaluation, advising or mentoring of any Columbia University student with whom that staff member has or has had a consensual romantic or sexual relationship, except in unusual circumstances, where explicit advance authorization has been obtained.

**For further information and assistance, contact:**

Office of Equal Opportunity and Affirmative Action  
103 Low Library, MC 4333  
<http://eoaa.columbia.edu/>; [eoaa@columbia.edu](mailto:eoaa@columbia.edu); 212-854-5511

Title IX Coordinator/Section 504 Officer for Columbia University  
Melissa Rooker, Associate Provost  
Office of Equal Opportunity and Affirmative Action, 103 Low Library  
[mrooker@columbia.edu](mailto:mrooker@columbia.edu), (212) 854-5511

Columbia offers a number of confidential resources to students who believe they were subjected to discrimination, harassment or gender-based or sexual misconduct and who do not wish to report to the University:

***Counseling Services***

CUIMC Mental Health Services (212) 305-3400  
Columbia Morningside (212) 854-2878

**Center for Student Wellness (CSW)** (212) 305-3400

***Sexual Violence Support Center***, (212) 854-HELP

***Office of the University Chaplain***, 212-854-6242

***Health Services\****

CUIMC (212) 305-3400, CUIMC clinician-on-call (212) 305-3400  
Columbia Morningside (212) 854-2284, Columbia Morningside clinician-on-call (212) 854-9797

\*Medical providers are considered confidential resources in the context of providing medical treatment to a patient.

## Appendix A: Programs Academic Calendar

(Calendar subject to change)

<b>Academic Calendar*, 2018-2019</b> <b>Programs in Occupational Therapy</b>
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FALL 2018		
Wednesday & Thursday	August 29- August 30	Orientation
Monday	September 3	Labor Day - University Holiday
Tuesday	September 4	First Day of Classes
Friday	September 14	End of Change of Program Period; Last Day to Add a Class Last Day to Receive Tuition Refund for Class Dropped
Tuesday	October 9	Last Day move to the three-year option
Wednesday	October 17	October Degrees Conferred
Thursday	October 18	Midterm Date
Tuesday	November 6	Election Day - University Holiday (we have classes on Monday Nov. 5)
Wednesday - Friday	November 21 - 23	Thanksgiving Holiday (NB: Attendance required in classes held on Monday and Tuesday of that week.)
Monday	December 19	Last Day of Classes
Wednesday - Thursday	December 12-13	Reading/Study Day
Friday - Thursday	December 14- 20	Final Exam Period
SPRING 2019		
Monday - Friday	January 7-11	Some electives may be during this time period
Monday	January 21	Martin Luther King, Jr.'s birthday observed - University Holiday
Tuesday	January 22	First Day of Classes
Friday	February 1	End of Change of Program Period; Last Day to Add a Class Last Day to Receive Tuition Refund for Class Dropped
Wednesday	February 13	February Degrees Conferred
Monday	February 18	Presidents' Day: no MS1 classes; MS 2 fieldwork is scheduled according to clinic's calendar
Monday	March 11	Midterm Date
Monday-Friday	March 18-22	Spring Break (MS1 fieldwork <i>may</i> begin during this time period; refer to course calendar; some electives may be during this time period)
Thursday-Sunday	April 4-7	AOTA Annual Conference
Monday	May 6	Last Day of Classes
Tuesday-Wednesday	May 7-8	Reading/Study Day
Thursday-Thursday	May 9-16	Final Exam Period
Thursday	May 16	Interdisciplinary Research Day
Wednesday	May 22	University Commencement Ceremony
Thursday	May 23	Occupational Therapy Commencement Ceremony
	June - August	Level 2 Fieldwork
	September – December	Level 2 Optional Fieldwork scheduled within this timeframe.

\*Calendar is subject to change.

## **Appendix B:**

### **Occupational Therapy Code of Ethics and Ethics Standards**

Adopted in 2015

<https://www.aota.org/-/media/corporate/files/practice/ethics/code-of-ethics.pdf>

Included in this handbook with permission from the AOTA.

#### **Preamble**

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

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

The Code serves two purposes:

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

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

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*We see the need, we meet it, we exceed it!*

researchers; entrepreneurs; business owners; and those in elected, appointed, or other professional volunteer service.

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

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

## **Core Values**

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

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

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

## Principles and Standards of Conduct

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

### Beneficence

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

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

### Related Standards of Conduct

Occupational therapy personnel shall:

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

- H. Refer to other providers when indicated by the needs of the client.
- I. Conduct and disseminate research in accordance with currently accepted ethical guidelines and standards for the protection of research participants, including determination of potential risks and benefits.

## **Nonmaleficence**

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

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

### **Related Standards of Conduct**

Occupational therapy personnel shall

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

business interests at the expense of recipients of services, students, research participants, employees, or colleagues.

- I. Avoid bartering for services when there is the potential for exploitation and conflict of interest.

## **Autonomy**

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

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

## **Related Standards of Conduct**

Occupational therapy personnel shall

- A. Respect and honor the expressed wishes of recipients of service.
- B. Fully disclose the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention; and any reasonable alternatives to the proposed intervention.
- C. Obtain consent after disclosing appropriate information and answering any questions posed by the recipient of service or research participant to ensure voluntariness.
- D. Establish a collaborative relationship with recipients of service and relevant stakeholders, to promote shared decision making.
- E. Respect the client's right to refuse occupational therapy services temporarily or permanently, even when that refusal has potential to result in poor outcomes.
- F. Refrain from threatening, coercing, or deceiving clients to promote compliance with occupational therapy recommendations.
- G. Respect a research participant's right to withdraw from a research study without penalty.
- H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communications, in compliance with applicable laws, including all aspects of

privacy laws and exceptions thereto (e.g., Health Insurance Portability and Accountability Act, Family Educational Rights and Privacy Act).

- I. Display responsible conduct and discretion when engaging in social networking, including but not limited to refraining from posting protected health information.
- J. Facilitate comprehension and address barriers to communication (e.g., aphasia; differences in language, literacy, culture) with the recipient of service (or responsible party), student, or research participant.

## Justice

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

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

### **Related Standards of Conduct**

Occupational therapy personnel shall

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



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

## **Veracity**

**Principle 5. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession. Veracity is based on the virtues of truthfulness, candor, and honesty.**

The Principle of Veracity refers to comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information (Beauchamp & Childress, 2013). Veracity is based on respect owed to others, including but not limited to recipients of service, colleagues, students, researchers, and research participants. In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive. When entering into a therapeutic or research relationship, the recipient of service or research participant has a right to accurate information. In addition, transmission of information is incomplete without also ensuring that the recipient or participant understands the information provided. Concepts of veracity must be carefully balanced with other potentially competing ethical principles, cultural beliefs, and organizational policies. Veracity ultimately is valued as a means to establish trust and strengthen professional relationships. Therefore, adherence to the Principle of Veracity also requires thoughtful analysis of how full disclosure of information may affect outcomes.

## Related Standards of Conduct

Occupational therapy personnel shall

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

## Fidelity

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

The Principle of Fidelity comes from the Latin root fidelis, meaning loyal. Fidelity refers to the duty one has to keep a commitment once it is made (Veatch, Haddad, & English, 2010). In the health professions, this commitment refers to promises made between a provider and a client or patient based on an expectation of loyalty, staying with the patient in a time of need, and compliance with a code of ethics. These promises can be implied or explicit. The duty to disclose information that is potentially meaningful in making decisions is one obligation of the moral contract between provider and client or patient (Veatch et al., 2010). Whereas respecting Fidelity requires occupational therapy personnel to meet the client's reasonable expectations, the Principle also addresses maintaining respectful collegial and organizational relationships (Purtilo & Doherty, 2011). Professional relationships are greatly influenced by the complexity of

the environment in which occupational therapy personnel work. Practitioners, educators, and researchers alike must consistently balance their duties to service recipients, students, research participants, and other professionals as well as to organizations that may influence decision making and professional practice.

### **Related Standards of Conduct**

Occupational therapy personnel shall

- A. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated or permitted by relevant laws.
- B. Address incompetent, disruptive, unethical, illegal, or impaired practice that jeopardizes the safety or well-being of others and team effectiveness.
- C. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.
- D. Avoid using one's position (employee or volunteer) or knowledge gained from that position in such a manner as to give rise to real or perceived conflict of interest among the person, the employer, other AOTA members, or other organizations.
- E. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.
- F. Refrain from verbal, physical, emotional, or sexual harassment of peers or colleagues.
- G. Refrain from communication that is derogatory, intimidating, or disrespectful and that unduly discourages others from participating in professional dialogue.
- H. Promote collaborative actions and communication as a member of interprofessional teams to facilitate quality care and safety for clients.
- I. Respect the practices, competencies, roles, and responsibilities of their own and other professions to promote a collaborative environment reflective of interprofessional teams.
- J. Use conflict resolution and internal and alternative dispute resolution resources as needed to resolve organizational and interpersonal conflicts, as well as perceived institutional ethics violations.
- K. Abide by policies, procedures, and protocols when serving or acting on behalf of a professional organization or employer to fully and accurately represent the organization's official and authorized positions.
- L. Refrain from actions that reduce the public's trust in occupational therapy.
- M. Self-identify when personal, cultural, or religious values preclude, or are anticipated to negatively affect, the professional relationship or provision of services, while adhering to organizational policies when requesting an exemption from service to an individual or group on the basis of conflict of conscience.

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## Ethics Commission (EC)

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Adopted by the Representative Assembly 2015AprilC3.

Note. This document replaces the 2010 document Occupational Therapy Code of Ethics and Ethics Standards (2010), previously published and copyrighted in 2010 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 64, S17–S26. <http://dx.doi.org/10.5014/ajot.2010.64S17> Copyright © 2015 by the American Occupational Therapy Association.

## Appendix C: Safety Manual



### Health & Safety Policies and Procedures

The following document and links include the written policies and procedures regarding appropriate use of equipment and supplies, policies regarding the health and safety of clients, students, and faculty (including bloodborne pathogens, infection control, fire/safety, evacuation procedures etc.).

Columbia University Irving Medical Center 2012 Annual Security and Fire Safety Report  
<http://www.columbia.edu/cu/publicsafety/SecurityReport.pdf>

### OT Lab Procedures & Safety Policies

#### Safe Lifting

Policy: All classes that include a laboratory component abide by the following guidelines for safe lifting, handling, and mobility/transfers.

- Plan the activity
  - Remove hazards and obstructions in your path
  - Check the receiving area is clear
  - Assess the weight of the load
  - If the item is too heavy or bulky:
  - Use available equipment (carts, sliding boards)
  - Get help
  - Break up task
  - Check and adjust equipment
  - Know your limits.
- Plan the activity before executing
- Keep load close and get a good grasp of load
  - Keep your feet apart

- Turn with your feet instead of twisting
- Keep the back straight - lift with the legs
- Synchronize team lifts

#### Team Lift Technique

- Identify a leader
- Review the activity
- Stand close to the item
- Count down to the start of the activity - 1, 2, UP
- Avoid making sudden, jerky motions
- Alert partner if you are losing grip
- Be careful for slip trip hazards

#### Sharps Management and Disposal

Even though class/lab procedures do not involve skin punctures, sharps and potentially contaminated tools (ex. safety pins, scissors, razor blades) used in classes are disposed of in a sharps container.

#### Environmental Hygiene

All classes that include a laboratory component abide by the following guidelines for environmental hygiene and infection control.

- Clean sheets and pillow cases are used to cover plinths/mats.
- Hand sanitizer is available throughout the campus.
- Disinfectant wipes are used to sanitize equipment.

## Safety During Fieldwork Experiences

### 1. Instruction in Standard Precautions

Students are required to attend a mandatory Occupational Safety and Health Administration (OSHA) training session that is provided by the program. Attendance is required and students are not allowed to go out on any fieldwork experience without attending this module.

### 2. Exposure Incident Plan

If a student should incur an exposure to a biological agent during any fieldwork experience he/she must immediately notify the fieldwork supervisor at the site. The student must follow the site's exposure plan. The student must also notify the fieldwork coordinator and program director at Columbia University

### 3. Injury at Fieldwork Site

Depending on the severity of an injury, if the fieldwork site has their own emergency room or employee health the student should be seen at the site. The student should always follow up with student health re: any injury incurred. The student is also required to notify the fieldwork coordinator and program director at Columbia University.

# Ergonomics

## Ergonomics Program

<http://www.ehs.columbia.edu/Ergonomics.html>

## Ergonomics Links

<http://www.ehs.columbia.edu/ErgonomicLinks.html>



### Protecting Our Most Important Asset- Employees

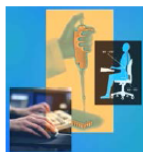
In the workplace, ergonomics-related hazards include improperly designed workstations and work methods, poor posture, repetitive motions, pace of work, temperature variations, vibrations, force of movements and more. The goal of ergonomics is to make work more comfortable and to improve both health and productivity. To meet these goals, the capabilities and limitations of workers and their tools, equipment and furniture are considered in conjunction with how they relate to particular tasks.

EH&S's goal, regardless of your job duties, is to help you work in a safe, efficiently designed working environment that will maximize your productivity and minimize any potential for work-related injuries. The EH&S department can provide ergonomic tips and techniques to help you perform your job duties in a manner that will avoid ergonomic risk factors.

### Ergonomic Prevention

#### Engineering Controls:

Equipment can be designed or added to an existing work task to eliminate ergonomic risk factors.



**Work Practice Controls:** Ergonomic risk factors can be minimized or eliminated by:

- General ergonomics awareness
- Incorporating proper body mechanics & neutral positions
- Managing work time at a job by using job rotation or breaks

### Ergonomic Workstation Tips

- Adjust body position & workstation to feel comfortable
- Adjust chair to reduce slouching
- Place keyboard in front of monitor
- Move the monitor in the middle of desk
- Keep 16-28" between the eyes & monitor
- Maintain a clear & dust free monitor
- Keep wrists straight while performing repeated tasks (i.e. typing, filing)
- Use wrist rest gel pads to minimize contact between palm & hard surfaces
- Use document holder to reduce eyestrain
- Remove non-essential items from your desktop
- Ensure adequate spacing for legs
- Use footrest to maintain posture & reduce stress on leg muscles
- Shift your position frequently, take breaks
- Keep commonly used items at easy reach
- Visit [www.ehs.columbia.edu](http://www.ehs.columbia.edu) for more tips

### Ergonomic Policy

- To review policy log on to [www.ehs.columbia.edu](http://www.ehs.columbia.edu)
- Click specific campus and then ergonomic program
- Review **Self Assessment Tool** and follow instructions to adjust your workstation.
- Seek EH&S advice if the problem cannot be resolved or if there is a need for a thorough evaluation
- Consult your Physician if medical evaluation is needed

### Employee & Supervisor Roles

**Employee:** Notify your supervisor of any ergonomic concerns. Follow procedures on our website [www.ehs.columbia.edu](http://www.ehs.columbia.edu). Fill out an **Incident Form** if indicated due to ergonomic injury.

**Supervisor:** Investigate the problem and sign incident form & adhere to any medical limitations recommended by the employee's medical provider.



## Environmental Health & Safety

### ERGONOMICS



### VISION STATEMENT

*We provide expert guidance and timely service to the University Community through our commitment to health and safety.*

*Employing best practices and collaboration, and by building long term relationships, we promote a productive and safety conscious work environment.*

[www.ehs.columbia.edu](http://www.ehs.columbia.edu)

**Campus Contact Numbers:**  
Columbia University Medical Center  
212-305-6780

**Morningside Campus**  
212-854-8749





### Ergonomics:

Ergonomics (also known as Human Factors) is the science concerned with ensuring a proper fit between people, the

things they do, the objects they use and the environments in which they work, travel and play. It is an approach which puts human needs and capabilities first, to ensure that tasks, equipment and the environment suit each individual worker.

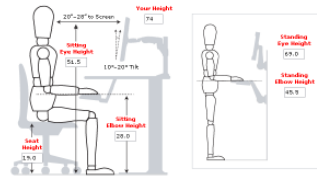
**Examples:** Safe lifting techniques, proper posture, appropriate seating position, and adaptive equipment are only a few of the many examples of ergonomics in the workplace.

### Ergonomics Facts:

In recent years, the Center for Disease Control and Prevention (CDC) has identified repetitive motion injuries as one of the major factors in employee injuries. These injuries are caused by excessive and repeated physical stress on the musculoskeletal system - the hands, wrists, elbows, shoulders, neck, and back.

Following ergonomic principles will help to reduce stress and eliminate many potential injuries and disorders associated with the overuse of muscles, bad posture, and repeated tasks.

This is accomplished by designing tasks, work spaces, controls, displays, tools, lighting, and equipment to fit the employee's physical capabilities and limitations.



### Setting-Up Your WorkStation Correctly!

It is important to set up your workstation correctly, and that you are able to work in a position which is comfortable and which does not place your long-term health at risk.

Sitting in a "slumped" position can cause back pain, even long-term back injury. Therefore, adopt a "neutral" position to avoid placing unnecessary strain on the nerves, muscles, tendons, ligaments & bones.

- Eyes level should be with the top of the monitor screen.
- Elbow level should be with the top of the keyboard, allowing arms and hands to be horizontal.
- Seat height level should allow feet to rest flat while maintaining 90° angle at hips.

Many people have their chair too high and/or their monitors too low. If after adjustment, the undersides of your thighs are compressed, you may require a foot rest. Adjust the backrest so that it supports your lower back.



Reposition items on your desk to avoid reaching and twisting. There should be nothing between you and the keyboard, except gel wrist rests. Use a document holder if you refer to documents while typing. This should be positioned at the same height and distance as your monitor.

### Ergonomic Risk Factors:

Workers and their supervisors should be aware of conditions that can cause physical stress to the musculoskeletal system. Risk factors include:

Risk Factor	Examples
Awkward Posture	Twisting, bending or reaching.
Forceful Exertions	Squeezing, pinching, pulling, pushing, or lifting.
Repetitive Motions	Motions repeated frequently over time coupled with one or more other risk factors.
Contact Stress	Repeated or continuous contact with a hard or sharp-edged object.
Static Loading	Holding body posture without movement for extended periods of time.
Vibration	Use of vibrating power tools or equipment.

### Ergonomic Awareness Can Help Prevent These Disorders:

**Back Injury:** avoid heavy, awkward lifting

#### Musculoskeletal Disorders:

- Numbness/burning sensation in the hand
- Reduced grip strength in the hand
- Pain in wrists, forearms, elbows, neck, or back followed by discomfort
- Reduced range of motion in the shoulders, neck, or back
- Blurred or double vision
- Aching or tingling
- Cramping
- Weakness
- Tension, stress, headaches & related ailments

## **Bloodborne Pathogens and Infection Control Procedures**

Biosafety Links

<https://research.columbia.edu/content/biological-safety-links>

Biological Safety Manual

<https://research.columbia.edu/sites/default/files/content/EHS/Manuals/BiologicalSafetyManual.pdf>

Bloodborne Pathogens Exposure Control Plan

<https://research.columbia.edu/sites/default/files/content/EHS/Policies/BBPECP.pdf>

## **Fire & Safety/Evacuation**

University Links for Fire/Evacuation Policy & Procedure:

<https://research.columbia.edu/content/fire-safety>

<https://research.columbia.edu/sites/default/files/content/EHS/Manuals/FireSafetyManual.pdf>

<https://www.cumc.columbia.edu/facilities-management/life-safety/fire-safety>

<https://www.cumc.columbia.edu/facilities-management/life-safety/fire-safety/fire-safety-policies>

Smoking Policy

[http://www.cumc.columbia.edu/smokeFree/images/CUMC\\_SMOKING\\_POLICY.pdf](http://www.cumc.columbia.edu/smokeFree/images/CUMC_SMOKING_POLICY.pdf)

Fire pulls are located near either staircase on the 3<sup>rd</sup> floor of the Georgian Building. A strobe/siren alarm indicates that a fire pull has been activated and all must evacuate through the front door of the Georgian Lobby. A fire marshal will indicate when it is safe to go back into the building.



### Fire Classifications



Fires involving the ordinary combustible materials such as wood, cloth, paper, plastics, etc.



Fires involving combustible or flammable liquids such as gasoline, kerosene, oils, grease, paints and chemicals.



Fires involving energized electrical equipment such as appliances, including computers, microwave ovens, TV's, copiers, fax machines etc.



Fires involving combustible metals such as magnesium, sodium and lithium.

### PASS

#### To use Fire Extinguisher:

**P**ull Pin

**A**im Hose

**S**queeze Handle

**S**weep From Side to Side

The ABC Dry Chemical extinguishers are good for a distance of 8-10 feet and last about 30 seconds. Always remember to keep a path of escape to your back when using an extinguisher. If the fire is not extinguished with one extinguisher, **RACE** out. Do not take the time to find or use a second extinguisher.

[www.ehs.columbia.edu/fs.html](http://www.ehs.columbia.edu/fs.html)



### Do You Know Where Your Nearest Exit Is?

### NOW IS THE TIME TO PLAN!

Know your exits and where they lead to. You can evacuate horizontally into another building or vertically down the stairs. Have a meeting place for members of your department so that a headcount or roll call can be taken. Report to Public Safety, Fire Safety or the FDNY any unaccounted workers. **NEVER** use an elevator to evacuate from a building! Be aware of any employees, or visitors in your area who may need assistance in evacuating.

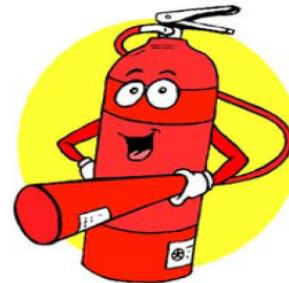


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## Fire Safety

### Environmental Health & Safety



### VISION STATEMENT

We provide expert guidance and timely service to the University Community through our commitment to health and safety. Employing best practices and collaboration, and by building long term relationships, we promote a productive and safety conscious work environment.

<http://www.ehs.columbia.edu>

Medical Center -212.305.6780

Morningside - 212-854-8749



The most effective way to fight fires is to prevent them from occurring. All Columbia University staff have a responsibility to contribute to the University's efforts to prevent fires. Personnel should neither create nor tolerate conditions that could cause or fuel a fire.

Each employee or staff member receives Fire Safety training during their orientation, and at least annually. The training covers fire safety procedures as well as specific duties employees must perform upon discovery of a fire, heat or smoke condition. Each employee or staff member is trained in the **RACE** procedures and the use of a portable fire extinguisher.

### What to Do if a Fire Alarm Activates

The University is protected by various devices such as smoke detectors, sprinkler systems, and manual fire alarm pull stations. Manual pull stations are strategically located throughout the University. Usually located by each exit stair way. To activate pull the handle all the way down and release. This will activate the building alarm, sounding a coded signal for that pull station and sending a signal to the New York City Fire Department for a response. Coded fire alarm charts are found next to each pull station.



Many areas of University buildings are protected by sprinkler systems. These devices will activate with a rise in temperature to a pre determined temperature setting. Once activated, they spray water over the fire, and sound an alarm resulting in an FDNY response. Never block a sprinkler head with equipment or storage; fire codes require a minimum of 18 inches of clearance.

Smoke detectors are placed in corridor locations and in all HVAC ducts. An activation of these devices causes the building alarm system to ring out and the FDNY to respond.

**If you hear a fire alarm activation, do not assume it is a false alarm.** Prepare to initiate your evacuation procedures and listen for announcements or other instructions. Typically we ask that occupants evacuate from the fire area to two floors below the fire; however, if you wish to leave the building let someone know!



### **RACE**

In the event of a fire or smoke condition all occupants should use the RACE procedure.

**Rescue**– Rescue anyone in danger

**Alarm**– Activate the Alarm

**Confine**– Confine the fire, close room doors.

**Extinguish / Evacuate**– Extinguish the fire using the proper fire extinguisher or evacuate from the building.

**To report a fire/ smoke condition call Public Safety immediately. This will result in FDNY response.**



### **Fire Extinguishers**

The University has placed **ABC Dry Chemical** extinguishers throughout the University. They are mounted on walls in corridors or by exit doors in laboratories and offices. These extinguishers will handle most types of fires you would encounter at Columbia University - Class A, Class B and Class C fires.



## **Columbia University Public Safety Policies**

University Links for Environmental Safety Policy & Procedure:

<https://publicsafety.columbia.edu/>

<https://research.columbia.edu/environmental-health-safety>

<https://www.ps.columbia.edu/education/student-resources/campus-resources/public-safety>

## **Campus Safety and Security**

All Columbia University buildings are patrolled by CU security twenty-four hours per day.

### **Important Telephone Numbers**

- CUIMC Department of Public Safety: (212) 305-8100
- NYPH Shuttle: (212) 305-2222
- NY Police Department (33rd Precinct):(212) 927-3200

### **Street Patrol**

The area from 168th Street to 173rd Street along Fort Washington and Haven Avenues is patrolled twenty-four hours a day by C.U. Department of Public Safety.

### **Escort Service**

Escort Service by the Columbia University Department of Public Safety is available to students within the following boundaries: W. 165th to W. 179th Streets, Broadway to Haven Ave. To request a door to door escort within this area, call Columbia Public Safety Office, 305-8100 or 5-8100, 15 minutes before you need the service so that staff may meet you. An escort by foot patrol officer is available 24 hours a day. During evening hours, 6pm to 7am, a vehicle escort may be available but cannot be guaranteed.

### **Computer Security**

- PC and laptop locks: discounted.
- PC Phone Home: Laptop and PC recovery software available for free online through CUIT.
- Operation ID: property engraving. Great for laptops, PDA's computers, etc. Free (property registered with NYPD and Columbia University Department of Public Safety).

### **Auto Theft Prevention**

- Combat Auto Theft: Free
- “The Club” and “The Cover”: discounted.

### **Bike Theft Prevention**

- Kryptonite bike locks: discounted.
- Bike registration: Free (registered with NYPD and Columbia University Department of Public Safety).

For information, call (212) 854-8513. Refer to Facets for a more comprehensive look at security at Columbia University or visit the Columbia University Department of Public Safety web page.

Public Safety Links:

<https://publicsafety.columbia.edu/>

Occupational Safety

<https://research.columbia.edu/content/occupational-safety>

### **Miscellaneous**

Active Shooter Guidelines

<https://publicsafety.columbia.edu/sites/default/files/content/ActiveShooterCommunityResponseGuidelines.pdf>

Emergency Response Protocols

[https://publicsafety.columbia.edu/sites/default/files/content/CUMC\\_ERP.pdf](https://publicsafety.columbia.edu/sites/default/files/content/CUMC_ERP.pdf)

Waste Management:

<https://research.columbia.edu/content/universal-waste-management>

Portable Space Heaters

<https://www.cumc.columbia.edu/facilities-management/life-safety/fire-safety/fire-safety-policies#space-heaters>

Bias Crimes Procedures

<https://publicsafety.columbia.edu/sites/default/files/content/biascrimespolicy2017.pdf>

Gender Based Misconduct

<https://sexualrespect.columbia.edu/>