

**BAPTIST HEALTH**

**SCHOOLS- Little Rock**

**SCHOOL OF**  
**OCCUPATIONAL THERAPY ASSISTANT**

**SCHOOL SPECIFIC SECTION**

**STUDENT HANDBOOK**

**Fall 2010- Spring 2011**

Owned and Sponsored by: BAPTIST HEALTH, Little Rock, Arkansas  
Operated by: BAPTIST HEALTH Medical Center- Little Rock

## CERTIFICATION STATEMENT

BAPTIST HEALTH, its schools and their administrators reserve the right to restrict, or limit enrollment in any course and make changes in the provisions (organization, fees, program offerings, curricula, courses, requirements and so forth) in this *handbook* when such action is deemed to be in the best interest of the student or a particular school. The provisions herein do not represent, in any way, a contract between the student, prospective or otherwise, and the administration of a school. This handbook replaces all *handbooks* previously published.

## FORWARD

This *handbook* is provided to the student to serve as an overall guide to the BAPTIST HEALTH Schools Little Rock - School of Occupational Therapy Assistant. **Policies contained herein are current at the time of printing; however,** policies, procedures and information contained within require continual evaluation, review, and approval. Therefore, the faculty and administration of the school reserve the right to change the policies, procedures and general information at any time without prior notice, according to policy; **all new and revised policies are posted on appropriate and designated student bulletin boards, for a defined period of time or students receive electronic notification of new or revised policies. Additionally, changes will be made on the website version. Students are expected to remain informed by checking the school's website regularly at [www.bhslr.edu](http://www.bhslr.edu).**

## STATEMENT REGARDING STUDENT HANDBOOK

Students enrolled in the BAPTIST HEALTH Schools Little Rock are responsible for information contained in the current Student Handbook and current Catalog. Students enrolled in a program of study are expected to comply with all policies of: a) BAPTIST HEALTH Schools Little Rock, b) all institutions with which the schools are affiliated, and c) the respective program of enrollment. Additional details of policies that specifically pertain to a student's specific program of enrollment are applicable and are located herein in the programs respective School Specific section.

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5th Edition  
BAPTIST HEALTH Schools Little Rock  
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Little Rock, AR 72210  
501-202-6200

**BAPTIST HEALTH SCHOOLS Little Rock-  
School of Occupational Therapy Assistant**

## School Specific Student Handbook Section

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**SCHOOL OF OCCUPATIONAL THERAPY ASSISTANT**

**NEW STUDENT WELCOME**

The BAPTIST HEALTH Schools Little Rock (BHSLR)- School of Occupational Therapy Assistant and the BAPTIST HEALTH organization welcomes you as a student. You have made an important decision in choosing this type of professional field as your career choice. The next twenty-one months will be an exciting time in which you will learn the fundamentals of Occupational Therapy Assistant, apply these principles in the fieldwork area, and develop a sense of pride and achievement in your career.

The purpose of the *Student Handbook* is to acquaint you with selected rules and regulations of the BHSLR-School of Occupational Therapy Assistant, familiarize you with the objectives of the didactic, laboratory and fieldwork portions of the program, and inform you of the evaluative processes that will be used to determine your progress in all phases of the program.

May you find happiness in this profession and acquire not only the scientific skills, but also those which will lead to your cultural and intellectual advancement.

Sincerely,

Karen James, M.S., OTR/L  
Program Director  
BAPTIST HEALTH Schools Little Rock- School of Occupational Therapy Assistant

## **INTRODUCTION**

### **HISTORY**

The BAPTIST HEALTH Schools Little Rock-School of Occupational Therapy Assistant (BHSLR-SOTA) was established in response to a community need for occupational therapy assistants. The BHSLR-SOTA was approved for a license by the Arkansas State Board of Private Career Education in 2004, was approved by the Arkansas Department of Higher Education and the North Central Association/Higher Learning Commission in 2005 and received accreditation from the Accreditation Council for Occupational Therapy

Education in 2006. The first class entered August 2005 and the Commencement Ceremony was June 14, 2007 at the First Pentecostal Church in North Little Rock, AR.

## **PROGRAM OVERVIEW**

The BHSLR-SOTA will provide the student with the highest standards of education and training as outlined in the School goals. The philosophy and mission of BH will help guide the student toward attaining customer satisfaction.

The staff of BHSLR-SOTA believes the purpose of the school is to provide a learning environment to the student through the classroom and clinical work, inclusive of the BH values of service, honesty, respect, stewardship, and performance with a commitment to providing quality patient care.

The Program Director is responsible for all administrative activities in the BHSLR-SOTA including recruitment of students into the program, evaluation of applications for admission, maintenance of student records, scheduling, grade reporting, teaching, coordination of classroom teaching and clinical rotation supervision. The Program Director also plans, implements, and evaluates the total program of study in accordance with Arkansas State Board of Private Career Education, the Arkansas Department of Higher Education and the Accreditation Council for Occupational Therapy Education.

The audience in the BHSLR-SOTA includes the students who have been admitted into the program, the fieldwork supervisors, the support staff, and the administrative staff. It is the goal of the school to provide support to each member of the audience.

A competent individual occupational therapy assistant in the healthcare field today must prove to be proficient in the profession, possess an appreciation of his/her role within the healthcare field, and demonstrate an understanding of the organizational culture within the setting of practice.

The faculty is committed to providing entry-level job competent graduates to the healthcare community by promoting high standards of education and professional development of students.

## **MISSION STATEMENT**

The School supports the following BAPTIST HEALTH mission statement: “BAPTIST HEALTH exists to provide quality patient centered services; promote and protect the voluntary not-for-profit healthcare system; provide quality health education and respond to the changing health needs of the citizens of Arkansas with Christian compassion and personal concern consistent with out charitable purpose.”

The mission of the BAPTIST HEALTH Schools Little Rock- School of Occupational Therapy Assistant is to produce occupational therapy assistants who demonstrate competence in providing client centered occupational therapy services, deliver services in a manner that demonstrates Christian compassion and concern, and develop to their fullest potential through participation in lifelong learning.

## **VALUES**

The BHSLR-SOTA supports the Values and Code of Ethical Conduct of BH. These Christian values of Service, Honesty, Respect, Stewardship and Performance provide the framework for all operations within the school.

## **PHILOSOPHY**

The BAPTIST HEALTH Schools Little Rock- School of Occupational Therapy Assistant as an educational

unit supports the Belief, Mission, Vision, Values and Code of Ethical Conduct of the Baptist Health System. The philosophy of the profession and of the affiliating institution(s) is shared, consistent and congruent. The School also supports the philosophical base of occupational therapy which states:

“Man is an active being whose development is influenced by the use of purposeful activity. Using their capacity for intrinsic motion, human beings are able to influence their physical and mental health and their social and physical environment through purposeful activity. Human life includes a process of continuous adaptation. Adaptation is a change in function that promotes survival and self-actualization. Biological, psychological, and environmental factors may interrupt the adaptation process at any time throughout the life cycle. Dysfunction may occur when adaptation is impaired. Purposeful activity facilitates the adaptive process. Occupational therapy is based on the belief that purposeful activity (occupation), including its interpersonal and environmental components, may be used to prevent and mediate dysfunction, and to elicit maximum adaptation. Activity as used by the occupational therapist includes both an intrinsic and a therapeutic purpose.” (AOTA, 1995)

Humans are dynamic beings that exist for the purpose of serving God and their fellow beings. This purpose is fulfilled through the roles portrayed and the purposeful activity in which one engages. Exercising roles and engaging in purposeful activity satisfies an intrinsic need for socialization and fulfillment. The roles one fulfills are shaped by the physical and social environment in which the person lives. The environment is constantly changing and survival is dependent on one’s ability to adapt. Humans are biopsychosocial beings and what affects one area of life affects all areas. Because humans are dynamic beings, dysfunction affects the whole person—their roles, relationships and place in society. As an American society, the ill, the disabled, the elderly and the dying are often disenfranchised because their contribution to society is no longer evident. When contributions to society are no longer recognized purpose in life is negated.

It is the belief of the BAPTIST HEALTH Schools Little Rock- School of Occupational Therapy Assistant that the field of occupational therapy has a responsibility to change this mindset. We believe it is our responsibility to teach others to see the value in all life and to help people adapt to whatever changes they face. By adapting to change rather than retreating, one can continue to participate in purposeful activity and fulfill societal roles allowing for a sense of purpose in life. As occupational therapy assistants, Christian compassion should guide us as we help others make these adaptations because “care of the whole person, body mind and spirit is an expression of the Christian faith. We are instruments of God’s restorative power and are responsible for giving compassionate care.”

### **Institutional culture for learning**

The faculty believes that learning is best accomplished in an atmosphere of trust, teamwork, responsibility, creativeness and openness. An emphasis on Christian ideals and attitudes assists in the development of positive personal and professional relationships. As a part of the BAPTIST HEALTH System, students are not required to profess Christianity but are expected to uphold the values of the System—service, honesty, respect, stewardship and performance.

Service - students are expected to have a desire and commitment to serve others.

Honesty - students are expected to adhere to the moral values of fairness, integrity and honor in all relationships.

Respect – students are expected to treat all individuals with courtesy, thoughtfulness and dignity, compassion and concern.

Stewardship – students are expected to use talents and resources in an effective and efficient manner.

Performance – students are expected to perform at the highest possible level but never at the expense of the values of the organization. This includes initiative, dedication, talent and knowledge tempered by common

sense. Innovation and progress should prevail over complacency and mediocrity.

### **Student learning**

Learning is a multifaceted process and early introduction to the principles and standards of the chosen field promotes optimal learning. Learners have a greater comprehension of knowledge that is integrated throughout the curriculum by layering, revisiting and reinforcing principles and skills. Bloom's taxonomy teaches us that principle and skills are learned through a process of simple to complex. Basic learning takes place when knowledge is obtained; learning progresses and holds meaning for the individual as knowledge is applied, synthesized and evaluated. Students learn basic concepts and build upon them; as new concepts are introduced students again revert to the basic concepts level. Therefore, as each new skill or concept is introduced students potentially start at the knowledge level and progress to evaluation. Learning opportunities must be layered in order to provide students the opportunity to progress through Blooms' levels.

Learning is best accomplished in an arena where one is introduced to concepts in an active, interactive, goal directed manner. Students bring previous learning experiences into the arena which is shaped by their personal experiences, culture, skills and roles. Optimal learning occurs when students understand the purpose of what they are learning and how it connects to their previously acquired knowledge. Knowles acknowledged the need for adult learners to understand the reason they are required to know material. He also recognized that learning occurs as students are allowed to interact and share previous experiences.

### **Faculty responsibility in the learning process**

It is the responsibility of the faculty to ensure that learning is goal directed, purposeful and layered. Layered learning is best accomplished through introduction of basic information and progression from knowledge of the information to comprehension, application, analysis, synthesis and evaluation of the information as Bloom outlines in his taxonomy. The faculty believe that they are responsible for designing learning activities that build upon one another and allow for a layered learning experience in which students frequently revisit previously acquired knowledge. Use of this method allows students to deepen their understanding of the material.

The role of the faculty is to approach the teaching learning process as an interactive one rather than as a give and receive method. The use of interactive, hands on activities allows students to see the purpose and value in the learning experience. Interaction between faculty and students allows students to gain experience that will enhance their communication, group process and problem solving skills. Further, the critical thinking skills that are engaged will contribute to the student's ability to grasp the big picture, a trait that will foster success in the clinical setting.

It is the responsibility of the faculty to encourage students to engage in lifelong learning. This is accomplished by allowing students to see the value in layered learning. As students are exposed to learning as a continuous process rather than a task with a formal beginning and end, they will recognize the value in continually challenging themselves to take their learning to the next level, realizing that learning is a process that never ends.

Faculty must aid students in the lifelong learning process by providing them the skills that are necessary for accessing information once their formal education is complete. It is vital that students are taught the value in preserving their textbooks and organizing their class materials in such a way that they may serve as resourceful references for years to come. Additionally, faculty must teach students the value of professional research and how to access this information as well. The ability to access such information will allow them to stay abreast of current practice issues.

It is believed that the faculty is responsible for being aware of cultural issues within the classroom and the community and for structuring learning experiences that will expand the student's knowledge, experience and awareness of such.

We believe that it is the responsibility of occupational therapy assistant educators to inform the occupational therapy community and the general health community about the roles of the occupational therapy assistant versus the occupational therapist. The educators must effectively serve as a resource for role delineation questions and decisions within a community that has few role models. The occupational therapy assistant educators must model the behavior, values, ethics, attitudes and culture that are intrinsic to the field of occupational therapy. Occupational therapy assistant educators must have a strong foundation in the profession and possess knowledge of the history as well as the future of occupational therapy. Occupational therapy assistant educators believe that learning is lifelong and occurs professionally through practice and organizational involvement. Occupational therapy assistant educators realize the value in holding membership in and supporting the professional organizations as these organizations define and shape the profession as well as define the profession's place in the health care system. We believe that it is the responsibility of the occupational therapy educators to instill in students the importance of membership in professional organizations.

### **General learning outcomes**

The expected outcome of learning is an individual who has a solid foundation in the core principles of the field of study and is able to effectively communicate this knowledge through both written and spoken word as well as through demonstration of skill. Additionally, while it is unrealistic to expect an educated individual to be able to know all there is to know in an area of expertise, it is expected that an educated individual is equipped with the knowledge of resources that will enable him or her to locate and use such needed knowledge. Furthermore, an educated individual should also possess a knowledge base that will serve as a building block that will enable him or her to add to their base of knowledge as such new knowledge is discovered and made known.

### **Occupational therapy assistant education**

Because the profession of occupational therapy emphasizes a holistic approach to health, wellness and dysfunction, the faculty believes that the education of occupational therapy assistants needs to reflect a holistic approach. A holistic approach allows the student to see the big picture through exploration and examination of issues and ideas from a multifaceted view. Further, because occupational therapy is a doing profession and activity is our treatment modality, the faculty believe that students need to be educated through doing. Incorporating action-oriented activity is believed to be crucial to the integration of learning didactic material. Strong clinical experiences are considered to be vital to an occupational therapy assistant's education as well.

The faculty believe the occupational therapy assistant must be self confident in order to deliver quality health care services. This confidence must extend to both knowledge of the profession and treatment skills. It is believed that such poise is gained through successful learning experiences that begin in the classroom and laboratory and are carried over into clinical practice.

Ongoing communication between the academic and clinical areas is believed to be key to ensuring that students realize the connection between knowledge learned in the classroom and skill exercised in the clinical setting. The faculty believe in establishing and maintaining strong ties with clinical sites throughout the community. Such ties will ensure that the material that faculty teach in the classroom and laboratory prepares students for the experiences they will encounter in the clinical setting. The faculty's responsibility to the student does not end at the conclusion of the didactic coursework but rather continues throughout the fieldwork experiences as well. Communication with the student and fieldwork supervisor during the student's fieldwork experience is a recognized responsibility of the faculty.

### **BELIEF**

The BHSLR-School of Occupational Therapy Assistant shares the values of BAPTIST HEALTH. BAPTIST HEALTH is more than a business; it is a healing ministry. Our healing ministry is based on the revelation of God through creation, the Bible and Jesus Christ. At BAPTIST HEALTH, care of the whole

person, body, mind and spirit, is an expression of Christian faith. We are instruments of God's restorative power and are responsible for giving compassionate care.

## **PROGRAM GOAL**

The school is committed to preparing competent, job ready occupational therapy assistant graduates for Arkansas employer customers, including the supporting institutions and the community as a whole, through the high standards of education, training, fieldwork and professional development opportunities for students.

## **STANDARDS**

### **OCCUPATIONAL THERAPY CODE OF ETHICS**

The Occupational Therapy Code of Ethics as authored by the AOTA Ethics Commission (AOTA, 2010)\*.

Occupational Therapy personnel shall:

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

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

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

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

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

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

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

\*American Occupational Therapy Association (2010).

### **CODE OF ETHICS**

As BAPTIST HEALTH employees and students, we are expected to observe the following code at all times:

1. We do not carry on personal conversations with fellow employees in the presence of patients or visitors.
2. We do not discuss our personal affairs or problems with patients.
3. We do not receive gratuities from patients in the form of gifts or money.
4. We do not discuss patients or confidential hospital affairs with fellow workers or outsiders.
5. We do not approach patients or employees for the purpose of selling anything or asking for donations. Acceptance of any gifts are prohibited.
6. Religious beliefs of patients and fellow workers must be respected.
7. We do not entertain visitors while on duty.

8. We do not criticize the hospital, BH or PTC policies publicly or to an employee. If you have a legitimate complaint, discuss it with the Instructor or Program Director.
9. We do not argue or disagree with patients or families. If you have difficulty, call the supervisor or instructor to adjust the situation.
10. We are to stay in the area in which we are assigned unless some legitimate business requires us to go to other parts of the building.
11. BAPTIST HEALTH is a smoke free environment. There is no smoking allowed at any time on any BAPTIST HEALTH campus.
12. We must be loyal to our organization and fellow workers.
13. The lounge, canteen and cafeteria are the designated eating areas, thus all eating should be restricted to these areas only. Do not eat in hallways or elevators.
14. An employee or student can be terminated for such causes as insubordination, intoxication, dishonesty, inefficiency, or frequent absences. Any action of an employee or student which may endanger the welfare of a patient, a fellow employee or the reputation of BAPTIST HEALTH will be cause for dismissal.

### **SCHOOL PIN**

The BHSLR-SOTA Pin was designed especially for the School of Occupational Therapy Assistant in 2007. The design is royal blue and green colored metal with letters of the school name. The inner design includes a pair of hands which represent the hands on care provided by occupational therapy assistants.

The BAPTIST HEALTH Logo is a graphic attempt to express intent and purpose. It contains the symbol of a Swiss cross that is a form of the cross. It is a circle centered within a Swiss cross formed by figures with outstretched and interlocking arms, illustrating that individuals are at the center of our healthcare focus and at the very core of our philosophy for existence. The individual, whether a patient, employee, physician or visitor, is endowed with strengths, weaknesses, talents and needs that must be recognized and addressed.

Use of the Swiss cross, the most recognized symbol in the world for medical care, demonstrates our basic mission of caring for the sick and injured. However, the figures encircling the center and forming the cross symbolize our ultimate goal for all individuals, which is togetherness, wholeness and wellness.

The Swiss cross design with its exits and entrances graphically portrays the sharing of expertise and services throughout the system, while the inner circle which forms the head for all the figures symbolizes that while we are many, we are also one.

### **ACCREDITATION, APPROVAL, LICENSURE AND MEMBERSHIP**

The BHSLR-SOTA is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) and has been approved by the Arkansas Department of Higher Education. The School has received a license from the Arkansas State Board of Private Career Education. In addition, the school is accredited by the Accrediting Bureau of Health Education Schools (ABHES). Additional information about the program and the ACOTE standards, as well as educational requirements published in the *Student Handbook*, may be obtained by contacting the state board or accrediting agency:

Arkansas State Board of Private  
Career Education (ASBPCE)

612 South Summitt Street, Suite 102  
Little Rock, AR 72201-4740  
Attention: Director  
Phone 501 683 8000  
Fax 501 683 8020  
E-Mail [sbce@mail.state.ar.us](mailto:sbce@mail.state.ar.us)

Accreditation Council for Occupational  
Therapy Education (ACOTE) of the  
American Occupational Therapy  
Association (AOTA)  
c/o AOTA  
4720 Montgomery Lane  
P.O. Box 31220  
Bethesda, MD 20824-1220  
Phone 301 652-AOTA

Arkansas Department of Higher Education  
114 E. Capitol Ave,  
Little Rock, AR 72201  
Phone 501 371 2000

Accrediting Bureau of Health Education Schools (ABHES)  
7777 Leesburg Pike, Suite 314 N. Falls Church, Virginia 22043  
Phone 703 917 4109  
E Mail [info@abhes.org](mailto:info@abhes.org)

The BHSLR-SOTA is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, P.O. Box 31220, Bethesda, MD 20824-1220. ACOTE's telephone number c/o AOTA is (301) 652-AOTA. Upon graduation, graduates are eligible to sit for the national certification examination for the occupational therapy assistant administered by the National Board for Certification in Occupational Therapy (NBCOT). After successful completion of this exam, the individual will be a Certified Occupational Therapy Assistant (COTA). In addition, most states, including Arkansas, require licensure in order to practice; however, state licenses are usually based on the results of the NBCOT Certification Examination. A felony conviction may affect a graduate's ability to sit for the NBCOT Certification Examination or attain state licensure.

All Level II fieldwork experiences must be completed within 18 months of the didactic coursework of the OTA program and prior to taking the NBCOT exam.

## **AFFILIATIONS**

### **Academic**

The BHSLR-SOTA has a partnership with Pulaski Technical College (PTC) in North Little Rock, Arkansas. On completion of the program, the graduate will be awarded an Associate of Applied Science degree from that college.

### **Clinical**

The BHSLR - SOTA has multiple clinical affiliates located throughout the state of Arkansas. These clinical affiliations provide students with learning opportunities in medical, rehabilitation and community model settings.

## **ADMINISTRATION**

Russell D. Harrington, FACHE.....President & CEO, BAPTIST HEALTH

Doug Weeks, FACHE .....Sr. Vice President, BAPTIST HEALTH LR/ BHRI

Anthony Kendall, BSIE ..... Vice President, Human Resources

Dr. Judy Pile, Ed.D.. .....Assistant Vice President BAPTIST HEALTH Schools - Little Rock

Gordon Ward, MEd, RN .....Dean of Administration

Karen James, MS, OTR/L ..... Program Director, BAPTIST HEALTH Schools Little Rock  
School of Occupational Therapy Assistant

**FACULTY AND STAFF**

Karen James, MS, OTR/L  
(Program Director) ..... 202-6633

Cindy Fox, MS, OTR/L  
(Academic Fieldwork Coordinator) ..... 202-7770

Hope Coleman  
(Academic and Spiritual Counselor) ..... 202-7967

Lisa Cromer, Allied Health  
(School Support Staff) ..... 202-7740

**FACULTY**

Karen James, MS, OTR/L -B.S., University of Central Arkansas, 1990; M.S., University of Central Arkansas, 2001; position year 2004.

Cindy Fox, OTR/L,- B.S., Texas Woman’s University, 1994; M.S., University of Central Arkansas, 2008; position year 2005

P. Hope Coleman, M. Div, M.A-B.A., Texas Tech University, 1985; M.A., University of Arkansas at Little Rock, 1990; M. Div., Southwestern Baptist Theological Seminary, 2002; position year 2009

**Pulaski Technical College  
Support Faculty for the Occupational Therapy Assistant Program  
Fall 2009 & Spring 2010**

<b>Name</b>	<b>Degree</b>	<b>Title</b>
Dr. Pam Cicirello	Ed.D. – Arkansas State University M.E. – University of Arkansas B.S.E. – Henderson State University	Dean of Allied Health and Human Services
Ben Rains	M.S. – University of Central Arkansas B.A. – Hendrix College	Dean of Natural & Social Sciences and Mathematics
Joseph Cole		Dean of Fine Arts and Humanities
Benjamin Peacock	M.S. – University of Arkansas for Medical Sciences B.S. – Ouachita Baptist University	Campus Director for Baptist Health Schools Little Rock
Matthew Bradke	M.A. – Washington University B.S. – University of the Ozarks	Adjunct Instructor of Chemistry
Natalie Brink	M.S. – University of Central Arkansas	Adjunct Instructor of Nutrition

	B.S. – University of Central Arkansas A.S. – Garland County Community College	
Laura Campbell	M.A. – University of Memphis B.A. – University of Memphis	Adjunct Instructor of Sociology
Heather Cauley		Adjunct Instructor of Nutrition
Jesse Gatewood		Adjunct Instructor of Psychology
Dr. Terry Johnson	D.C. – Parker College of Chiropractic	Instructor of Anatomy & Physiology
Marjorie Lacy	M.S. – University of Central Arkansas	Adjunct Instructor of English
Dr. George Lauster	Ph.D. – University of Wisconsin B.S. – University of Michigan	Adjunct Instructor of Chemistry
Dr. Steve Mackey	M.D. – Albert Einstein College of Medicine B.A. – University of Arkansas	Adjunct Instructor of Microbiology
Janis Thompson	M.P.H. – Tulane University B.S. – University of Central Arkansas	Adjunct Instructor of Microbiology
Sue Stroock	M.A. – University of Pennsylvania B.A. – Russell Sage College	Instructor of Anatomy & Physiology
Ginny Wood	M.S. – University of Central Arkansas B.S. – University of Central Arkansas	Department Chairman of Health Science

**BHSLR PROFESSIONAL STAFF**

Carolyn Baker, MLS ..... BHMC Head Librarian  
 John Bradshaw, MBA, MIS ..... Systems Administrator  
 Vickie Diemer ..... Student Services Specialist  
 Jamie Clark, MBA ..... Business Office Coordinator  
 P. Hope Coleman, MDiv. .... Academic & Spiritual Counselor  
 Amanda Davis, BSCIS, ACP ..... Systems Administrator  
 Catherine DiVito, MA ..... Registrar  
 Dena Prior..... Financial Aid Administrator  
 Rita Reed , MSEA ..... BHMC Library Assistant  
 Dixie Shearer, BA ..... Financial Aid Advisor  
 Julie Wurm ..... Enrollment Coordinator

**BHSLR SUPPORT STAFF**

Anne Barnard, BBA ..... AVP Secretary  
 Kristin Chadwick ..... School Support Staff

Lisa Cromer, BA ..... Allied Health Secretary  
 Bethany Griffis ..... Accounting Specialist II  
 Lisa Hopgood, ..... Accounting Specialist II  
 Naomi Howard ..... Administrative Secretary  
 Terrie Langley ..... School Support Staff  
 Susan Miller ..... School Support Staff  
 Wiley Parker, BA ..... Accounting Specialist II  
 Stephen Thomas ..... Maintenance Technician  
 Jenna Todero ..... School Support Staff  
 Vanessa Wilson ..... Accounting Specialist III

**SCHOOL TERMINAL COMPETENCIES**

The rapidly changing and dynamic nature of contemporary health and human service delivery systems requires the entry-level occupational therapy assistant to possess an adequate knowledge base and basic skills as a beginning direct care provider, educator, and advocate for the profession and the individual client or patient.

An entry-level occupational therapy assistant shall:

1. have acquired an educational foundation in the liberal arts and sciences, including a focus on issues related to diversity;
2. be educated as a generalist, with a broad exposure to the delivery models and systems utilized in settings where occupational therapy is currently practiced and where it is emerging as a service;
3. have achieved entry-level competence through a combination of academic and fieldwork education;
4. be prepared to work under the supervision of and in cooperation with the occupational therapist;
5. be prepared to articulate and apply occupational therapy principles, intervention approaches and rationales, and expected outcomes as these relate to occupation;
6. be prepared to be a lifelong learner and keep current with best practice;
7. uphold the ethical standards, values, and attitudes of the occupational therapy profession;
8. be prepared to comply with regulations related to state and federal statutes/laws;
9. exemplify the BAPTIST HEALTH Code of Ethical Conduct; and
10. be prepared to approach individualized treatment and intervention of disabled and age-specific patients or clients from a developmental and occupational therapy perspective.

## **LEVEL COMPETENCIES**

Level competencies are the objectives that are addressed each semester and are based on the standards set forth by the Accreditation Council for Occupational Therapy Education (ACOTE). Successful completion of the level objectives leads to fulfillment of the School's terminal competencies.

### **Semester I**

Upon completion of Semester I the student must have:

1. Demonstrated oral and written communication skills. B.1.1
2. Employed logical thinking, critical analysis, problem solving, and creativity. B.1.2
3. Demonstrated competence in basic computer use. B.1.3
4. Demonstrated knowledge and understanding of the structure and function of the human body. B.1.4
5. Acknowledged and demonstrated understanding of the importance of the history and philosophical base of the profession. B.2.1
6. Demonstrated an understanding of the meaning and dynamics of occupation and purposeful activity including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors. B.2.2
7. Articulated the unique nature of occupation as viewed by the profession and the value of occupation to support participation in context(s) for the client. B.2.3
8. Demonstrated an understanding of the importance of balancing areas of occupation with the achievement of health and wellness. B.2.4
9. Demonstrated an understanding and appreciation of the role of occupation in promotion of health and

- prevention of disease and disability. B.2.5
10. Demonstrated the ability to analyze tasks relative to areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors. B.2.7
  11. Used sound judgment in regard to safety of self and others, and adhered to safety regulations throughout the OT process. B.2.8
  12. Demonstrated support for the individual's perception of quality of life, well being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context. B.2.9
  13. Demonstrated an understanding of the models of practice, theories and frames of reference that are used in occupational therapy practice. B. 3.1 and B.3.2
  14. Demonstrated the ability to gather and share data for the purpose of evaluating client(s)' occupational performance in ADL, IADL, education, work, play, leisure, and social participation. B.4.3
  15. Demonstrated the ability to articulate the role of the occupational therapy assistant and the occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process. B.4.4
  16. Demonstrated the ability to document OT services to ensure accountability of service provision and meet standards for reimbursement of services by adhering to all applicable agency regulations and effectively communicating the need and rationale for OT services. B.4.6
  17. Demonstrated the ability to select and provide direct OT interventions and procedures to enhance safety, wellness, and performance in ADL, IADL, education, work, play, leisure, and social participation. B.5.2
  18. Demonstrated the ability to provide training in self-care, self-management, home management, and community and work integration. B.5.4
  19. Demonstrated the ability to provide therapeutic use of self, including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction. B.5.6
  20. Demonstrated the ability to provide training in techniques to enhance mobility. B.5.11
  21. Demonstrated the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety. B.5.15
  22. Demonstrated the ability to use the teaching-learning process and collaborate with the OT and learner to identify appropriate educational methods. B.5.16
  23. Demonstrated the ability to interact through written, oral and nonverbal communication with client/family/significant others, colleagues, other health providers, and the public in a professionally acceptable manner. B.5.17
  24. Demonstrated the ability to teach compensatory strategies. B.5.19
  25. Demonstrated an understanding of when and how to use the consultative process where appropriate with specific consumer or consumer groups as directed by an OT. B.5.21
  26. Demonstrated the ability to document OT services to ensure accountability of service provision and meet standards for reimbursement. Demonstrated the ability to document in such a way as to effectively communicate the need and rationale for OT services and in a manner that was appropriate to the context in which the service was delivered. B.5.27
  27. Demonstrated the ability to describe the contexts of health care, education, community, and social models or systems as they relate to the practice of occupational therapy. B.6.1
  28. Demonstrated an understanding of the role and responsibility of the practitioner to address changes in service delivery policies, to effect changes in the system, and to recognize opportunities in emerging practice areas. B.6.3
  29. Identified how the various practice settings affect the delivery of OT services. B.7.1
  30. Demonstrated knowledge of various reimbursement systems (eg. Federal, state, third-party, private-payer) and documentation requirements that affect the practice of occupational therapy. B.7.5
  31. Articulated the importance of professional literature for practice and the continued development of the profession. B. 8.1
  32. Demonstrated the ability to use professional literature to make the evidence-based practice decisions in collaboration with the occupational therapist that are supported by research. B.8.2
  33. Demonstrated knowledge and understanding of the AOTA Code of Ethics, Core Values and Attitudes of

- Occupational Therapy, and AOTA Standards of Practice as a guide for ethical decision making in professional interactions, client interventions, and employment settings. B.9.1
34. Explained and gave examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations. B. 9.2
  35. Demonstrated the ability to discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards. B.9.4
  36. Demonstrated an understanding and appreciation of the varied roles of the occupational therapy assistant as a practitioner, educator and research assistant. B.9.7
  37. Demonstrated an understanding of and the ability to explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant. B.9.8
  38. Demonstrated an understanding of strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts. B.9.10
  39. Demonstrated an understanding of the variety of informal and formal ethical dispute-resolution systems that have jurisdiction over OT practice. B.9.11
  40. Demonstrated professional advocacy by participating in organizations or agencies promoting the profession. B.9.13

## Semester II

Upon completion of Semester II, the student must have:

1. Demonstrated oral and written communication skills. B.1.1
2. Employed logical thinking, critical analysis, problem solving, and creativity. B.1.2
3. Demonstrated knowledge and understanding of the structure and function of the human body. B.1.4
4. Demonstrated knowledge and understanding of human development throughout the life span. B.1.5
5. Demonstrated knowledge and understanding of concepts of human behavior. B.1.6
6. Demonstrated knowledge and appreciation of the role of sociocultural, socioeconomic, diversity factors, and lifestyle choices in contemporary society. B.1.7
7. Demonstrated knowledge of global social issues and prevailing health and welfare needs. B.1.9
8. Articulated the importance of using statistics, tests and measurements. B.1.10
9. Demonstrated the ability to describe the meaning and dynamics of occupation and activity, including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors. B.2.2
10. Demonstrated the ability to articulate the importance of balancing areas of occupation with achievement of health and wellness. B.2.4
11. Demonstrated an understanding and appreciation of the role of occupation in promotion of health and prevention of disease and disability. B.2.5
12. Demonstrated an understanding of the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance. B.2.6
13. Demonstrated the ability to analyze tasks relative to areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors. B.2.7
14. Used sound judgment in regard to safety of self and others, and adhered to safety regulations throughout the OT process. B.2.8
15. Demonstrated support for the individual's perception of quality of life, well being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context. B.2.9
16. Demonstrated an understanding of the need for and use of compensatory strategies when desired life tasks could not be performed. B.2.10
17. Applied models of occupational performance and theories of occupation. B.2.11
18. Demonstrated an understanding of the models of practice, theories and frames of reference that are used in occupational therapy practice. B. 3.1 and B.3.2

19. Demonstrated the ability to gather and share data for screening and evaluation. B.4.1
20. Administered selected assessments and used occupation for purpose of assessment. B.4.2
21. Demonstrated the ability to gather and share data for the purpose of evaluating client(s)' occupational performance in ADL, IADL, education, work, play, leisure, and social participation. B.4.3
22. Demonstrated the ability to articulate the role of the OTA and OT in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the OTA and the OT in that process. B.4.4
23. Demonstrated the ability to identify when to recommend to the OT the need for referring clients for additional evaluation. B.4.5
24. Demonstrated the ability to document OT services to ensure accountability of service provision and meet standards for reimbursement of services by adhering to all applicable agency regulations and effectively communicating the need and rationale for OT services. B.4.6
25. Demonstrated the ability to assist with the development of occupation-based intervention plans and strategies based on the stated needs of the client as well as the data gathered during the evaluation process in collaboration with the client and others. B.5.1
26. Demonstrated the ability to select and provide direct OT interventions and procedures to enhance safety, wellness, and performance in ADL, IADL, education, work, play, leisure, and social participation. B.5.2
27. Demonstrated the ability to provide training in self-care, self-management, home management, and community and work integration. B.5.4
28. Demonstrated the ability to provide therapeutic use of self, including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction. B.5.6
29. Demonstrated the ability to provide training in techniques to enhance mobility. B.5.11
30. Demonstrated the ability to enable feeding and eating performance and train others in precautions and techniques while considering client and contextual factors. B.5.12
31. Demonstrated the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety. B. 5.15
32. Demonstrated the ability to use the teaching-learning process and collaborate with the OT and learner to identify appropriate educational methods. B.5.16
33. Demonstrated the ability to interact through written, oral and nonverbal communication with client/family/significant others, colleagues, other health providers, and the public in a professionally acceptable manner. B.5.17
34. Demonstrated the ability to teach compensatory strategies. B.5.19
35. Demonstrated collaboration with OT on therapeutic interventions. B.5.20
36. Demonstrated the ability to monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist. B. 5.23
37. Demonstrated the ability to identify potential impacts of social, economic, political, geographic, or demographic factors on the practice of occupational therapy. B.6.2
38. Identified how the various practice settings affect the delivery of OT services. B.7.1
39. Demonstrated knowledge of various reimbursement systems (eg. federal, state, third-party, private-payer) and documentation requirements that affect the practice of occupational therapy. B.7.5
40. Demonstrated the ability to identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant. B.9.8

#### Summer Term

Upon completion of Summer Term, the student must have:

1. Demonstrated oral and written communication skills. B.1.1

#### Semester III

Upon completion of Semester III, the student must have:

1. Demonstrated oral and written communication skills. B.1.1
2. Employed logical thinking, critical analysis, problem solving, and creativity. B.1.2
3. Demonstrated competence in basic computer use. B.1.3
4. Demonstrated knowledge and understanding of concepts of human behavior. B.1.6
5. Demonstrated knowledge and appreciation of the role of sociocultural, socioeconomic, diversity factors, and lifestyle choices in contemporary society. B.1.7
6. Demonstrated an appreciation for the influence of social conditions and ethical contexts in which humans choose and engage in occupations. B.1.8
7. Articulated the importance of using statistics, tests and measurements. B.1.10
8. Demonstrated an understanding of the meaning and dynamics of occupation and purposeful activity including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors. B.2.2
9. Demonstrated an understanding of the importance of the balancing areas of occupation with the achievement of health and wellness. B.2.4
10. Demonstrated an understanding and appreciation of the role of occupation in promotion of health and prevention of disease and disability. B.2.5
11. Demonstrated an understanding of the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance. B.2.6
12. Demonstrated the ability to analyze tasks relative to areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors to implement the intervention plan. B.2.7
13. Used sound judgment in regard to safety of self and others, and adhered to safety regulations throughout the OT process. B.2.8
14. Demonstrated support for the individual's perception of quality of life, well being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context. B.2.9
15. Demonstrated an understanding for the need for and use of compensatory strategies when desired life tasks cannot be performed. B.2.10
16. Applied models of occupational performance and theories of occupation. B.2.11
17. Demonstrated an understanding of the models of practice, theories and frames of reference that are used in occupational therapy practice. B. 3.1 and B.3.2
18. Demonstrated the ability to analyze and discuss how history, theory, and the sociopolitical climate influence practice. B.3.3
19. Demonstrated the ability to gather and share data for screening and evaluation. B.4.1
20. Administered selected assessments and used occupation for purpose of assessment. B.4.2
21. Demonstrated the ability to gather and share data for the purpose of evaluating client(s)' occupational performance in ADL, IADL, education, work, play, leisure, and social participation. B.4.3
22. Demonstrated the ability to document OT services to ensure accountability of service provision and meet standards for reimbursement of services by adhering to all applicable agency regulations and effectively communicating the need and rationale for OT services. B.4.6
23. Demonstrated the ability to assist with the development of occupation-based intervention plans and strategies based on the stated needs of the client as well as the data gathered during the evaluation process in collaboration with the client and others. Demonstrated the ability to develop intervention plans and strategies that are culturally relevant, reflective of current OT practice, and based on available evidence. B.5.1
24. Demonstrated the ability to select and provide direct OT interventions and procedures to enhance safety, wellness, and performance in ADL, IADL, education, work, play, leisure, and social participation. B.5.2
25. Demonstrated the ability to provide therapeutic use of occupation and activities. B.5.3
26. Provided training in self-care, self-management, home management, and community and work integration. B.5.4
27. Provided development, remediation, and compensation for physical, cognitive, perceptual, sensory, neuromuscular, and behavioral skills. B.5.5

28. Provided therapeutic use of self, including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction. B.5.6
29. Demonstrated the ability to describe the role of the OTA in care coordination, case management, and transition services in traditional and emerging practice environments. B.5.7
30. Demonstrated the ability to modify environments and adapt processes, including the application of ergonomic principles. B.5.8
31. Articulated principles and demonstrated strategies with assistive technologies and devices used to enhance occupational performance. B.5.9
32. Provided fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices. B.5.10
33. Provided training in techniques to enhance mobility and participated in issues related to driving. B.5.11
34. Demonstrated the ability to enable feeding and eating performance and train others in precautions and techniques while considering client and contextual factors. B.5.12
35. Recognized the use of and, based on the intervention plan, demonstrated safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions. B.5.13
36. Demonstrated the ability to develop and promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client. B.5.14
37. Demonstrated the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety. B.5.15
38. Demonstrated the ability to use the teaching-learning process and collaborate with the OT and learner to identify appropriate educational methods. B.5.16
39. Demonstrated the ability to interact through written, oral and nonverbal communication with client/family/significant others, colleagues, other health providers, and the public in a professionally acceptable manner. B.5.17
40. Demonstrated the ability to grade and adapt the environment, tools, materials, occupations and interventions to reflect the changing needs of the client and sociocultural context. B.5.18
41. Demonstrated the ability to teach compensatory strategies. B.5.19
42. Demonstrated collaboration with OT on therapeutic interventions. B.5.20
43. Demonstrated an understanding of when and how to use the consultative process where appropriate with specific consumer or consumer groups as directed by an OT. B.5.21
44. Demonstrated an understanding of the need for and the ability to refer to specialists for consultation and intervention. B. 5.22
45. Demonstrated the ability to monitor and reassess the effect of OT intervention and the need for continued and/or modified intervention and communicate the needs to the OT. B.5.23
46. Demonstrated the ability to facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources, and discharge environment and identify those needs to the OT, client and others involved in discharge planning. B.5.24
47. Demonstrated the ability to, under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of practice outcomes. B.5.25
48. Demonstrated the ability to recommend to the OT the need for termination of OT services when stated outcomes have been achieved or it has been determined they cannot be achieved, and assisted with developing a summary of OT outcomes, recommendations, and referrals. B.5.26
49. Demonstrated the ability to document OT services to ensure accountability of service provision and meet standards for reimbursement. Demonstrated the ability to document in such a way as to effectively communicate the need and rationale for OT services and in a manner that is appropriate to the context in which the service is delivered. B.5.27
50. Demonstrated the ability to describe the contexts of health care, education, community, and social models or systems as they relate to the practice of OT. B.6.1
51. Demonstrated the ability to identify potential impacts of social, economic, political, geographic or demographic factors on the practice of OT. B.6.2
52. Demonstrated an understanding of the role and responsibility of the practitioner to address changes in service delivery policies, to effect changes in the system, and to recognize opportunities in emerging

- practice areas. B.6.3
53. Identified how the various practice settings affect the delivery of OT services. B.7.1
  54. Identified the impact of contextual factors on the management and delivery of OT services. B.7.2
  55. Demonstrated the ability to identify the systems and structures that create federal and state legislation and regulation and their implications and effects on practice. B.7.3
  56. Demonstrated knowledge of applicable national requirements for credentialing and requirements for licensure, certification or registration under state laws. B. 7.4
  57. Demonstrated knowledge of the various reimbursement systems and documentation requirements that affect OT practice. B.7.5
  58. Identified mechanisms, systems, and techniques needed to properly maintain, organize, and prioritize workloads and intervention settings including inventories. B.7.6
  59. Demonstrated the ability to participate in the development, marketing, and management of service delivery options. B.7.7
  60. Demonstrated the ability to participate in documentation of ongoing processes for quality improvement and implement program changes as needed to ensure quality of services. B.7.8
  61. Identified strategies for effective, competency-based legal and ethical supervision of non-professional personnel. B.7.9
  62. Demonstrated an understanding of the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator. B.7.10
  63. Articulated the importance of professional research and literature and the continued development of the profession. B.8.1
  64. Demonstrated the ability to use professional literature to make evidence-based practice decisions in collaboration with the OT that are supported by research. B.8.2
  65. Identified the skills necessary to follow a research protocol including accurate and confidential collection of data and related documentation. B.8.3
  66. Demonstrated knowledge and understanding of the AOTA Code of Ethics, Core Values and Attitudes of Occupational Therapy, and AOTA Standards of Practice as a guide for ethical decision making in professional interactions, client interventions, and employment settings. B.9.1
  67. Demonstrated the ability to explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state and local OT associations and related professional associations. B.9.2
  68. Demonstrated the ability to promote occupational therapy by educating other professionals, service providers, consumers, and the public. B.9.3
  69. Demonstrated the ability to discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards. B.9.4
  70. Demonstrated an understanding of professional responsibilities related to liability concerns under current models of service provision. B.9.5
  71. Demonstrated an understanding of personal and professional abilities and competencies as they relate to job responsibilities. B.9.6
  72. Demonstrated an understanding and appreciation of the varied roles of the occupational therapy assistant as a practitioner, educator and research assistant. B.9.7
  73. Demonstrated an understanding of and the ability to explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant. B.9.8
  74. Demonstrated an understanding of professional responsibilities and issues when providing service on a contractual basis B.9.9
  75. Demonstrated an understanding of strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts. B.9.10
  76. Demonstrated an understanding of the variety of informal and formal ethical dispute-resolution systems that have jurisdiction over OT practice. B.9.11
  77. Demonstrated the ability to identify strategies that will assist the consumer in gaining access to OT services. B.9.12
  78. Demonstrated professional advocacy by participating in organizations or agencies promoting the profession. B.9.13

## Semester IV

Upon completion of Semester IV, the student must have:

1. Demonstrated oral and written communication skills. B.1.1
2. Employed logical thinking, critical analysis, problem solving, and creativity. B.1.2
3. Demonstrated competence in basic computer use. B.1.3
4. Demonstrated knowledge and appreciation of the role of sociocultural, socioeconomic, diversity factors, and lifestyle choices in contemporary society. B.1.7
5. Demonstrated an appreciation of the influence of social conditions and ethical contexts in which humans choose and engage in occupations. B.1.8
6. Demonstrated an understanding of the meaning and dynamics of occupation and purposeful activity including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors. B.2.2
7. Articulated the unique nature of occupation as viewed by the profession and the value of occupation to support participation in context(s) for the client. B.2.3
8. Demonstrated an understanding of the importance of the balancing areas of occupation with the achievement of health and wellness. B.2.4
9. Demonstrated an understanding and appreciation of the role of occupation in promotion of health and prevention of disease and disability. B.2.5
10. Demonstrated an understanding of the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance. B.2.6
11. Demonstrated the ability to analyze tasks relative to areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors to implement the intervention plan. B.2.7
12. Used sound judgment in regard to safety of self and others, and adhered to safety regulations throughout the OT process. B.2.8
13. Demonstrated an appreciation for individual's perception of quality of life, well being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context. B.2.9
14. Demonstrated an understanding of the need for and use of compensatory strategies when desired life tasks cannot be performed. B.2.10
15. Applied models of occupational performance and theories of occupation. B.2.11
16. Demonstrated an understanding of the models of practice, theories and frames of reference that are used in occupational therapy practice. B. 3.1 and B.3.2
17. Demonstrated the ability to gather and share data for screening and evaluation. B.4.1
18. Administered selected assessments and used occupation for purpose of assessment. B.4.2
19. Demonstrated the ability to gather and share data for the purpose of evaluating client(s)' occupational performance in ADL, IADL, education, work, play, leisure, and social participation. B.4.3
20. Demonstrated the ability to articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process. B.4.4
21. Demonstrated the ability to identify when to recommend to the occupational therapist the need for referring clients for additional evaluations. B.4.5
22. Demonstrated the ability to document OT services to ensure accountability of service provision and meet standards for reimbursement of services by adhering to all applicable agency regulations and effectively communicating the need and rationale for OT services. B.4.6
23. Demonstrated the ability to assist with the development of occupation-based intervention plans and strategies based on the stated needs of the client as well as the data gathered during the evaluation process in collaboration with the client and others. Demonstrates the ability to develop intervention plans and strategies that are culturally relevant, reflective of current OT practice, and based on available evidence. B.5.1

24. Demonstrated the ability to select and provide direct OT interventions and procedures to enhance safety, wellness, and performance in ADL, IADL, education, work, play, leisure, and social participation. B.5.2
25. Demonstrated the ability to provide therapeutic use of occupation and activities. B.5.3
26. Provided training in self-care, self-management, home management, and community and work integration. B.5.4
27. Provided development, remediation, and compensation for physical, cognitive, perceptual, sensory, neuromuscular, and behavioral skills. B.5.5
28. Provided therapeutic use of self, including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction. B.5.6
29. Demonstrated the ability to describe the role of the OTA in care coordination, case management, and transition services in traditional and emerging practice environments. B.5.7
30. Demonstrated the ability to modify environments and adapt processes, including the application of ergonomic principles. B.5.8
31. Articulated principles and demonstrated strategies with assistive technologies and devices used to enhance occupational performance. B.5.9
32. Provided fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices. B.5.10
33. Provided training in techniques to enhance mobility and participate in issues related to driving. B.5.11
34. Demonstrated the ability to enable feeding and eating performance and train others in precautions and techniques while considering client and contextual factors. B.5.12
35. Recognized the use of and, based on the intervention plan, demonstrated safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions. B.5.13
36. Demonstrated the ability to develop and promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client. B.5.14
37. Demonstrated the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety. B.5.15
38. Demonstrated the ability to use the teaching-learning process with the client, family, significant others, colleagues, other health providers, and the public. Demonstrated the ability to collaborate with the occupational therapist and learner to identify appropriate educational methods. B.5.16
39. Demonstrated the ability to grade and adapt the environment, tools, materials, occupations and interventions to reflect the changing needs of the client and sociocultural context. B.5.18
40. Demonstrated the ability to teach compensatory strategies. B.5.19
41. Demonstrated collaboration with OT on therapeutic interventions. B.5.20
42. Demonstrated an understanding of when and how to use the consultative process where appropriate with specific consumer or consumer groups as directed by an OT. B.5.21
43. Demonstrated an understanding of the need for and the ability to refer to specialists for consultation and intervention. B. 5.22
44. Demonstrated the ability to monitor and reassess the effect of OT intervention and the need for continued and/or modified intervention and communicate the needs to the OT. B.5.23
45. Demonstrated the ability to facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources, and discharge environment and identify those needs to the OT, client and others involved in discharge planning. B.5.24
46. Demonstrated the ability to recommend to the OT the need for termination of OT services when stated outcomes have been achieved or it has been determined they cannot be achieved, and assisted with developing a summary of OT outcomes, recommendations, and referrals. B.5.26
47. Demonstrated the ability to document OT services to ensure accountability of service provision and meet standards for reimbursement. Demonstrated the ability to document in such a way as to effectively communicate the need and rationale for OT services and in a manner that is appropriate to the context in which the service is delivered. B.5.27
48. Demonstrated an understanding of the contexts of health care, education, community, and social models or systems as related to the practice of OT. B.6.1
49. Demonstrated the ability to identify potential impacts of social, economic, political, geographic or

- demographic factors on the practice of OT. B.6.2
50. Demonstrated an understanding of the role and responsibility of the practitioner to address changes in service delivery policies, to effect changes in the system, and to recognize opportunities in emerging practice areas. B.6.3
  51. Demonstrated the ability to identify the systems and structures that create federal and state legislation and regulation and their implications and effects on practice. B.7.3
  52. Demonstrated knowledge of applicable national requirements for credentialing and requirements for licensure, certification or registration under state laws. B. 7.4
  53. Demonstrated knowledge of the various reimbursement systems and documentation requirements that affect OT practice. B.7.5
  54. Identified mechanisms, systems, and techniques needed to properly maintain, organize, and prioritize workloads and intervention settings including inventories. B.7.6
  55. Demonstrated the ability to participate in documentation of ongoing processes for quality improvement and implement program changes as needed to ensure quality of services. B.7.8
  56. Demonstrated an understanding of the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator. B.7.10
  57. Articulated the importance of professional research and literature and the continued development of the profession. B.8.1
  58. Demonstrated the ability to use professional literature to make evidence-based practice decisions in collaboration with the OT that are supported by research. B.8.2
  59. Demonstrated knowledge and understanding of the AOTA Code of Ethics, Core Values and Attitudes of Occupational Therapy, and AOTA Standards of Practice as a guide for ethical decision making in professional interactions, client interventions, and employment settings. B.9.1
  60. Demonstrated the ability to explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state and local OT associations and related professional associations. B.9.2
  61. Demonstrated the ability to promote occupational therapy by educating other professionals, service providers, consumers, and the public. B.9.3
  62. Demonstrated the ability to discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards. B.9.4
  63. Demonstrated an understanding of professional responsibilities related to liability concerns under current models of service provision. B.9.5
  64. Demonstrated an understanding of personal and professional abilities and competencies as they relate to job responsibilities. B.9.6
  65. Demonstrated an understanding and appreciation of the varied roles of the occupational therapy assistant as a practitioner, educator and research assistant. B.9.7
  66. Demonstrated an understanding of and the ability to explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant. B.9.8
  67. Demonstrated an understanding of professional responsibilities and issues when providing service on a contractual basis B.9.9
  68. Demonstrated an understanding of strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts. B.9.10
  70. Demonstrated an understanding of the variety of informal and formal ethical dispute-resolution systems that have jurisdiction over OT practice. B. 9.11
  71. Demonstrated the ability to identify strategies that will assist the consumer in gaining access to OT services. B.9.12
  72. Demonstrated professional advocacy by participating in organizations or agencies promoting the profession. B.9.13
  73. Demonstrated the ability to use the teaching-learning process and collaborate with the OT and learner to identify appropriate educational methods. B.5.16
  74. Demonstrated the ability to interact through written, oral and nonverbal communication with client/family/significant others, colleagues, other health providers, and the public in a professionally acceptable manner. B.5.17

## **ESSENTIAL FUNCTIONS**

Essential functions, established by the school, are physical capabilities that must be demonstrated by the student upon entry and throughout the program. The functions are reflected in the ability to engage in educational training activities in such a way that they shall not endanger other students, patients or the public. The following essential functions are required:

1. Visual: the ability to see and read course information, clinical forms, charts, computer screens, equipment readings and other materials; observe client behavior and appearance; oversee set up and implementation of treatment activities
2. Hearing: hear and interpret loud, soft, and muffled sounds; hearing allows the ability to use the telephone, use call light/intercom speakers, take verbal orders, and hear emergency alarms
3. Tactile: demonstrate tactile sensation that is adequate to safely evaluate and interpret the use of thermal, vibratory and other sensory stimulating techniques; ability to palpate muscle movement, pulse rate, and musculoskeletal structures; detect safe heat levels on various appliances and tools
4. Gross motor: move freely from one location to another; walk at a fast pace; stand, bend, stoop, and squat; reach above shoulder level; balance, crawl, climb, kneel and sit; lift, carry, push or pull over 50 pounds of weight; stand and/or sit for prolonged periods of time; utilize safe body mechanics; transfer classmates and clients; deliver patient treatment; perform cardiopulmonary resuscitation and client evacuation
5. Fine motor: write and document legibly; grasp; perform repetitive hand movement; utilize fine motor dexterity; use evaluation tools
6. Communication: speak clearly and professionally to peers, patients, family members, faculty, staff and other members of the healthcare team; demonstrate written and verbal proficiency of the English language; provide and comprehend adequate verbal, nonverbal and written communication
7. Behavioral: maintain emotional control in stressful and emergency situations; behave in an ethical, professional and respectful manner; comply with BAPTIST HEALTH Values of Performance, Service, Honesty, Stewardship, Respect and the Code of Ethical Conduct
8. Environmental: occasionally be involved with work outside and continuously inside; occasionally be exposed to temperature of 32 degrees and/or 100 degrees, wet or humid conditions, noise, vibration, dust, fumes, infectious waste, toxic chemicals, and needle/body fluids; implement safety and infection control, room maintenance, inventory and maintain equipment and supplies
9. Intellectual/Conceptual/Cognitive: recognize emergency situations and take appropriate actions, demonstrate psychological and emotional stability required for full utilization of intellectual abilities; comprehend, process and utilize verbal, visual and written information; organize and prioritize actions in the fieldwork settings; perform patient care procedures according to established criteria; utilize occupation process (assessment, planning, intervention and evaluation); prepare/present reports; complete forms; process written and verbal information; follow policies and procedures; implement quality improvement and document intervention progress and other written requirements; implement patient/family education and discharge planning
10. Equipment: utilize telephone, intercom, call light system, stethoscope, wheelchair, stretchers, emergency equipment, paging system, fax machine; operate equipment in the laboratory and fieldwork setting

## **LENGTH OF PROGRAM**

The program of study is twenty-one (21) calendar months in length. During the first year of study, a three (3) week break/vacation is scheduled at Christmas and one (1) week break in March (Spring Break); there is a two (2) week break between Spring and Summer I semester as well as between Summer II and Fall semester. In addition, the School provides seven (7) holidays. The student may need to attend at least one Summer session between the first and second years of the program to fulfill all of the curriculum requirements. During the second year of the program, students will be granted holidays that occur during the Fall Semester and will receive a two (2) week break/vacation at Christmas. Beginning in January of the second year of study, students are scheduled to engage in full time Level II Fieldwork and will follow the schedule as assigned by the fieldwork site. Length of breaks are approximate and may vary depending on fieldwork assignments each semester.

## **PROGRESSION AND PROMOTION**

As the student progresses through the program of study, a classification system is used to denote the student's level of study: freshman (< 30 credits) and sophomore (>30 credits). Promotion from one level to another is dependent on all school requirements for each level of study being fulfilled.

The Occupational Therapy Assistant student must complete Level II Fieldwork within 18 months of completion of written course-work in order to be eligible for graduation. All pre-requisite BOTA courses must be completed as reflected on each course syllabus, prior to registering for the next course(s).

## **COURSE DESCRIPTIONS**

### **ENGL 1312 English Composition II**

**3 Credits**

Further study of principles and techniques of expository and persuasive composition, analysis of texts, research methods and critical thinking. Prerequisite: Completion of English 1311 (or an equivalent course) with a grade of "C" or better. (3 credit hours)

### **BIOL 1402 Human Anatomy & Physiology I**

**4 Credits**

This course is the first semester of a two-semester study of the structure and functions of the organ systems of the human body and how they work together to maintain homeostasis. Designed for majors in health profession programs. Prerequisite: BIOL 1401 with a grade of "C" or better. 3 lecture hours, 2 lab hours. (4 credit hours/special course fee)

### **PSYCH 2300 Psychology and the Human Experience**

**3 Credits**

This course is an overview of major topics in modern psychology, the scientific study of behavior and mental processes. As a first course in the discipline of psychology, it introduces some of the fundamental concepts, principles and theories with a consideration for the complexity of human behavior. Recommended prerequisite: ENGL 1311. (3 credit hours)

### **BOTA 1114 Fundamentals of OTA I**

**4 Credits**

This course provides an introduction to the fundamental concepts and aspects of occupational therapy philosophy, goals, values, and ethics. It explores the unique nature of the occupation and the role of occupational therapy in the healthcare community. The course also introduces the use of activity analysis and investigates the role of group dynamics. Students gain an understanding of the working relationship between the occupational therapist and the occupational therapy assistant. The course also emphasizes documentation skills, the use of professional literature, the teaching and learning process, activities of daily living training, and transfer training. Class experiences include, but are not limited to, lecture, group activities, lab practicums, and clinical experience. Prerequisites: Admission to the BHSLR-SOTA, ENGL 1311: English Composition I and MATH 1302: College Algebra Corequisites: BOTA 1113: Medical Terminology for the OTA; BOTA 1112: Level I

Fieldwork; ENGL 1312: English Composition II; BIOL 1402: Human Anatomy and Physiology I; PSYC 2300: Psychology and the Human Experience. 3 lecture, 2 lab hours. (4 credit hours)

**BOTA 1113 Medical Terminology for the OTA**

**3 Credits**

This course offers a study of words relating to human body systems, anatomical structures, pathology and medical procedures. Word roots, combining forms, prefixes, suffixes, plural endings, abbreviations and pronunciations are covered. The language of the Occupational Therapy Practice Framework is also studied. Emphasis is placed upon demonstrating a functional, working knowledge of medical terminology encountered in practice as an occupational therapy assistant. Prerequisites: Admission to the BHSLR-SOTA, ENGL 1311: English Composition I and MATH 1302: College Algebra Corequisites: BOTA 1114: Fundamentals of OTA I; BOTA 1112: Level I Fieldwork; ENGL 1312: English Composition II; BIOL 1402: Human Anatomy and Physiology I; PSYC 2300: Psychology and the Human Experience. 3 lecture hours (3 credit hours)

**BOTA 1112 Level I Fieldwork I**

**2 Credits**

Supervised clinical experience in which students engage in observation, communication, and professional behavior skills in various settings, including medical, rehabilitation, and community models. Prerequisites: Admission to the BHSLR-SOTA, ENGL 1311: English Composition I and MATH 1302: College Algebra Corequisites: BOTA 1113: Medical Terminology for the OTA; BOTA 1114: Fundamentals of OTA I; ENGL 1312: English Composition II; BIOL 1402: Human Anatomy and Physiology I; PSYC 2300: Psychology and the Human Experience. (2 credit hours)

**BOTA 1224 Fundamentals of OTA II**

**4 Credits**

This course examines the theories, models of practice and frames of reference that underlie occupational therapy practice. It explores the role of the occupational therapy assistant in the assessment and evaluation process and provides practical application of data gathering, screening and evaluation. Students also learn selected evaluation and assessment procedures and further develop activity analysis and documentation skills. The dynamics of occupation and purposeful activity are also explored. Class experiences include but are not limited to lecture, group activities, lab practicums and clinical experiences. Admission into BHSLR-SOTA, ENGL 1311: English Composition I, MATH 1302: College Algebra, ENGL 1312: English Composition II, BIOL 1402: Human Anatomy & Physiology I, PSYCH 2300: Psychology and the Human Experience, BOTA 1114: Fundamentals of OTA I, BOTA 1113: Medical Terminology, BOTA 1112: Level I Fieldwork I. Corequisites: BOTA 1312: Level I Fieldwork II, BOTA 1212: Functional Anatomy, BIOL 1403: Human Anatomy and Physiology II, BOTA 1233: Disease Processes for OTA, BOTA 1213: Human Development. 3 lecture hours, 2 lab hours. (4 credit hours)

**BOTA 1212 Functional Anatomy**

**2 Credits**

This course provides an introduction to the human body basic function. The content presented focuses central and peripheral nervous systems, musculoskeletal system, the neurological system and understanding human movement. 1 lecture, 2 laboratory hours. Prerequisites: Admission into BHSLR-SOTA, ENGL 1311: English Composition I, MATH 1302: College Algebra, ENGL 1312: English Composition II, BIOL 1402: Human Anatomy & Physiology I, PSYCH 2300: Psychology and the Human Experience, BOTA 1114: Fundamentals of OTA I, BOTA 1113: Medical Terminology, BOTA 1112: Level I Fieldwork I. Corequisites: BOTA 1312: Level I Fieldwork II, BIOL 1403: Human Anatomy and Physiology II, BOTA 1233: Disease Processes for OTA, BOTA 1213: Human Development, BOTA 1224: Fundamentals of OTA II (2 credit hours)

**BIOL 1403 Human Anatomy & Physiology II**

**4 Credits**

This course is the second semester of a two-semester study of the structure and functions of the organ systems of the human body and how they work together to maintain homeostasis. Designed for majors in health profession programs. Prerequisite: BIOL 1402 with a grade of "C" or better. 3 lecture hours, 2 lab hours. (4 credit hours)

hours/special course fee)

**BOTA 1233 Disease Processes for OTA**

**3 Credits**

An introduction to the study of the nature and cause of selected diseases will be provided. Changes in body structure, function, and the resulting conditions will be examined. Occupational therapy interventions will be emphasized. Prerequisite: Grade of “C” or higher in all previous BOTA required courses. (3 lecture hours)

**BOTA 1213 Human Development**

**3 Credits**

A comprehensive view of human life from conception to death will be examined. Emphasis will be placed on the unique characteristics of each phase of life and the implications for occupational therapy during each phase. Prerequisite: Grade of “C” or higher in all previous BOTA required courses. (3 lecture hours)

**BOTA 1312 Level I Fieldwork II**

**2 Credits**

Supervised clinical experience in which students engage in observation, communication, professional behavior, documentation, activity analysis, and beginning clinical reasoning and therapeutic intervention skills in various settings, including medical, rehabilitation, and community models. Prerequisites: Admission into BHSLR-SOTA, ENGL 1311: English Composition I, MATH 1302: College Algebra, ENGL 1312: English Composition II, BIOL 1402: Human Anatomy & Physiology I, PSYCH 2300: Psychology and the Human Experience, BOTA 1114: Fundamentals of OTA I, BOTA 1113: Medical Terminology, BOTA 1112: Level I Fieldwork I. Corequisites: BOTA 1212: Functional Anatomy, BIOL 1403: Human Anatomy and Physiology II, BOTA 1233: Disease Processes for OTA, BOTA 1213: Human Development, BOTA 1224: Fundamentals of OTA II (2 credit hours)

**SPCH 1300 Speech Communication**

**3 Credits**

This course addresses the theory and practice of communication in interpersonal, small group and public speaking emphasizing proficiency in speech organization, delivery and critical thinking/listening applications. Recommended prerequisite: ENGL 1311. (3 credit hours)

**CIS 1103 Computer Computers**

**3 Credits**

An introductory course in the use of computer application software that includes basic functions of computer system components. (3 credit hours/special course fee)

**BOTA 2334 Fundamentals of OTA III**

**4 Credits**

This course offers engagement in practical application and implementation of treatment techniques and interventions. The use of occupation throughout the treatment process is emphasized. The course also offers discussion of adaptation of self, tools and the environment during treatment. Students further develop documentation skills as they pertain to discharge planning and client education materials. Client and family education are addressed. Class experiences include but are not limited to lecture, group activities, lab experiences and clinical observations. Prerequisites: Admission to the BHSLR-SOTA, ENGL 1311: English Composition I, MATH 1302: College Algebra, ENG 1312: English Composition II, BIOL 1402 Human Anatomy and Physiology I, PSYCH 2300: Psychology and the Human Experience, BOTA 1114: Fundamentals of OTA I, BOTA 1113: Medical Terminology for OTA, BOTA 1112: Level I Fieldwork I, BOTA 1212: Functional Anatomy, BIOL 1403: Human Anatomy and Physiology II, BOTA 1233: Disease Processes for OTA, BOTA 1213: Human Development, BOTA 1312: Level I Fieldwork II, SPCH 1300: Speech Communication, CIS 1103: Computer Concepts Corequisites: BOTA 2343: Professional Development, HLSC 1300: Concepts of Lifetime Health and Wellness, SP 0001: Spiritual Perspectives, SOCI 2300: Introduction to Sociology, BOTA 2312: Level I Fieldwork III 3 lecture hours, 2 lab hours. (4 credit hours)

**BOTA 2343 Professional Development****3 Credits**

Management skills, self directed learning, understanding of state and federal regulatory and legislative bodies, reimbursement issues, professional responsibility in fieldwork, professional literature and ethical decision making are among the topics that will be addressed in this course. Interview skills, job search and application skills, licensure requirements, continuing education and certification examination preparation and registration will also be covered. Prerequisite: Grade of "C" or higher in all previous BOTA required courses. (3 lecture hours)

**HLSC 1304 Concepts of Lifetime Health and Wellness****3 Credits**

A study designed to assist students in understanding and developing attitudes and behaviors necessary to establish healthful living practices. (3 credit hours)

**SOCI 2300 Introduction to Sociology****3 Credits**

This course is an introduction to the theories, concepts and basic principles used in the study of group life, social institutions and social processes. Recommended prerequisite: ENGL 1311. (3 credit hours)

**BHSP 0001 Spiritual Perspectives****1 Credit**

A study of the concept of spiritual perspective of the whole person and the relationship of this to healthcare practice is examined from the perspective of an individual's quest for purpose and meaning as well as an examination of the major religions as avenues of spiritual expression. (16 contact hours)

**BOTA 2312 Level I Fieldwork III****2 Credits**

Supervised clinical experience in which students engage in observation, communication, documentation, professional behavior, activity analysis, and beginning clinical reasoning and therapeutic intervention skills in various settings, including medical, rehabilitation, and community models. Prerequisites: Admission to the BHSLR-SOTA, ENGL 1311: English Composition I, MATH 1302: College Algebra, ENG 1312: English Composition II, BIOL 1402 Human Anatomy and Physiology I, PSYCH 2300: Psychology and the Human Experience, BOTA 1114: Fundamentals of OTA I, BOTA 1113: Medical Terminology for OTA, BOTA 1112: Level I Fieldwork I, BOTA 1212: Functional Anatomy, BIOL 1403: Human Anatomy and Physiology II, BOTA 1233: Disease Processes for OTA, BOTA 1213: Human Development, BOTA 1312: Level I Fieldwork II, SPCH 1300: Speech Communication, CIS 1103: Computer Concepts Corequisites: BOTA 2343: Professional Development, HLSC 1300: Concepts of Lifetime Health and Wellness, SP 0001: Spiritual Perspectives, SOCI 2300: Introduction to Sociology, BOTA 2334: Fundamentals of OTA III (2 credit hours)

**BOTA 2416 Level II Fieldwork I****6 Credits**

Eight week full time clinical experience under the supervision of a licensed occupational therapist or a certified occupational therapy assistant. Prerequisite: Grade of "C" or higher in all previous BOTA required courses. Experience must be completed within 18 months of completion of the didactic portion of the coursework.

**BOTA 2426 Level II Fieldwork II****6 Credits**

Eight week full time clinical experience under the supervision of a licensed occupational therapist or a certified occupational therapy assistant. Prerequisite: Grade of "C" or higher in all previous BOTA required courses. Experience must be completed within 18 months of completion of the didactic portion of the coursework.

**TRANSFER OF CREDIT**

Decisions to accept or deny transfer credits will be determined by the Office of the Registrar at Pulaski Technical College. The Registrar will consult with the Program Director regarding the transfer of occupational therapy assistant credit hours. Acceptance or denial of credit will be based on review of course content and description, learning experiences, course length, final grades and the accreditation status of the previous school. A final grade of “C” or higher is required for transfer of academic credit from an accredited college, university or school. A transcript recording fee for transferred credit is charged. Individuals interested in this opportunity may contact BAPTIST HEALTH Schools Little Rock at 501-202-6200 or 1-800-345-3046 or Pulaski Technical College at 501-812-2200. Advisement Applicants seeking information about additional educational opportunities are individually advised. Administrative staff and faculty advise students.

## **HONORS**

Student recognition for academic excellence are announced during the commencement ceremony. Honors recognition is awarded as follows: Honors 3.75-3.89 and High Honors 3.90- 4.00.

## **ACADEMIC PROGRESS**

Students are required to attend all scheduled classroom, laboratory and fieldwork sessions. The student must fulfill all requirements for each course in the level of study before promoting to the next higher level of study. The student must successfully complete all coursework including Level I fieldwork assignments before promoting to Level II Fieldwork assignments.

The grade a student earns on any written examination is the grade which will be recorded. Students not performing at 77% or above on any particular written examination will be extended the opportunity to participate in remediation of that material at a date, location and time specified by the instructor. Participation is optional and no points will be assigned to this remediation experience.

At the conclusion of the semester (after final exam), students who have earned less than 77% for the course will be offered the opportunity to take a comprehensive written remediation exam. The grade earned on this exam will be used to determine the student’s final grade for the course. The highest grade that a student can possibly earn for the course following remediation will be a “C”. For example, a student with less than 77% for the course who opts to take the remediation exam and earns a 90% on the exam will receive a grade of “C” for the course. If the student earns a “D” on the exam, a “D” will be recorded for the final grade.

Students who choose not to take the exam will be dismissed from the program due to the fact that they will have earned less than a “C” for the course. Students who choose to initiate the grievance process forfeit the opportunity to remediate and must abide by the decision of the Grievance Panel. Students choosing to remediate forfeit the right to go before the Grievance Panel. Refer to the General Section of the Student Handbook for the Student Grievance Process.

Because the remediation exam occurs after the conclusion of the semester, students participating in the remediation exam will not be allowed to participate in Level I or Level II fieldwork until they have successfully completed the remediation exam. Students who successfully complete the remediation exam and earn a grade of “C” for the course will be allowed to participate in fieldwork but at a later time and at a facility that is willing and able to accept the student at the alternate time. Students who do not successfully complete the remediation exam will not pass the course, will not be able to participate in fieldwork and will be dismissed from the program. Students may exercise the option to remediate in only 50% of the OTA courses per semester (ie. in semesters I and IV students may remediate only one OTA course; in semester III, students may remediate a maximum of two OTA courses).

Students are required to maintain a minimum cumulative GPA of 2.50 and a minimum of 77% in all OTA educational components. Failure to do so may result in Academic Suspension or Academic Dismissal.

The grade a student earns on any practicum examination is the grade which will be recorded. Students not performing at 77% or above on any particular practicum examination will be required to retest on that practicum material at a date, location and time specified by the instructor. Retesting is required and points will be assigned based on test performance, however, the grade assigned will not exceed 77%. For example, a student who earns 90% on a remediation practicum examination will have a score of 77% recorded as the final grade on that practicum experience. Competency in all laboratory skills must be satisfactorily demonstrated in order for students to successfully complete the course. Students not scoring a minimum of 77% on any remediation practicum experience will be academically dismissed from the program for failure to meet the course requirements. Students who do not retest on the practicum material will be academically dismissed for failure to meet course requirements.

Students are required to satisfactorily complete all Level I and Level II Fieldwork rotations. Evaluations are shared with the student upon completion of each Level I Fieldwork and at midterm and completion of Level II Fieldwork. Students not meeting the necessary achievement for any fieldwork assignment are required to meet with the AFC to discuss deficiencies and implement a plan for improvement. Students are counseled, given assistance and other additional support. Fieldwork in which the student has not demonstrated competency will be repeated by the student at the discretion of the AFC. Students must successfully complete all Level I and Level II fieldwork experiences in order to be eligible for graduation. Additional information is available in the Fieldwork Manual.

### **ACADEMIC GRADING SCALE**

#### **BHSLR-SOTA Theory and Level I Fieldwork Courses**

GRADE	RANGE %	VALUE
A	94 - 100	4
B	86 - 93	3
C	77 - 85	2
D	70 - 76	1
F	0 - 69	0
I	Incomplete	0
WP	Withdrawal Passing	0
WF	Withdrawal Failing	0
AW-P	Admin. Withdrawal Passing	0
AW-F	Admin. Withdrawal Failure	0

#### **Level II Fieldwork Grades**

SCORE	VALUE
71 points and above=Pass	Credit
70 points and below=Fail	No Credit

The value points are used to calculate the Grade Point Average in determining Academic Honor awards and for other purposes. Incomplete Grades are completed at the discretion of the Program Director. The grade "I" becomes an "F" after an established period of time if the student does not complete the course.

### **ACADEMIC ADVISING**

The Program Director and Faculty serve as academic advisors to students. Students are notified of advisor assignment at the beginning of the program of study.

The student is expected to contact the assigned advisor for an initial conference. Additional conferences are initiated through advisor - advisee arrangements.

Advising is available to students in the following areas:

1. Adjustment to student role,
2. Educational Planning,
3. Socialization into Occupational Therapy,
4. Study habits,
5. Test taking and,
6. Limited tutoring. If extensive tutoring is needed, the Schools Counselor should be contacted for reference.
7. Each time a student fails to pass an exam or skills lab check-off, they are to see their advisor.

**Pulaski Technical College Advising:**

Counselors are available to students through the Pulaski Technical College counseling office. Please see the Pulaski Technical College Student Handbook for additional information.

**Students with Disabilities:**

Please refer to the General Section of the BHSLR Catalog for statement regarding Disability Services. Additional information is available through the Pulaski Technical College Student Handbook.

**MAKE-UP COURSE WORK**

**Incomplete Grades and Course Make-Up Work**

The opportunity to clear incomplete “I” grades and make up missed work including examinations may be available to the student. Faculty has the sole discretion in permitting the students to make up missed course work, including a course examination. The student’s follow through with policy regarding attendance, the student’s previous attendance records and academic progress will be considered when making this decision. A fee is charged to offset the school’s expense associated with make up grading, clinical time, examination preparation, proctoring, and recording. The fee is waived for faculty directed absence due to confirmed illness, jury duty, immediate family member death, and military purposes.

**ACADEMIC PROBATION**

The status of academic probation indicates that the student’s continued enrollment in the school is at risk. Conditions are specified that must be fulfilled before the status is changed.

1. A student is placed on probation for academic reasons by the Director of the School or designee.
2. Probationary terms are determined on an individual basis by the Director of the School or designee.
3. Failure to meet designated probationary terms may result in academic suspension or academic dismissal.

**Level I Fieldwork**

1. Tardiness is not allowed and occurrence of such will be reflected on the Level I Fieldwork Evaluation.
2. One (1) excused absence may be made up at the discretion of the AFC and clinical supervisor.
3. Refer to Fieldwork Manual for more information.

### **Level II Fieldwork**

1. During Level II Fieldwork, students are expected to follow the schedule of their assigned site including weekends and holidays. In the event that there is a discrepancy between the attendance policy of the School and that of the fieldwork site, the student is expected to follow the more stringent of the two policies.
2. Tardiness is not allowed and occurrence of such will be reflected on the Level II Fieldwork Evaluation.
3. Up to three (3) excused absences are allowed during each 8 week rotation. If the days are not needed for excused absence purposes, they *may not* be used as free vacation days.

### **GRADUATION REQUIREMENTS**

1. Satisfactory completion of the BHSLR-SOTA program of study and the professional curriculum; successful completion is evidenced by completion of all requirements for each course.
2. Student financial account balance is zero (0); payment made at the end of the program, before commencement or thereafter, must be made in either cash, money order, or certified check.
3. All library books returned; student ID badge returned,
4. Completion of Student Graduate Clearance Form
5. Participation in commencement ceremony in faculty approved attire,
6. Participate in class composite photo preparation an
7. All disciplinary terms fulfilled and status of “good standing” restored.

The School’s diploma, pin and transcript are not released until all of the above are fulfilled.

### **STUDENT ACCOUNTABILITY**

Guidelines related to student conduct are fundamental to patient and student safety and necessary for a high level of care and overall learning.

#### **All Learning Experiences**

1. Name badge **MUST** be worn. **NO EXCEPTIONS.**
2. Cell phones and/or all electronic devices must be turned off or on “silent.”
3. Books and personal articles are the responsibility of the student.
4. Personal visitors are not allowed.

### **ATTENDANCE**

1. Employees who report to work promptly, ready to work, and who are rarely absent are sought by employers. The Schools of Allied Health believe the values of service, honesty, respect, performance, and stewardship are demonstrated through good attendance. All students are expected to report for class and fieldwork assignments, in proper dress, ready to work at their assigned times and in their assigned areas. Continued absences and/or tardiness will not be tolerated and can result in dismissal.
  - 1.1 Excessive absences and tardiness will result in counseling, written warnings and ultimately dismissal from the program.
2. A student who is absent from classroom or scheduled fieldwork experiences for two or more days due to illness, accident or medical condition which interferes with ability to perform essential functions will be required to provide official documentation of clearance, from an intervening professional, prior to resuming studies. Students with limitations or restrictions which interfere with the ability to perform essential functions will not return to class and/or clinical until clearance documentation, from an intervening professional, is received. Students with stated limitations or restrictions may not return to class/clinical until these limitations or restrictions are lifted or "if reasonable accommodation" can be made as determined solely by the School.
3. The Occupational Therapy Assistant Program will be very demanding. Students are expected to be on time for all academic and fieldwork experiences and absences are strongly discouraged. Students will be required to maintain documentation of their attendance, within their portfolio, throughout the program.
4. Excused absences from the course may be granted at the discretion of the instructor according to the following guidelines:
  - 4.1 An excused absence may be granted, at the discretion of the faculty, if the student calls by the designated time and has a valid reason (an emergency) for the absence.
  - 4.2 An excused absence will not be granted if the student fails to call as instructed.
  - 4.3 Excused absences will not be automatically granted. If the absence or tardy is anticipated, it is the responsibility of student to notify the instructor and/or program director according to policy.
  - 4.4 If the absence is known in advance, inform the instructor in writing with a signed and dated note.
  - 4.5 If the absence is impromptu, notify the course instructor at the phone number provided on the syllabus by 7:00 a.m. If for some reason a student is unable to access the voicemail system of the instructor, the student must contact the Allied Health Office (202-7740) prior to 7:30 a.m.
5. It is the responsibility of the student to obtain notes, assignments, and materials missed as a result of the absence. Students are responsible for all information missed. The student must initiate a conference with the instructor to discuss any make up assignments. Faculty will not initiate these conferences.

### **Tardiness**

1. Classroom tardy is defined as arriving late (past the scheduled start time for the class). Students are expected to be in their seats with class materials ready to begin at class start time. For classes which have classroom and laboratory components, arriving late for class equals a tardy; arriving late for laboratory equals an additional tardy. For example, a student who is late for Fundamentals I class on Monday receives a tardy; if the same student is late for Fundamentals I lab that same day or any other day, he/she will receive an additional tardy. The student will then have 2 tardies for the Fundamentals I course.

2. Episodes of tardiness will result in the following disciplinary actions:
  - 1 tardy=verbal conference
  - 2 tardies=written conference
  - 3 tardies=written warning
  - 4 tardies=probation/drop in letter grade
  - 5 tardies=dismissal
3. A fourth incidence of tardiness, in addition to resulting in Probationary Status, will also result in one letter grade being deducted from the student's final grade for the course. A fifth episode of tardiness, may result in dismissal.
4. If a student is tardy on a day that an exam is being given, the student will be allowed to take the exam in the time remaining in the class period provided other student(s) in the class have not left the room. Once any student has completed an exam and left the room, a tardy student will not be allowed to enter and take an exam. Additional time will not be allotted for tardy students to take an exam.

### **Absence**

1. For classes with a lab component, an absence in class or lab equals an absence. For example, a student who attends Fundamentals I class but is absent from lab will receive an absence for that class. In like manner, a student who misses Fundamentals I class but attends lab will receive an absence.
2. Continued absences or tardiness is a symptom of negligence or irresponsibility and is not in keeping with the BAPTIST HEALTH values of service, honesty, respect, performance and stewardship. Therefore, excessive absences or tardiness may result in dismissal from the school. Disciplinary Actions related to Excused Absences: After the third (3<sup>rd</sup>) "excused" absence, at the discretion of the Program Director, absence is recorded as an "unexcused absence", and disciplinary action described below is in effect.
3. Disciplinary Actions related to Unexcused Absences:
  - 1 unexcused absence=written warning
  - 2 unexcused absences=probation/decrease in course letter grade
  - 3 unexcused absences=suspension or dismissal/decrease in course letter grade
4. A second incidence of unexcused absence, in addition to resulting in Probationary Status, will also result in one letter grade being deducted from the student's final grade for the course. Each subsequent unexcused absence will result in the deduction of an additional letter grade. For example, a student with two unexcused absences in a course who earns an "A" in the course will receive a "B" for the course. A third episode of unexcused absence, in addition to resulting in Suspension, will also result in an additional letter grade being deducted from the final grade for the course assuming terms for reentry are met.
5. Tardiness, excused absences, and unexcused absences are recorded separately on the Student's Attendance Record.
6. The Program Director and/or the Instructor must be notified before the absence, with as much advance notice given as possible. Each occurrence (absence or tardy) will be documented in the student's file. Review of attendance records will be a part of the Schools' periodic evaluations.
7. Make-up examinations must be taken within one (1) week upon approval by the Program Director. Students should be prepared to take make up examinations on the first day of return

to class. A fee is charged for make-up exams, and a receipt required prior to administration of the exam. Students missing an examination due to an unexcused absence will not be allowed to sit for a make-up examination.

8. The only exception to the Attendance Policy is during a bereavement for immediate family (mother, father, child, husband, wife, brother, sister, father-in-law, mother-in-law, grandparent or grandchild).
9. Winter Storm or Hazardous Weather Days attendance (Refer to Inclement Weather Policy in the School Specific Section of *Student Handbook*).
10. Students having make-up time at program end may participate in commencement; however, the certificate and diploma are withheld along with graduation verification until the required amount of time is made up and all graduation requirements are fulfilled.

### **INCLEMENT WEATHER POLICY**

1. Classroom learning may be cancelled in inclement weather, and BHSLR will act in concert with the Pulaski Technical College in campus closing due to inclement weather. A “closed campus” means classes are cancelled (to be rescheduled), both students and BHSLR employees are not expected to report for work, class or clinical.
2. Students on Level II fieldwork, at the discretion of the fieldwork supervisor, AFWC and Program Director, may be required to make up time missed due to inclement weather.
3. In the event of BHSLR Campus closing, all students, including those on fieldwork assignments, may reach the OTA faculty via provided pager/cell numbers.

### **EMERGENCY PROCEDURES**

“BH Employee Emergency Procedures” are posted throughout the academic institutions and the BHSLR-SOTA Laboratory Safety Procedures are posted in the OTA laboratory. In the event of an emergency, the appropriate guide should be consulted and the appropriate procedures followed. In the event of any emergency, students should immediately notify the Program Director and/or faculty.

### **EQUIPMENT SAFETY**

All equipment will be monitored on a recurring basis by the faculty to ensure that it is in proper working order. Students are required to report any equipment concerns or malfunctions to the faculty and/or Program Director immediately.

### **BHSLR-SOTA SCHEDULED STUDENT HOURS**

Scheduled student hours include classroom, laboratory and fieldwork rotations. These will vary from course to course throughout the program. The syllabus for each course reflects a student schedule. In general, schedules are written on Monday through Friday assignments.

1. Students are expected to participate in all phases of the program as scheduled.
2. Fieldwork Settings: Students participate in clinical practice settings to gain experience in teaching patients/clients adapted methods for self-care, work and leisure activities to ensure the patient/client can function at their maximum potential. Faculty and approved clinical occupational therapists and occupational therapy assistants are responsible for the students’ clinical training as well as evaluation of the student.

- 2.1 Fieldwork practice occurs in several settings throughout the state and region.
- 2.2 Additional information about the Fieldwork Program can be found in the *Fieldwork Handbook*.

**HOLIDAYS**

The BHSLR-SOTA provides students with the following holidays scheduled as “off” during the academic portion of the curriculum. During Level II Fieldwork assignments students are expected to follow the guidelines and schedule established by the fieldwork site and the fieldwork supervisor.

- 1. New Year’s Day
- 2. Spring Break (one week)
- 3. Memorial Day
- 4. Independence Day July 4<sup>th</sup>
- 5. Labor Day
- 6. Thanksgiving Day
- 7. Day after Thanksgiving
- 8. Christmas Break (four weeks)

**BAPTIST HEALTH SCHOOLS LITTLE ROCK  
SCHOOL OF OCCUPATIONAL THERAPY ASSISTANT  
ACADEMIC CALENDAR\***

**FALL 2010**

Student Verification Day .....	June 29
Orientation (1 <sup>st</sup> year students) .....	August 16
Classes begin .....	August 16
Labor Day, No Class .....	September 6
AR Assoc. of Two-Year Colleges Conference; No PTC Classes .....	October 18 - 19
Thanksgiving holidays .....	November 24-26
Classes End (2 <sup>nd</sup> year students) .....	December 3
Classes End (1 <sup>st</sup> year students) .....	December 10
Level I Fieldwork III .....	December 6-17

**SPRING 2011**

Level II Fieldwork I .....	January 3
Classes begin .....	January 10
Level II Fieldwork II .....	March 7
Spring Break (tentative) .....	March 21-25
Classes End.....	May 13
Level I Fieldwork II.....	May 16-20
Memorial Day.....	May 31
Commencement .....	June 9

**FALL 2011**

Student Plan Day .....	June 28 (tentative)
Orientation (1 <sup>st</sup> year students) .....	August 15
Classes begin .....	August 15

Labor Day .....	September 5
AR Assoc. of Two-Year Colleges Conference; No Classes .....	October 17-18
Thanksgiving holidays .....	November 23-25
Classes End.....	December 9
Level I Fieldwork III .....	December 5-16

**SPRING 2012**

Level II Fieldwork I .....	January 2
Classes begin .....	January 9
Level II Fieldwork II .....	March 5
Spring Break.....	March 26-30
Classes End.....	May 11
Level I Fieldwork II .....	May 14-18
Memorial Day.....	May 28
Commencement .....	June 14

\*Dates are subject to change.

**DRESS CODE**

The Schools of Allied Health endorse the intent of the dress policy of BH that clothing should reflect a business-like/professional appearance. Therefore, the dress policy for both employees and students enrolled in the Schools will conform to that of BH. The School may have a more restrictive dress code, but not more lenient than the BH dress code. Students are to wear the designated school uniform at all times when on the school campus as well as while attending all fieldwork experiences.

**PERSONAL APPEARANCE**

**Purpose**

Dress, grooming, and personal cleanliness standards contribute to the morale of all clients, employees and affect the business image of BAPTIST HEALTH presented to the public.

**Expectations**

During school business hours or when representing BAPTIST HEALTH, students are expected to present a clean, neat, and tasteful appearance. They dress and groom according to the requirements of their profession and School policies. This is particularly true if the course of study involves dealing with customers or visitors in person.

**Enforcement**

The supervising occupational therapist or occupational therapy assistant, Program Director and Faculty are responsible for establishing and enforcing a reasonable dress code. If the supervisor feels the student’s personal appearance is inappropriate, the student may be asked to leave the classroom and/or workplace until properly dressed or groomed which can result in a tardy and/or unexcused absence being issued. Consult the Program Director with questions as to what constitutes appropriate appearance.

**PERSONAL HYGIENE:** Offensive body odor (including breath) and poor personal hygiene is not professionally acceptable. Perfume, cologne, and after shave lotion should be used minimally or avoided altogether, as some individuals may be sensitive to strong fragrances. No scented cologne/perfumes, after shave, or lotion are to be worn by students in direct patient contact.

## ACCEPTABLE ATTIRE

MALES and  
FEMALES:

All students must wear the school designated scrubs including brand, color and style. White lab coats may be worn over the scrubs as part of the uniform. Lab coat should be hip length (Knee length lab coats are not acceptable.).

SHOES:

Shoes must be leather or leather-like athletic. They should be predominantly white, clean or polished.

SOCKS:

Socks should be solid white and must cover the ankle.

JEWELRY:

Jewelry is limited to the following:

1. a watch
2. small, conservative earrings—one ring per ear lobe. Visible piercings on other body parts i.e. tongue, eyebrow, nose and upper ear are not allowed.
3. small, conservative necklaces may be worn. However, long chains and other dangling jewelry is not allowed.

FINGERNAILS:

Fingernails should be kept short and clean. Artificial nails are not allowed. Fingernail polish, if worn at all, should be conservative in color and in good repair (chipped polish is not allowed)

BADGE:

Student identification badge must be worn at all times. It is to be visible at all times, on the shoulder area with picture facing out. No decorative stickers or pins are to be worn on the ID badge. Students who report to campus without a student ID badge will be required to obtain, from the faculty, a temporary badge. Habitual use of a temporary badge may result in disciplinary action.

In the event of extremely cold weather, at the discretion of the faculty, students may be allowed to wear a long sleeve solid white t-shirt under their scrub top. The t-shirt must be crew neck (V-neck and turtle neck are not acceptable) and solid white (design or lettering on the sleeve or at the neck is not acceptable). In addition, the t-shirt must be tucked in the waist of the pants. Students who are not in compliance with this aspect of the dress code will be required to remove the unacceptable attire from under their scrub top. In addition, they will be asked to leave class to do so which will result in a tardy being issued.

All clothing reflects a professional appearance. A violation of the dress code is subject to being dismissed from class or clinical in order to dress and be within code. All missed time is expected to be made up at the discretion of the Program Director, AFWC and/or fieldwork supervisor.

The faculty and staff are responsible for enforcing this policy and will make interpretations regarding particular attire.

## CLASSROOM ETIQUETTE

To avoid conflict with scheduled classes, personal business is to be conducted on the student's personal time. Personal, incoming and outgoing phone calls as well as text messaging or use of any other electronic devices should not occur during scheduled class time except in the event of an emergency. Cell phones and all electronic devices should be turned off during all classroom, laboratory and fieldwork experiences. Students will not be allowed to accept personal calls during class. If you need to be contacted in case of an emergency, the phone number is (501) 202-6200.

## **STUDENT EMPLOYMENT/WORK RELATED POLICIES**

1. Students may be employed while enrolled; however, employment must not interfere with coursework or fieldwork.
2. Time spent as an employee cannot be credited to the educational program offered by the School. Course schedule or assignments are not altered to accommodate work schedule(s).
3. A student choosing to work at BH completes the regular hiring process of the Human Resource Department.
4. Although BHSLR student policies and BH employee policies are in fact separate one from the other, a student's behavior during a BH employment period that results in a disciplinary action may, in turn, result in the same by the school or vice versa.
5. Neither the Program Director nor the faculty participates in the hiring process of students for work purposes.
6. A student must be in "Good Standing" with the school in order to be hired for work in BH. "Good Standing" is defined as:
  - 7.1 having the required academic record,
  - 7.2 satisfactory attendance record, and
  - 7.3 record void of disciplinary action by the school.
7. A student must maintain academic eligibility while employed by BH.
8. The school is not responsible for unprofessional conduct by a student while he or she is working as an employee for an employer.

## **CLASS REPRESENTATIVE**

Each class elects a Class Representative during the first semester of the program of study. The representative is elected by fellow classmates and is someone who considers it an honor and privilege to serve as a leader and representative of his/her class in school related matters.

## **PROGRAM EFFECTIVENESS**

It is paramount that the School maintain an ongoing program effectiveness evaluation process. Several factors comprise the process, primary being student and graduate outcomes; faculty teaching effectiveness; curriculum evaluation(s); School policies; employer satisfaction with graduates and approved and accrediting outcomes. Thus, students and graduates have an important role in the measurement of program effectiveness.

## **FACULTY AND COURSE EVALUATIONS**

Students evaluate the course, each course instructor, and clinical facilities as they progress through the program. The evaluations are carried out according to BHSLR Policy and an established process.

The student is assured of anonymity on course evaluations, thus encouraging his/her participation in the evaluations. If a student is of the opinion that the process should be improved, the Assistant Vice President, Education of BHSLR welcomes suggestions for betterment. The process summarized presents an objective process through which students provide subjective data in the measurement of teaching behaviors and course evaluations. At course end, evaluation forms are provided to the students and are collected and given to the secretary for tabulation and then forwarded to the program director for review.

## **DIDACTIC COURSE EVALUATION**

The evaluation system allows both student and staff to determine if the didactic and fieldwork expectations are attained. The student is also given opportunity to evaluate the faculty. Evaluations are conducted at each BOTA course end and at other times as designated by the school.

### **Didactic Progress**

Periodic evaluations are completed on each student to assess his/her academic progress. No permanent letter grade is given for this evaluation.

Students evaluate each course instructor and the course at course end through use of the Course Evaluation Form and an established objective process that insures student anonymity.

## **CERTIFICATION AND LICENSURE**

### **Certification Examination**

Upon successful completion of the didactic and fieldwork portions of the curriculum, the student will be eligible to sit for the certification examination for the occupational therapy assistant administered by the National Board for Certification in Occupational Therapy. Procedures for applying for the examination will be discussed with students prior to entering Level II Fieldwork experiences. For additional information, students may consult the website of the National Board for Certification in Occupational Therapy ([www.nbcot.org](http://www.nbcot.org)).

### **Licensure**

Upon successful completion of the didactic and fieldwork portions of the curriculum, the student will be eligible to apply for licensure to practice as an occupational therapy assistant. Procedures for applying for an Arkansas license will be discussed with students prior to entering Level II Fieldwork experiences. For additional information, students may contact the Arkansas State Medical Board at (501) 296-1978. Students desiring to apply for licensure, if required, in another state will be advised on an individual basis.

## **AGENCIES AND ORGANIZATIONS**

### **American Occupational Therapy Association (AOTA)**

AOTA is the professional association for occupational therapists, occupational therapy assistants and students. Membership in the professional organization is a program requirement. The journals and website will be used as required texts during the course of the program. Students must have a valid membership in order to have full web access. Information on membership will be made available.

### **Arkansas Occupational Therapy Association (AROTA)**

AROTA is the state association for occupational therapy practitioners and students. Membership in the state's professional organization, while not a program requirement, is strongly encouraged. Membership benefits include reduced rates to the organization's conferences which students may be required to attend.

## **National Board for Certification in Occupational Therapy (NBCOT)**

NBCOT is the credentialing agency for occupational therapy practitioners. After successful completion of the program, students will be eligible to apply and sit for the national certification exam. Information regarding the application process will be provided to students prior to graduation. You may obtain additional information on their website at [www.nbcot.org](http://www.nbcot.org)

## **Student Occupational Therapy Association (SOTA)**

SOTA is an organization run by and for the occupational therapy assistant students at BHSLR-SOTA. Members organize and elect officers to function on behalf of the OTA students for any variety of purposes including: communication, advocacy, social event, educational event, public relations, professional activities, and fund raising, etc. See faculty for further information.

## **FINANCE**

### **Tuition Refund**

Payment in full is expected for all expenses associated with fees, books and course related costs at time of registration. A non-refundable enrollment deposit is due upon notification of selection. The deposit is applied to tuition at first registration. Expenses associated with fees, fines, books, course materials, uniforms, activities and ceremonies are not refunded.

All Administrative Fees in excess of \$100 will be refunded at any time during the semester.

The refund of fee policy applies to the time period beginning with the published first learning experience\* according to the following schedule:

1.	Before the beginning of the first class date	100% Refund
2.	Weeks 1 through 4 of instruction	75% Refund
3.	Weeks 5 through 8 of instruction	50% Refund
4.	Weeks 9 through 12 of instruction	25% Refund
5.	After the beginning of week 13 of instruction	0% Refund

\* Includes classroom lectures, field trips, clinical laboratory or any scheduled learning experience.

Tuition for all courses in the BHSLR-SOTA is paid to Pulaski Technical College (PTC). A student officially withdrawing from the school may be eligible for a refund of tuition based upon the PTC refund policy. Please refer to the PTC catalog for this policy.