

UNIVERSITY of FLORIDA
COLLEGE OF PUBLIC HEALTH AND HEALTH PROFESSIONS
DEPARTMENT OF OCCUPATIONAL THERAPY
OTH 6636 and OTH 6642
Fall 2016

Semester Structure: The Occupational Therapy faculty have designed courses in adult and senior rehabilitation using an integrative learning approach. This approach enables students to learn through processing content using clinical reasoning in assessment and intervention. Two courses addressing OT screening and assessment (OTH 6635) and intervention (OTH 6642) will be taught concurrently. Course materials and activities will integrate the knowledge, skills and attitudes important to OT practice. This syllabus will assist students to understand all of the learning and performance expectations for OTH 6636 and OTH 6642. Components of assignments and exams relating to evaluation or screening will be calculated as part of the OTH 6636 Principles of OT Screening and Evaluation grade, while components relating to intervention will be calculated as part of the grade in OTH 6642 Principles of Intervention course. The culminating case study assignment integrates both assessment and intervention; the grading points will be assigned to the appropriate class (either OTH 6636 or OTH 6642). This syllabus will assist students to understand all of the learning and performance expectations for each separate course.

Students will be enrolled in two additional courses during the fall semester; OTH 5115 Therapeutic Skills: Occupation and OTH 5816 Practicum. Therapeutic Skills is designed to coordinate with materials taught in OTH 6636 and OTH 6642 while providing hands-on opportunity to practice the competencies needed to facilitate OT assessment and intervention, and competencies in the application of intervention approaches. OTH 5816 Practicum will provide direct exposure to specific clinical aspects of occupational therapy in a selected adult rehabilitation fieldwork setting. This practicum experience will provide the opportunity to observe and practice the knowledge and skills gained through the integrated experiences of the fall coursework.

Curriculum Design: In the fall semester the program emphasizes the specific application of the previously acquired knowledge to more complex activities and issues of participation in adults and seniors. Students develop theoretically sound, evidence- and occupation-based interventions grounded upon the analysis and application of screening and evaluation results and the use of relevant therapeutic skills. Students are engaged in dynamic learning activities that build clinical competencies in the core knowledge of OT, critical reasoning, interpersonal and communication skills, performance skills and roles, ethics, and ethical practice (AOTA, 2005). Classroom, out-of-class, and laboratory activities are built to develop and evaluate individual student competencies throughout the curriculum.

Instructors:

Course Coordinator/Instructor: Emily Pugh, MA, OTR/L
Office hours: Wednesday 4:00-5:00 PM or email for an appointment
Contact Information: epugh@php.ufl.edu

Instructor: Linda Struckmeyer, MA, OTR/L
Office hours: Wednesday 4:00-5:00 PM or email for an appointment
Contact Information: lstruckmeyer@php.ufl.edu

Instructor: Paul Arthur, MS, MOT, OTR/L
Office hours: Wednesday 7:30-8:30 AM or email for an appointment
Contact Information: parthur@php.ufl.edu

OTH 6636 - Principles OT Screening/Evaluation II

4 credits

Purpose:

This course addresses screening and evaluation of adults and seniors with occupational dysfunction as a result of physical and/or cognitive impairments and disabilities. Assessments will be presented in the context of the theoretical approaches from which they stem. This course will enhance the student's competency to first detect the need for occupational therapy intervention, and next to select and apply the clinical and non-clinical approaches necessary to facilitate a client's occupational performance within his/her context. To achieve this objective, students will acquire knowledge, skills, competencies and professional behaviors through exposure to lectures, readings, evidence-based practice discussions, video recordings, lab activities and clinical practice.

The course materials, activities and experiences will prepare the student to partially meet:

ACOTE Standard B.4.0: The process of screening, evaluation, and referral as related to occupational performance and participation must be culturally relevant and based on theoretical perspectives, models of practice, frames of reference, and available evidence. In addition, this process must consider the continuum of need from individuals to populations.

Specific Student Learning Objectives:

The student will be able to:

1. Use sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. (ACOTE B.2.8)
2. Apply theoretical constructs to evaluation with a variety of clients and practice contexts and environments to analyze and effect meaningful occupation outcomes. (ACOTE B.3.5)
3. Use standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention. These tools include, but are not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, significant others, and community. (ACOTE B.4.1)
4. Select appropriate assessment tools on the basis of client needs, contextual factors, and psychometric properties of tests. These must be culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process. (ACOTE B.4.2)
5. Use appropriate procedures and protocols (including standardized formats) when administering assessments. (ACOTE B.4.3)
6. Evaluate client(s)' occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. (ACOTE B.4.4)
7. Compare and contrast the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapist and occupational therapy assistant in that process. (ACOTE B.4.5)
8. Interpret criterion-referenced and norm-referenced standardized test scores on the basis of an understanding of sampling, normative data, standard and criterion scores, reliability, and validity. (ACOTE B.4.6)
9. Consider factors that might bias assessment results, such as culture, disability status, and situational variables related to the individual and context. (ACOTE B.4.7)
10. Interpret the evaluation data in relation to accepted terminology of the profession and relevant theoretical frameworks. (B.4.8)
11. Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluation to specialists who are internal and external to the profession. (ACOTE B.4.9)
12. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to the requirements of applicable facility, local, state, federal, and

reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services. (ACOTE B.4.10)

13. Demonstrate knowledge and understanding of the American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics and Ethics Standards* and AOTA *Standards of Practice* and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.(ACOTE B.9.1)

Course Topics:

<p>Overview of Stroke Using the SAFE Approach Role of the OTA in evaluation and assessment The Occupational Profile Assessment in neurological and neuromotor disorders (CVA, TBI, Dementia, SCI, Apraxia, Parkinson’s disease, MS, GBS, ALS) Assessing trunk control – Fujiwara et al. Trunk Impairment Scale, Verheyden et al. Trunk Impairment Scale, Trunk Control Test (TCT) Assessment of balance – Berg Balance Test, Tinetti Balance Assessment, Timed Up and Go (TUG), Modified Clinical Test of Sensory Integration and Balance (mCTSIB) Principles of assessment/Overview of OT assessments Documentation of assessment and treatment planning Functional Reach Test Multi-directional Reach Functional Upper Extremity Levels (FUEL) scale UE assessments used with clients post-CVA - Jebson, Motor-Activity Log, Box and Block, 9 Hole Peg Test, Assessment of hemiplegic shoulder – Modified Ashworth Scale NIH Stroke Scale Rancho Los Amigos Scale Glasgow Coma Scale Visual Assessment and parts of Brain Injury Visual Assessment Battery for Adults (BiVABA) Cognitive assessment: Clock Drawing Test, Montreal Cognitive Assessment (MoCA), Mini Mental Status Examination (MMSE), St. Louis University Mental Status Examination (SLUMS), Short Blessed Test, Stroop</p>	<p>Test, Trail Making Test, Kohlman Evaluation of Living Skills (KELS), Rivermead Behavioural Memory Test, Errand Planning Task, Toggia Category Assessment, Toggia Contextual Memory Test, Everyday Problems Test, Executive Function Performance Test (EFPT), Allen Cognitive Level Test (ACL), Routine Task Inventory (RTI-E), Cognitive Performance Test (CPT) Assessment of apraxia Somatosensation/Vestibular/Body scheme/Pusher Syndrome Stroke Impact Scale Assessment of swallowing and feeding Sensory screening and assessment - sharp/dull, light touch, touch localization, temperature, 2-point discrimination, monofilaments, stereognosis, kinesthesia, sensation mapping UE/Fine motor assessment – Minnesota Rate of Manipulation, Purdue Pegboard, O’Connor Dexterity/Tweezer, Functional Dexterity Test ASIA Orthopedic assessment of the shoulder, elbow, wrist and hand Driving and community mobility Pain assessment – McGill Pain Questionnaire, unidimensional and multidimensional pain scales Amputation Assessment in acute care Return to work evaluation and work capacity assessments</p>
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OTH 6636 Course Assignments and Grading:

3 exams ~25 points dedicated to each exam	Sept.13, Oct. 11, Nov. 22	75 points
Case Study competency (<i>Assessment sections</i>)	Oct. 5	25 points (P/F)
Quizzes (combined points)	CE videos + Unannounced quizzes	8 points
Lab notebook submission #1	Sept.13	P/F
Lab notebook submission #2	Oct. 11	P/F
Lab notebook submission #3	Nov. 22	P/F
Biomechanics competency	Nov. 16	5 points (P/F)
Total		115 points

OTH 6642 – Occupational Therapy Intervention II

6 credits

Purpose:

This course focuses on developing basic skills in providing therapeutic interventions to a variety of adults and seniors with physical and/or cognitive disabilities. In addition to assessing a variety of physical and cognitive disabilities, the students will develop an understanding of human factors, such as culture, motivation and psychosocial issues, that impact occupational performance. Viewing the human from a holistic perspective the students will then choose and provide appropriate interventions, discharge plans and follow-up that are based upon current occupational therapy practice, available evidence, and theoretical conceptual practice models. The course will expose the students to a variety of service-delivery settings and the students will understand basic reimbursement or funding strategies for these settings.

The course materials, activities and experiences will prepare the student to partially meet:

ACOTE Standard B. 5. 0. Intervention Plan: Formulation and Implementation.

The process of formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and participation must be culturally relevant; reflective of current occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference.

Specific Student Learning Objectives:

The student will be able to:

1. Use sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. (ACOTE B.2.8)
2. Apply theoretical constructs to evaluation and intervention with various types of clients in a variety of practice contexts and environments to analyze and effect meaningful occupation outcomes. (ACOTE B.3.5)
3. Use evaluation findings based on appropriate theoretical approaches, models of practice, and frames of reference to develop occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components: the occupational profile, client factors, performance patterns, context, and performance skills. (ACOTE B.5.1)
4. Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADLs, IADLs, education, work, play, rest, sleep, leisure, and social participation. (ACOTE B.5.2)
5. Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods). (ACOTE B.5.3)
6. Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration. (ACOTE B.5.5)
7. Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception). (ACOTE B.5.6)
8. Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction. (ACOTE B.5.7)
9. Develop and implement intervention strategies to remediate and/or compensate for cognitive deficits that affect occupational performance. (ACOTE B.5.8)
10. Evaluate and adapt processes or environments (e.g., home, work, school, community) applying ergonomic principles and principles of environmental modification. (ACOTE B.5.9)
11. Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and participation. Train in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics. (ACOTE B.5.11)

12. Provide recommendations and training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices. (ACOTE B.5.12)
13. Provide recommendations and training in techniques to enhance community mobility, including public transportation, community access, and issues related to driver rehabilitation. (ACOTE B.5.13)
14. Provide management of feeding, eating, and swallowing to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and swallowing assessment and management) and train others in precautions and techniques while considering client and contextual factors. (ACOTE B.5.14)
15. Demonstrate safe and effective application of superficial thermal and mechanical modalities as a preparatory measure to manage pain and improve occupational performance, including foundational knowledge, underlying principles, indications, contraindications, and precautions. (ACOTE B.5.15)
16. Explain the use of deep thermal and electrotherapeutic modalities as a preparatory measure to improve occupational performance, including indications, contraindications, and precautions. (ACOTE B.5.16)
17. 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. (ACOTE B.5.17)
18. Demonstrate an understanding of health literacy and the ability to educate and train the client, caregiver, family and significant others, and communities to facilitate skills in areas of occupation as well as prevention, health maintenance, health promotion, and safety. (ACOTE B.5.18)
19. Apply the principles of the teaching–learning process using educational methods to design experiences to address the needs of the client, family, significant others, colleagues, other health providers, and the public. (ACOTE B.5.19)
20. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner. (ACOTE B.5.20)
21. Refer to specialists (both internal and external to the profession) for consultation and intervention. (ACOTE B.5.22)
22. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client, the sociocultural context, and technological advances. (ACOTE B.5.23)
23. Select and teach compensatory strategies, such as use of technology and adaptations to the environment, that support performance, participation, and well-being. (ACOTE B.5.24)
24. Identify and demonstrate techniques in skills of supervision and collaboration with occupational therapy assistants and other professionals on therapeutic interventions. (ACOTE B.5.25)
25. 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. (ACOTE B.5.28)
26. Plan for discharge, in collaboration with the client, by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. (ACOTE B.5.29)
27. Organize, collect, and analyze data in a systematic manner for evaluation of practice outcomes. Report evaluation results and modify practice as needed to improve client outcomes. (ACOTE B.5.30)
28. Terminate occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. This process includes developing a summary of occupational therapy outcomes, appropriate recommendations, and referrals and discussion of post-discharge needs with the client and with appropriate others. (ACOTE B.5.31)
29. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered. (ACOTE B.5.32)
30. Use scholarly literature to make evidence-based decisions. (ACOTE B.8.3)

31. Demonstrate knowledge and understanding of the American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics and Ethics Standards* and *AOTA Standards of Practice* and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings. (ACOTE B.9.1)

Course Topics:

OT/OTA collaboration in intervention Using the SAFE Approach Trunk control intervention functional activity Balance intervention Documentation related to treatment planning and intervention, discharge planning and referrals Retraining reach patterns Intervention with neurological and neuromotor disorders (CVA, TBI, Dementia, SCI, Apraxia, Parkinson’s disease, MS, GBS, ALS) Approaches to neuromotor intervention, including chronic poor return Management of spasticity Oculomotor and visual perceptual intervention Cognitive intervention Intervention for apraxia Intervention for somatosensory and body scheme Intervention strategies for those with dementia Feeding and swallowing intervention Family and care giving issues in rehabilitation Aging issues Caregiving and service delivery for elders in the community Behavioral management techniques Intervention for sensory impairments Intervention with common clinical and occupational performance problems in rehabilitation contexts	Fine motor intervention UE intervention and re-training for orthotic issues of upper quadrant (i.e., shoulder, elbow, wrist, hand) Arthritis-joint protection and joint replacement Orthotics – construction and implications Driving and community mobility CarFit Training Program Polypharmacological impacts on rehabilitation Medication and the older adult Management of pain Modalities —deep thermal, mechanical and electrotherapeutic Oncology intervention End of life care Amputation and prosthetics Acute care and ICU intervention Trauma care considerations Intervention for burns Cardiopulmonary and transplant implications Community resources: support groups Primary and community care Return to occupation: adaptation, sexuality, health management Back to work issues and ADA Implementation of ADA policy for the clinician
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OTH 6642 Assignments and Grading:

3 exams ~40 points dedicated to each exam	Sept.13, Oct. 11, Nov. 22	120 points
Case study competency (<i>Intervention sections</i>)	Nov, 10	40 (P/F)
Neuromotor competency	Dec. 6	15 (P/F)
Orthotics lab	Nov. 7 - 10	10 points
Community Support Group Visit documentation	Nov. 18	2 points
Quizzes (combined points)	CE videos + Unannounced quizzes	8 points
SRH Site Visit SOAP Note	Monday following SRH site visit	5 points
Lab notebook submission #1	Sept.13	P/F
Lab notebook submission #2	Oct. 11	P/F
Lab notebook submission #3	Nov. 22	P/F
Total		200 points

OTH 6636 and OTH 6642 Instructional Methods

Instructional methods include: class lecture, online PowerPoint slides, readings, posted preparatory learning activities, individual and group assignments, presentations, lab experiences, site visits, and competency and objective evaluations. These courses include the Blended Learning activities.

Blended Learning:

What is blended learning and why is it important?

A Blended Learning class uses a mixture of technology and face-to-face instruction to help you maximize your learning. Knowledge content that, as the instructor, I would have traditionally presented during a live class lecture is instead provided online before the live class takes place. This lets me focus my face-to-face teaching on course activities

designed to help you strengthen higher order thinking skills such as critical thinking, problem solving, and collaboration. Competency in these skills is critical for today's health professional.

What is expected of you?

You are expected to actively engage in the course throughout the semester. You must come to class prepared by completing all out-of-class assignments. This preparation gives you the knowledge or practice needed to engage in higher levels of learning during the live class sessions. If you are not prepared for the face-to-face sessions, you may struggle to keep pace with the activities occurring in the live sessions, and it is unlikely that you will reach the higher learning goals of the course. Similarly, you are expected to actively participate in the live class. Your participation fosters a rich course experience for you and your peers that facilitates overall mastery of the course objectives.

OTH 6636 and OTH 6642 Course Policies and Procedures

The following information concerning policies and procedures apply to both OTH 6636 and OTH 6642. For further information about the material provided below, see the relevant sections of the *Student Handbook* or the websites provided.

Classes are accessed via E-learning Support Website: <http://elearning.ufl.edu/>

Required Course Materials & Textbooks:

- Radomski, M.V. & Trombly-Latham, C.A. (Eds.). (2013). *Occupational therapy for physical dysfunction (7th ed.)*. Philadelphia: Lippincott Williams & Wilkins.
- Hinojosa, J. & Kramer, P. (Eds.). (2014). *Evaluation in occupational therapy: Obtaining and interpreting data (4th ed.)*. Bethesda, MD: AOTA Press.
- Jacobs, M.A. & Austin, N.M. (2013). *Orthotic intervention for the hand and upper extremity (2nd ed.)*. Philadelphia: Lippincott Williams & Wilkins.

We will also be using textbooks from the OT Foundations course:

- Crepeau, E., Cohn, E., & Schell, B. (Eds.). (2014) *Willard & Spackman's occupational therapy (12th edition)*. Philadelphia: Lippincott, Williams & Wilkins.
- Sames, K. (2014). *Documenting occupational therapy practice (3rd ed.)* Boston: Pearson, or
Sames, K. (2010). *Documenting occupational therapy practice (2nd ed.)* Boston: Pearson

Required journal article readings, links for materials, and learning activities will be posted on the Canvas course website in the corresponding weekly or topic folder <http://elearning.ufl.edu/>

Recommended Textbooks (Optional):

- Asher, I.E. (Ed.). (2014). *Occupational therapy assessment tools: An annotated index (4th ed.)*. Bethesda, MD: AOTA Press.
- Gillen, G. (2011). *Stroke rehabilitation: A function-based approach (3rd ed.)*. ISBN: 978-0-323-05911-4
- Shumway-Cook A. & Woolacott, M. (2010). *Motor Control, Translating Research into Clinical Practice*. Philadelphia: Lippincott Williams and Wilkins.
- Zoltan, B. (2007). *Vision, Perception, and Cognition (4th ed.)*. Thorofare, NJ: Slack, Inc.

For technical support for this class, please contact the UF Help Desk at:

- Learning-support@ufl.edu
- (352) 392-HELP - select option 2
- <http://elearning.ufl.edu/>

Course Calendar: A detailed semester calendar that includes all courses is published on the Canvas website.

MOT Program Standard Grading Scale: For more information concerning program grading policies see *MOT Student Handbook*. For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at: <http://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx>. Please note that a C- grade is considered a failing grade by both the MOT program and the UF Graduate School. In addition, a grade of C only counts toward a graduate degree if an equal number of credits in courses numbered 5000 or higher have been earned with an A.

%Points earned	93-100	90-92.99	87-89.99	83-86.99	80-82.99	77-79.99	73-76.99	70-72.99	67-69.99	63-66.99	60-62.99	0-59.99
Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E

Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E	WF	I	NG	S-U
Grade Points	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0

Pass/Fail Competency Grades: Students must demonstrate competency (i.e., pass all elements in the competency assessments) in order to pass the designated courses below. Students failing to demonstrate competency will be provided feedback on what to study, practice, and/or rewrite in order to successfully pass any failed competency assessment. Students will be given three attempts to pass a competency assessment.

- OTH 6636
 - Case study competency (*Assessment sections*)
 - Biomechanics competency
- OTH 6642
 - Case study competency (*Intervention sections*)
 - Neuromotor competency

Lab Notebook Grades: Students must attain a passing grade for each lab notebook submission. Failing submissions will be returned to the student. Upon receipt, the student is responsible for improving the notebook within a specified timeframe, which is determined by the grading faculty member, until the notebook receives the passing grade. Students who miss a lab must attach a copy of the *signed and approved* Excused Absence Petition Form to the completed lab sheet.

Student Grade Issues: If students have issues with a grade, they must submit their concerns in writing to the grading faculty member with documentation to support their position prior to meeting with that faculty member.

Professional Behavior is expected at all times, and can be defined as:

1. Personal responsibility for prompt arrival, and regular participation and attendance in all course activities; with appropriate and judicious use of class and lab time.
2. Assumption of responsibility in keeping classroom in order and laboratory materials properly utilized and stored.
3. Treatment of peers, professors, teaching assistants, guest lecturers, clinical personnel, clients and their families with consideration, confidentiality, and respect.
4. **Students are expected to be thoroughly prepared for class.** Students are expected to read and study assigned readings and complete assigned preparatory activities as indicated on the course website and syllabus prior to coming to class. Students are expected to bring all materials necessary to effectively participate or those specifically designated by the instructor to class or lab.
5. Professional work habits also include: being on time for class and staying until class is dismissed; being courteous in lecture and lab by refraining from chatter or other distracting behaviors; turning off all electronic devices; not reading other material during class; meeting deadlines; arranging with instructor or peer to get handouts or announcements if unable to attend class; arranging with the instructor in advance if unable to meet scheduled tests and assignments.
6. Students are expected to actively participate in discussions and lab activities. Participation assists students to develop knowledge and skill in interpersonal relationships and communication by relating to patients and families with various backgrounds and performance deficits, by relating to other students, therapists and supervisors, students gain an understanding of relationships in professional role.

7. Professional attire in lectures and labs when there are guests, in all clinics and site visits.
 - 1) Clean long khaki or black pants that remain fitted when moving and bending.
 - 2) Collared, adequately fitting shirt that is neither clingy nor revealing and remains discretely tucked into pants when reaching and moving. No T-shirts.
 - 3) Clean, closed toe shoes with adequate base of support.
 - 4) Jewelry & make-up kept to a minimum. No hats. No fragrances. Tattoos must be covered.
8. Lecture notes and/or Power Point slides are provided solely at the discretion of the presenter. Regardless of the provision of lecture notes/Power Point slides, students are responsible for all materials assigned and covered in class, labs, and site visits.
9. **Laptops/Tablets:** Laptops may be used in class for taking notes, viewing slides, or accessing websites associated with ongoing class activities. Students are not allowed to use laptops in class for any other reason. Topic instructors may further limit or prohibit the use of laptop used during presentations.

Attendance Policies: Attendance to all exams and class activities is mandatory. All students will be held responsible for all material presented and discussed in class activities regardless of attendance. It is the responsibility of the student who must be late or absent to a class activity to notify the instructor prior to the scheduled time in order to schedule makeup activities. Some experiences cannot be made up.

Absences will only be approved **prior to the time of the scheduled activity** (exam, site visit, assignment deadline, presentation, etc.) only. Make-ups or absences are only approved for student's hospitalization, death in the family, or a similar serious situation.

- a. A student who must be absent must notify Ms. Pugh at epugh@phhp.ufl.edu AND the topic faculty (as listed on the course calendar) AND Dr. Foss jfoss@phhp.ufl.edu via email prior to the anticipated absence. (Do not contact guest lecturers.)
- b. Make-ups for exams will only be approved **prior to the time of the test** conditional upon the submission of a completed and APPROVED *Excused Absence Petition* form (Appendix H of the MOT Student Handbook). Submit approved forms to Ms. Pugh.

Assignment policies: All assignments are **due at the beginning of class time on** the date assigned unless otherwise instructed. Late assignments will be subject to a severe grade reduction if accepted.

All written assignments, whether for a practicum or classroom assignment are to be typed. Lab assignments may be written legibly in ink. Correct spelling, grammar, legibility, accuracy, logical thought sequence, continuity, smooth transitions and correct referencing are expected for all assignments. References are to be cited in APA format using the Publication Manual of the American Psychological Association. This reference manual should be used to clarify writing format and style.

All assignments submitted electronically must be submitted using Microsoft Word format (.doc/.docx) or Portable Document format (.pdf) unless otherwise specified by the instructor.

Academic Honesty: Students are expected to act in accordance with the University of Florida policy on academic integrity. As a student at the University of Florida, you have committed yourself to uphold the Honor Code, which includes the following pledge:

“We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity.”

You are expected to exhibit behavior consistent with this commitment to the UF academic community, and on all work submitted for credit at the University of Florida, the following pledge is either required or implied: **“On my honor, I have neither given nor received unauthorized aid in doing this assignment.”**

It is your individual responsibility to know and comply with all university policies and procedures regarding academic integrity and the Student Honor Code. Violations of the Honor Code at the University of Florida will not be tolerated. Violations will be reported to the Dean of Students Office for consideration of disciplinary action. For additional information regarding Academic Integrity, please see Student Conduct and Honor Code or the Graduate Student Website for additional details: <https://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/> and <http://gradschool.ufl.edu/students/introduction.html>

Remember cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

Accommodations for students with disabilities: If you require classroom accommodation because of a disability, you must first register with the Dean of Students Office (www.dso.ufl.edu). The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

Inclusive Learning Environment

Public health and health professions are based on the belief in human dignity and on respect for the individual. As we share our personal beliefs inside or outside of the classroom, it is always with the understanding that we value and respect diversity of background, experience, and opinion, where every individual feels valued. We believe in, and promote, openness and tolerance of differences in ethnicity and culture, and we respect differing personal, spiritual, religious and political values. We further believe that celebrating such diversity enriches the quality of the educational experiences we provide our students and enhances our own personal and professional relationships. We embrace The University of Florida's Non-Discrimination Policy, which reads, "The University shall actively promote equal opportunity policies and practices conforming to laws against discrimination. The University is committed to non-discrimination with respect to race, creed, color, religion, age, disability, sex, sexual orientation, gender identity and expression, marital status, national origin, political opinions or affiliations, genetic information and veteran status as protected under the Vietnam Era Veterans' Readjustment Assistance Act." If you have questions or concerns about your rights and responsibilities for inclusive learning environment, please see your instructor or refer to the Office of Multicultural & Diversity Affairs website: www.multicultural.ufl.edu

Counseling and Student Health: Students sometimes experience stress from academic expectations and/or personal and interpersonal issues that may interfere with their academic performance. If you find yourself facing issues that have the potential to or are already negatively affecting your coursework, you are encouraged to talk with an instructor and/or seek help through University resources available to you.

- The Counseling and Wellness Center 352-392-1575 offers a variety of support services such as psychological assessment and intervention and assistance for math and test anxiety. Visit their web site for more information: <http://www.counseling.ufl.edu>. On line and in person assistance is available.
- You Matter We Care website: <http://www.umatter.ufl.edu/> . If you are feeling overwhelmed or stressed, you can reach out for help through the You Matter We Care website, which is staffed by Dean of Students and Counseling Center personnel.
- The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: <https://shcc.ufl.edu/>.
- Crisis intervention is always available 24/7 from: Alachua County Crisis Center at (352) 264-6789 or <http://www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.aspx>

Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.