

ESSENTIALS OF AN APPROVED EDUCATIONAL PROGRAM FOR THE
OCCUPATIONAL THERAPY ASSISTANT

Established and Adopted by

THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC.

April 1975

Objective:

These Essentials are to be used for the development, self-evaluation and approval of occupational therapy educational programs for the occupational therapy assistant (technician) i.e., certificate and associate degree.

The institution offering an educational program for the occupational therapy assistant assumes responsibility for ensuring that the Essentials contained herein will be met and maintained. On-site surveys are made by the appropriate body(ies) and lists of approved programs are published for public information.

Appropriate utilization of this document in the planning and implementation of an occupational therapy assistant educational program should:

- A. Assure the competency of the entry-level technician who successfully completes the program.
- B. Provide a guide for quality education consistent with the standards of the profession of occupational therapy and the standards of the sponsoring institution.
- C. Assist in the development of a new educational program to meet standards for approval.

Description of Occupational Therapy

Occupational therapy is the art and science of directing man's participation in selected tasks to restore, reinforce and enhance performance, facilitate learning of those skills and functions essential for adaptation and productivity, diminish or correct pathology and to promote and maintain health. Reference to occupation in the title is in the context of man's goal-directed use of time, energy, interest and attention. Its fundamental concern is the development and maintenance of the capacity throughout the life span, to perform with satisfaction to self and others those tasks and roles essential to productive living and to the mastery of self and the environment.

Since the primary focus of occupational therapy is the development of adaptive skills and performance capacity, its concern is with factors which serve as barriers or impediments to the individual's ability to function, as well as those factors which promote, influence or enhance performance.

Occupational therapy provides service to those individuals whose abilities to cope with tasks of living are threatened or impaired by developmental deficits, the aging process, poverty and cultural differences, physical injury or illness, or psychologic and social disability.

Occupational therapy serves a wide population in a variety of settings such as hospitals and clinics, rehabilitation facilities, long-term care facilities, sheltered workshops, schools and camps, private homes, housing projects, and community agencies and centers.

Delivery of occupational therapy services involves several levels of personnel including the occupational therapist, registered; the occupational therapy assistant, certified; and the occupational therapy aide. The occupational therapy assistant functions either independently, with collaboration, or with supervision of the occupational therapist, registered. Further description of occupational therapy assistant role and function can be found in: "Occupational Therapy: Its Definition and Functions" and "Basic Entrance Level Qualifications, Roles and Functions," FINAL REPORT: Project to Delineate the Roles and Functions of Occupational Therapy Personnel, and other AOTA publications.

NOTE: In the following sections the ESSENTIALS are in the upper case, the guidelines in lower case.

ESSENTIAL REQUIREMENTS

I. ESTABLISHMENT OF EDUCATIONAL PROGRAMS

- A. THERE SHALL BE A DOCUMENTED NEED AND POTENTIAL EMPLOYMENT OPPORTUNITY FOR THE OCCUPATIONAL THERAPY ASSISTANT IN THE GEOGRAPHIC AREA WHERE A PROGRAM IS PROPOSED.

Job opportunity data should be collected by an objective method. Factors to consider include present health services, potential and future needs for health services, location of other occupational therapy educational programs, and present and future job market within and beyond established school boundaries.

- B. OCCUPATIONAL THERAPY ASSISTANT PROGRAMS SHALL BE CONDUCTED IN EDUCATIONAL INSTITUTIONS OR IN SETTINGS OFFERING ANALOGOUS TECHNICAL AND CLINICAL EDUCATION WHICH MEET THEIR APPLICABLE APPROVAL PROCEDURES.

The majority of programs are found in traditional educational settings such as community colleges and vocational-technical institutes. The sponsoring institution should be recognized for its commitment to educational excellence as demonstrated through approval by appropriate accrediting bodies, support of other health programs, and the competency of its graduates.

- C. OCCUPATIONAL THERAPY ASSISTANT PROGRAMS SHALL BE LOCATED IN COMMUNITIES WITH A VARIETY OF HEALTH FACILITIES AND AGENCIES WHICH PROVIDE SERVICES SUITABLE FOR TEACHING AND FIELD WORK EXPERIENCE.

Health facilities used for training should include a population of well and disabled persons of all age ranges with varying degrees of minimal to multiple handicaps and in acute and chronic stages of disorders. Community,

home-care, and in-patient and out-patient settings should be available to provide exposure to different organizational patterns and working relationships.

II. STANDARDS OF ETHICAL PRACTICE

THERE SHALL BE A PUBLISHED STATEMENT OF THE STANDARDS OF ETHICAL PRACTICE OBSERVED IN THE EDUCATIONAL SETTING. THIS SHALL BE SUPPLEMENTED BY A SIMILAR STATEMENT APPLYING TO THE PRACTICES OF ACADEMIC PROGRAMS AND FIELD WORK EXPERIENCES.

STUDENTS, FACULTY AND APPROPRIATE OTHERS SHALL BE INFORMED OF THE CONTENT AND LOCATION OF THESE PUBLISHED STATEMENTS.

These statements should have as their purpose the protection of the rights, privileges, and responsibilities of the students, faculty, and institution. Specifically, they should define the student's and institution's rights in regard to admission, withdrawal, remission of fees, discontinuance, and due process. The students should be advised of laddering implications of the particular occupational therapy assistant program and that certification by AOTA is a separate mechanism from school graduation. The importance of the student's responsibilities in providing service to the consumer and the roles, functions, and relationships among the different levels of occupational therapy personnel should be covered.

III. ADMINISTRATION OF FIELD WORK

SUPERVISED FIELD WORK EXPERIENCE SHALL BE AN INTEGRAL PART OF THE EDUCATIONAL PROGRAM. LOCATION OF FIELD WORK EXPERIENCE MUST PERMIT CONSISTENT INTEGRATION WITHIN THE EDUCATIONAL PROCESS. OCCUPATIONAL THERAPY PROGRAMS USED FOR FIELD WORK EXPERIENCE SHALL BE IN SUBSTANTIAL COMPLIANCE WITH STANDARDS PUBLISHED BY THE AOTA FOR OCCUPATIONAL THERAPY SERVICE PROGRAMS. THESE EXPERIENCES MUST MEET MEASURABLE OBJECTIVES IN SETTINGS UNDER THE DIRECTION OF QUALIFIED AND COMPETENT SUPERVISORY PERSONNEL.

A MINIMUM OF TWO MONTHS OF SUPERVISED FIELD WORK AT LEVEL 2 SHALL BE REQUIRED.

There are two levels of field work experience:

- A. The first level includes those experiences designed as an integral and important part of didactic courses for the purpose of initial and basic experiences in directed observation and participation in selected field settings. The emphasis of these placements should be on experiential learning as opposed to performance, particularly learning regarding the functions of occupational therapy, roles and relationships of occupational therapy personnel, and the student's interest in and potential for success and gratification working as an occupational therapy assistant. There must be measurable objectives for these experiences and supervision shall be provided by an occupational therapist, registered, occupational therapy assistant, certified or related professional who holds credentials from appropriate governmental and/or professional agencies. These experiences are necessary to enhance initial learning of basic material and to provide initial human relations experiences with staff and clients critical to later therapeutic application of knowledge. Such experiences are not to be considered substitutes for or part of the sustained field work experiences as defined in B. below. (See IX. C. 2.)

- B. The second level is a supervised field work placement which emphasizes the application of an academically acquired body of knowledge. Learning should include a variety of experiences in prevention and health maintenance, remediation, and daily living tasks and vocational adjustment. The purpose is to provide in-depth experience in and responsibility for delivery of services to patients/clients with appropriate occupational therapist, registered, supervision leading to the performance level expected of an entry-level occupational therapy assistant. Although a minimum of two one-month practicums (40 full-time work days) is recommended, longer field work assignments offer more experiences toward integration of academic learning and actual practice, thereby promoting achievement of objectives. Length and type of second level field work assignments depend somewhat on the type and amounts of first level field work integrated within the academic portions of the training program. (See IX. C. 2 and G. 4.)

At least one month of sustained field work experience should be on a full-time basis. If equivalent time is used, it should be appropriate to the settings selected, student needs, and continuity of patient/client services, e.g., consecutive half-days. To ensure continuity and meaningful application of academic concepts, all field work experiences should be completed not later than 12 months following completion of academic preparation.

Arrangements for placing students in field settings should include a written agreement which clearly defines the rights and responsibilities of the educational program and institution, the field setting, and the student. Agreements may be letters, contracts, signed information forms and the like.

There should be a mutual exchange of specific expertise between the academic and fieldwork personnel in order to facilitate integration and consistency in the total educational program.

IV. FACILITIES

In building or remodeling facilities, provision should be made to meet the needs of the handicapped as outlined in federal and state regulations on architectural barriers.

- A. A LABORATORY MUST BE ASSIGNED TO THE OCCUPATIONAL THERAPY PROGRAM. THE FLOOR SPACE MUST BE SUFFICIENT TO ACCOMMODATE THE NUMBER OF STUDENTS, THE NECESSARY EQUIPMENT AND THE ACTIVITY PROCESS. ADDITIONAL CLASSROOMS, SEMINAR SPACE AND STORAGE SPACE MUST BE ADEQUATE TO FULFILL THE REQUIREMENTS OF THE PROGRAM.

Some experiential learning requires laboratory space and occupational therapy equipment, therefore, at least one basic laboratory must be provided on a priority basis for instruction in skills and treatment techniques. University Space Planning by Bareither and Schillinger recommends 60-100 sq. ft. of laboratory space per student, excluding offices and hallways. Occupational therapy staff should participate in over-all planning of laboratory space so that arrangement of sinks, electrical outlets and such are appropriate to particular occupational therapy educational needs. If the laboratory space is shared, space must be provided in the laboratory area to adequately store and secure equipment and supplies.

Additional classroom space to meet the needs of varied teaching approaches used in the occupational therapy assistant program should be available. If study areas are not provided for the general student body, some space should be provided for course-related informal discussions and projects.

- B. FACULTY, STAFF AND ADMINISTRATIVE OFFICES MUST ALLOW FOR EFFICIENT OPERATION OF THE EDUCATIONAL PROGRAM. SPACE MUST BE AVAILABLE FOR PRIVATE COUNSELING OF STUDENTS BY FACULTY MEMBERS.

Administrative office space should be designated for the sole use of occupational therapy staff. Each full-time faculty member should have adequately equipped office space. Provision should be made to meet the space and equipment needs of part-time staff. For efficient operation of the educational program, it is recommended that the director have a private office and that staff office space be adjacent.

- C. EQUIPMENT AND SUPPLIES MUST BE AVAILABLE FOR EFFECTIVE TEACHING/LEARNING.

Sufficient supplies and equipment are necessary to adequately and safely carry out the objectives of the curriculum. This includes such capital equipment items as occupational therapy equipment, audiovisual equipment and power tools. Provision should be made to maintain equipment in good working order.

- D. A LIBRARY CONTAINING CURRENT STANDARD TEXTS, SCIENTIFIC BOOKS, PERIODICALS AND OTHER REFERENCE MATERIALS MUST BE ACCESSIBLE.

"Accessible" refers to convenient location, operating hours, and particular library policies -- borrowing, reserve, and such. Full privileges of the library should be available to occupational therapy assistant students and staff. There should be adequate budgetary provision for purchase of pertinent reference materials to support occupational therapy education. Current occupational therapy literature and the AOTA Office of Education should be consulted in determining suitable references. In those programs where students are not required to purchase textbooks or they must rely on reserve materials, sufficient copies should be readily available to meet educational needs.

V. FINANCES

FINANCES SHALL BE SUFFICIENT TO SUPPORT THE EDUCATIONAL PROGRAM.

- A. THE BUDGET MUST BE SUFFICIENT TO DEVELOP AND MAINTAIN THE EDUCATIONAL PROGRAM. FUNDS MUST BE AVAILABLE THROUGH REGULAR INSTITUTIONAL BUDGETS.

Institutional financial support is necessary for salaries of administrative, supportive and instructional personnel, for educational and office supplies and equipment, for occupational therapy assistant staff travel to coordinate field work experiences, for active participation in both local and national professional educational committees and meetings, for consultative and program approval services, and for student and alumni activities. Additional financial support may be secured via gifts, endowments, and grants.

- B. THE DIRECTOR OF THE OCCUPATIONAL THERAPY ASSISTANT PROGRAM MUST BE INVOLVED IN BUDGET PLANNING AND EXPENDITURE. THE DIRECTOR MUST BE FULLY INFORMED OF INSTITUTIONAL FISCAL POLICIES AND PROCEDURES.

Budget planning should be done by the director of the program together with the appropriate executive officer in accordance with institution policies. After the budget has been established, the occupational therapy program director should have responsibility for program budget control.

Cost accounting reports as employed within the institution should be shared with the occupational therapy assistant program director to enhance fiscal management effectiveness.

VI. FACULTY AND STAFF

THE FACULTY SHALL CONSIST OF ONE FULL-TIME OCCUPATIONAL THERAPIST, REGISTERED WHO SHALL BE DESIGNATED AS THE DIRECTOR OF THE PROGRAM, PLUS THE EQUIVALENT OF ONE FULL-TIME OCCUPATIONAL THERAPIST, REGISTERED AND/OR OCCUPATIONAL THERAPY ASSISTANT, CERTIFIED. OTHER QUALIFIED FACULTY AND SUPPORTIVE STAFF MUST BE ADDED IN PROPORTION TO INCREASED ENROLLMENT. A PLANNED PROGRAM FOR CONTINUED PROFESSIONAL GROWTH, ENCOURAGED BY THE INSTITUTION AND WITH CONCURRENT FACULTY COMMITMENT MUST BE DEVELOPED.

"Qualified" suggests that faculty other than occupational therapists or occupational therapy assistants must meet credentialing requirements appropriate to area of responsibility. The "planned program for continued professional growth" has as its objective maintenance of competence and increasing expertise, and it should be documented. Such professional growth may be accomplished through regular institutional channels. Provision should be made for academic faculty to retain contact with occupational therapy practice through participation in educational programs and workshops, research in the area of specialty, consultative appointments, and direct involvement with delivery of occupational therapy services.

A. DIRECTOR OF EDUCATIONAL PROGRAM

THE DIRECTOR MUST BE EMPLOYED BY THE EDUCATIONAL INSTITUTION AT LEAST SIX MONTHS IN ADVANCE OF THE DATE WHEN STUDENTS WILL BE ENROLLED IN THE PROGRAM.

During the preliminary curriculum planning and institutional approval period (college, local and state), the director may be employed either full or part-time as the situation warrants. Such planning time is necessary for developing curriculum and teaching materials, establishing field work placement relationships and programs, designing and equipping appropriate laboratory facilities, recruiting faculty, and performing other related organizational and administrative responsibilities.

Professional and community resources should be utilized during the planning phases of the program. Communication with the AOTA Office of Education should be continuously maintained to ensure accurate interpretation of standards and integration of current trends in clinical practice. On-site consultative services may be requested.

1. QUALIFICATIONS

THE DIRECTOR OF THE EDUCATIONAL PROGRAM SHALL BE AN OCCUPATIONAL THERAPIST, REGISTERED WITH A MINIMUM OF FIVE YEARS OF RELEVANT PROFESSIONAL EXPERIENCE IN OCCUPATIONAL THERAPY, INCLUDING TEACHING, DIRECT SERVICE, AND ADMINISTRATION.

"Relevant professional experience" should be interpreted as experience evaluated in relation to the responsibilities and focus of the position being filled. In addition, skills in counseling, demonstrations of professional involvement, and work experience with occupational therapy assistants, certified are recommended prerequisites.

2. AUTHORITIES AND RESPONSIBILITIES

- a. THE DIRECTOR SHALL HAVE RESPONSIBILITY FOR THE DEVELOPMENT OF THE EDUCATIONAL PROGRAM WHICH INCLUDES ALL FIELD WORK EXPERIENCE. IN ADDITION, THE DIRECTOR SHALL HAVE CONTINUING RESPONSIBILITY FOR ORGANIZATION, ADMINISTRATION, BUDGET, FACULTY SELECTION AND RETENTION, AND CONTINUED DEVELOPMENT, EVALUATION AND PERIODIC REVIEW OF THE PROGRAM. CONSULTATIVE SERVICES MUST BE SOUGHT IN THE CONTINUING EVALUATION PROCESS.

The director should have a written job description which is reviewed regularly. Although aspects of his/her functioning such as field work experience supervision may be delegated, all aspects of the occupational therapy assistant educational program remain the director's responsibility. To develop and implement a quality educational program, an active relationship with the local field work council, AOTA Council on Education, and accreditation bodies should be maintained, and consultation must be sought from relevant sources. Such participation and consultation should be documented.

It is the continuing responsibility of the faculty of an approved occupational therapy assistant program to keep abreast of advances and changes in health care, particularly that which relates to occupational therapy, and to incorporate same into the curriculum. It is also the responsibility of the director to be informed of and involved in the academic affairs of the educational institution.

- b. IT SHALL BE THE RESPONSIBILITY OF THE PROGRAM DIRECTOR TO SELECT THOSE SETTINGS FOR FIELD WORK EXPERIENCE WHICH MEET THE OBJECTIVES OF FIELD WORK AND PROVIDE EXPERIENCES APPROPRIATE TO THE LEARNING NEEDS OF THE STUDENTS.

Field work settings should be carefully selected to meet requirements regarding staff credentials, staff/student ratio and program variety. Centers should be reviewed regularly by occupational therapy assistant faculty to ensure continuing qualification as a training facility. The occupational therapy assistant program director has the responsibility for field work assignments including selection and retention of centers, school administrative coordination with field work agencies, and development of training objectives and plans used for both kinds of field work experience. (See III A.)

3. WHEN THE DIRECTOR OF THE EDUCATIONAL PROGRAM IS EMPLOYED OR REPLACED, IMMEDIATE NOTIFICATION SHALL BE SENT TO THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION.

Notification may include a job description and professional vita giving relevant education, work experience, professional activities, and the philosophy of occupational therapy and of occupational therapy assistant education of the individual employed. Such credentials will be reviewed by the AOTA Accreditation Committee in determining the appropriate approval status of the program.

B. INSTRUCTIONAL STAFF

1. WHEN THE PROGRAM HAS BECOME FULLY OPERATIONAL, THERE SHALL BE IN ADDITION TO THE DIRECTOR, THE EQUIVALENT OF AT LEAST ONE FULL-TIME OCCUPATIONAL THERAPIST, REGISTERED AND/OR OCCUPATIONAL THERAPY ASSISTANT, CERTIFIED ON THE TEACHING STAFF. EACH OCCUPATIONAL THERAPIST, REGISTERED AND/OR CERTIFIED OCCUPATIONAL THERAPY ASSISTANT MUST HAVE A MINIMUM OF ONE YEAR'S EXPERIENCE IN OCCUPATIONAL THERAPY PRACTICE.

"Fully operational" means that the second OT instructor should be employed no later than the second semester of an associate degree program or, at the end of one fourth of the total length of a certificate program. Full-time or part-time employment of the second faculty member should be based on the type, location, and length of the program. The scope and diversity of occupational therapy practice dictates the need for additional faculty to provide adequate coverage of specialty areas. Considerations in faculty selection should include factors which complement and supplement already appointed faculty as well as the individual's teaching ability. A well-coordinated program can best be provided by full-time faculty appointments.

Further expansion beyond the minimum faculty requirement should consider such factors as coordination of fieldwork experiences, administrative responsibilities, course development and revision, course preparation, numbers of students, counseling and research responsibilities.

Therapists or others having competency or specialized knowledge may be selected as special or visiting lecturers to enrich the program. For effective coordination and integration of content and teaching approaches, occupational therapy faculty may audit classes conducted by other specialists and should communicate with them on a regular basis.

2. REGISTERED OCCUPATIONAL THERAPISTS WHO ARE FIELD WORK SUPERVISORS SHALL BE MEMBERS OF THE FACULTY OR EXTRA-MURAL FACULTY OF THE INSTITUTION. THEY MUST BE ACTIVE MEMBERS OF THE SCHOOL'S OCCUPATIONAL THERAPY EDUCATIONAL COUNCIL.

Competency in field work supervision should be recognized by an official faculty appointment, with or without salary, as appropriate within the policies of the institution. This information should be listed in an appropriate publication.

C. SUPPORT PERSONNEL

ADEQUATE SUPPORTIVE PERSONNEL SHALL BE PROVIDED.

For program economy and efficiency, it is necessary to use clerical, secretarial and maintenance personnel for support operations. Adequate support services allow the faculty to accomplish educational and administrative functions for which they are paid.

D. FIELD WORK SUPERVISORS

1. A REGISTERED THERAPIST WITH NO LESS THAN ONE YEAR OF EXPERIENCE IN DIRECT OCCUPATIONAL THERAPY SERVICES TO PATIENT/CLIENTS SHALL HAVE RESPONSIBILITY FOR THE STUDENT'S EDUCATIONAL PROGRAM AND PROFESSIONAL GROWTH.

Since field work experience is an integral part of the student's education, the educational program is legally and ethically responsible for ensuring that the experiences provided are appropriate and adequate. In addition, the educational program is responsible and accountable for the quality and safety of service provided by the student to the patient/client. Therefore, to ensure adequate development of role identity and performance competencies appropriate to the entry-level occupational therapy assistant, certified, the field work supervisor during the required two months practicum must be an occupational therapist, registered, directly involved in the field work setting.

The field work supervisor should collaborate with the occupational therapy assistant program faculty and students in developing general and specific field work objectives. Responsibility for the daily implementation of the student program may be delegated to an experienced occupational therapy assistant, certified but accountability for the total training program and evaluation of the student remains with the occupational therapist, registered.

2. BEYOND THE MINIMUM TWO MONTHS FIELD WORK EXPERIENCE REQUIRED IN THOSE SETTINGS WHERE NO OCCUPATIONAL THERAPIST, REGISTERED IS ON-SITE, AN OCCUPATIONAL THERAPIST, REGISTERED FACULTY MEMBER OR THERAPIST IN THE COMMUNITY SHALL BE DESIGNATED AS THE FIELD WORK SUPERVISOR. AN APPROPRIATE PROFESSIONAL, CERTIFIED BY HIS PROFESSION, MUST BE THE ON-SITE SUPERVISOR AND SHALL ASSUME ADMINISTRATIVE RESPONSIBILITY FOR THE STUDENT'S ROLE AND FUNCTION WITHIN THE SETTING.

Such a professional shall not replace nor be in lieu of the occupational therapist, registered supervisor as defined above. This professional should be familiar with the objectives of field work and collaborate with the occupational therapist, registered, supervisor to ensure achievement of the educational objectives.

"Appropriate professionals" may include an occupational therapy assistant, certified, nurse, social worker, physical therapist, minister, recreational therapist, and the like.

3. THE RATIO OF SUPERVISORS TO STUDENTS SHALL BE SUCH AS TO ENSURE QUALITY EXPERIENCE AND MAXIMAL LEARNING.

This ratio shall be determined on the basis of the ability of the staff to meet the objectives of both the students and patients/clients.

VII. STUDENTS

A. SELECTION

1. SELECTION OF THE STUDENT FOR ADMISSION TO THE PROGRAM AND HIS/HER RETENTION SHALL BE A JOINT RESPONSIBILITY OF THE DIRECTOR, FACULTY OF THE PROGRAM AND APPROPRIATE OFFICIALS OF THE INSTITUTION.

BASED UPON CONCERN FOR HUMAN RIGHTS, THERE SHALL BE NO DISCRIMINATION IN THE SELECTION OF PERSONS BECAUSE OF RACE, CREED, COLOR, SEX, AGE, MARITAL STATUS, HANDICAP, OR NATIONAL ORIGIN.

It is important to ensure impartiality in the selection of students.

2. CRITERIA FOR SELECTION AND RETENTION OF STUDENTS SHALL BE PREDEFINED, PUBLISHED AND AVAILABLE TO THE PUBLIC. CRITERIA FOR SELECTION OF STUDENTS SHALL GIVE CONSIDERATION TO INTER- AND INTRA-DISCIPLINARY CAREER MOBILITY.

Program admission criteria should be developed through collaboration of officials of the institution, occupational therapy faculty, and appropriate consultants such as an advisory committee. Student attrition and job market requirements should be considered in determining admission criteria.

Reasonable criteria for selection of students might include grade point average, college board scores, aptitude tests, physical and psychosocial capacities adequate for job performance, personal interviews, personal references, autobiographical sketches and the like.

When there are special factors such as handicaps to be considered, final acceptance of the student should rest with the program director and staff. The student should be informed in writing of his/her admission status.

3. ADMISSION DATA SHALL BE ON FILE WITHIN THE INSTITUTION.

Admission data may include transcripts, college board scores, high school records and the like. These should be available to occupational therapy faculty.

B. HEALTH

1. APPLICANTS SHALL BE REQUIRED TO SUBMIT EVIDENCE OF GOOD MENTAL AND PHYSICAL HEALTH CONSISTENT WITH THE DEMANDS OF THE TOTAL EDUCATIONAL PROGRAM.

This information should be submitted in the form that is required by the institution; however, when the form used by the institution does not include information pertinent to the occupational therapy assistant program, an alternative should be devised for use with applicants. Health information as required should be readily available to the occupational therapy faculty.

2. PLANS SHALL BE MADE FOR THE PROVISION OF EMERGENCY MEDICAL CARE DURING BOTH THE ACADEMIC AND FIELD WORK EXPERIENCE PORTIONS OF THE PROGRAM.

Plans should include both physical and psychological care. Students should be encouraged to carry health insurance through family or student policies. Records of such insurance carriers, physician and hospital preferences, family emergency contacts, and specific health problems and precautions should be maintained for ready reference at school and at field work centers.

C. COUNSELING

1. COUNSELING RELATED TO PROFESSIONAL COURSES AND FIELD WORK EXPERIENCES SHALL BE THE RESPONSIBILITY OF THE OCCUPATIONAL THERAPY FACULTY. COUNSELING DURING AND PERTAINING TO FIELD WORK EXPERIENCE MUST BE A COLLABORATIVE PROCESS BETWEEN OCCUPATIONAL THERAPY FACULTY AND FIELD WORK SUPERVISORS.

Faculty should provide both regularly scheduled formal counseling to meet general program needs as well as informal sessions to meet specific needs as identified by student and/or faculty member. Though an occupational faculty member may visit each student during his field work assignments, primary responsibility for counseling rests on the field work supervisor at that point. Counseling is most helpful when documented to promote accuracy of communication and to verify agreement regarding content discussed and decisions reached.

2. THE EDUCATIONAL INSTITUTION SHALL PROVIDE STUDENT GUIDANCE SERVICES.

Student guidance refers to such services as orientation to the institution, remedial opportunities and aptitude testing. A placement service would be helpful.

D. ENROLLMENT

THE NUMBER OF STUDENTS ENROLLED IN THE OCCUPATIONAL THERAPY ASSISTANT PROGRAM SHALL BE DETERMINED IN RELATION TO THE MOST EFFECTIVE LEARNING EXPERIENCES FOR CURRICULUM CONTENT AND THE EMPLOYMENT NEEDS IN THE GEOGRAPHIC AREA OF THE SCHOOL.

Factors to consider include faculty availability, faculty teaching loads, proper course sequencing, number of course sections which could be offered with available faculty, teaching approaches and methods, classroom and laboratory facilities, and field work center resources.

VIII. RECORDS

STUDENT RECORDS AND CREDENTIALS SHALL BE MAINTAINED AS REQUIRED BY THE EDUCATIONAL SETTING. RECORDS OF STUDENT'S FIELD WORK EXPERIENCE MUST BE MAINTAINED. REPORTS, AS MAY BE REQUIRED BY THE INSTITUTION, MUST BE INCLUDED WITHIN THE PROGRAM'S OFFICIAL RECORDS.

Students should be informed of their rights in relation to records.

A. STUDENTS

1. TRANSCRIPTS OF HIGH SCHOOL, COLLEGE, AND OTHER RELEVANT CREDENTIALS MUST BE AVAILABLE.
2. HEALTH RECORDS MUST BE KEPT WITHIN THE APPROPRIATE OFFICE. (See VII. B.1 guidelines.)
3. ACADEMIC AND FIELD WORK EXPERIENCE RECORDS FOR EACH STUDENT MUST BE MAINTAINED IN ACCORDANCE WITH THE REQUIREMENTS OF THE INSTITUTION AND THE PROFESSIONAL ASSOCIATION.

Admissions credentials, academic transcripts, field work rating summaries, and occupational therapy assistant certification recommendations/references should be maintained as required.

B. EDUCATIONAL PROGRAM

1. A COMPLETE COPY OF THE CURRENT EDUCATIONAL PROGRAM SHALL BE ON FILE.
2. COPIES OF COURSE OBJECTIVES, COURSE OUTLINES, COURSE EVALUATIONS, CLASS SCHEDULES AND FIELD WORK EXPERIENCE SCHEDULES SHALL BE ON FILE.

A historical file of program changes with brief rationale should be maintained to facilitate future planning.

IX. EDUCATIONAL PROGRAM

A. LENGTH OF PROGRAM

THE LENGTH OF THE EDUCATIONAL PROGRAM SHALL BE SUFFICIENT TO MEET THE PROFESSION'S REQUIREMENTS AND/OR DEGREE REQUIREMENTS OF THE INSTITUTION.

Duration of the program is determined by the administrative setting -- junior/community college, technical institute and such. "Profession's requirements" refer to achievement of educational objectives; (knowledge, skills and attitudes) requisite for entry-level competency.

B. STUDENT ENRICHMENT

AN ENVIRONMENT SHALL BE CREATED TO MAXIMIZE STUDENT GROWTH AND LEARNING.

Insofar as requirements permit, students should be provided the opportunity to participate in designing an educational program to suit individual background, needs and abilities. Such individualization might be accomplished by: (1) helping the student to assess his/her learning style and to develop more effective study methods; (2) allowing deletion of course requirements through proficiency examination and credit for prior course work and experiences; (3) permitting supplemental learning experiences through selection of electives, self-directed study and the like.

C. PLANNING AND IMPLEMENTATION

PLANNING AND IMPLEMENTATION OF THE EDUCATIONAL PROGRAM SHALL INCLUDE:

1. A CONCEPTUAL MODEL UTILIZED AS A BASE FOR CURRICULUM DESIGN.

A frame of reference is different from a conceptual model. The frame of reference is inherently subjective; and influences our beliefs in a given area of concern. The conceptual model is knowledge-based, objective and specific.

As occupational therapy educators, we are concerned with our collective frames of reference as they affect our philosophical principles (beliefs); for example, frames of reference for OT education might include statements about:

- 1) the nature of man
- 2) the nature of the profession
- 3) the nature of the educational process.

A curriculum may incorporate a variety of models of occupational therapy practice. These determine the selection of content within the curriculum. (It will be necessary to answer "what content will be included?")

A conceptual model of the educational process should be used to organize the sequence content, and to suggest a variety of non-contradictory teaching approaches which may be utilized. (It will be necessary to answer "How will you go about organizing and presenting content?")

2. MEASURABLE GENERAL AND SPECIFIC OBJECTIVES FOR EACH CONTENT AREA AND FIELD WORK EXPERIENCE LEADING TO THE DESIRED OUTCOME.

An objective is a statement which describes a proposed change of behavior in the learner, that is what knowledge, skills and attitudes the learner demonstrates when he/she completes the learning experiences. Objectives are of several different types, the main types being general and specific. General objectives describe broad outcomes and may refer to the total program or units within a program. Specific objectives describe behaviors to be attained in a course or specific portion of a course or field work experience. Specific objectives should be realistic and achievable to motivate behavioral change, and objectives at all levels should be compatible.

Objectives serve several purposes: they set the scope and limits for what is to be taught and learned; they facilitate selection and organization of educational materials and teaching approaches; they help the student perceive what is expected of him/her, especially minimum acceptable performance; and they serve as a guide for evaluation of student achievement and of program effectiveness.

Insofar as possible, objectives should be developed by all persons affected, including the students, and should include individual student's personal educational objectives. Written objectives shall be available to students, faculty and appropriate others.

3. COURSE OUTLINES

Written course outlines should be developed for each course in the curriculum and should reflect course objectives and program conceptual model. Course outlines may be organized in terms of course content or in sequence of subject matter to be taught. It is helpful to include reading requirements, teacher's names if several instructors are used, and other pertinent information regarding teaching and evaluation methods and materials employed. Outlines should be developed by the individuals responsible for teaching the course and should be available to students, faculty and appropriate others.

The director should ensure coordination of course content areas throughout the program by promoting ongoing formal and informal faculty dialogue regarding specific objectives and responsibilities in collaborating toward achieving general program objectives.

4. IDENTIFICATION OF LEARNING EXPERIENCES AND TEACHING METHODS

This involves the planning for actual implementation of objectives including the specific activities, methods, and materials which are to be used in teaching content, and may include audiovisual materials, role playing, student papers and projects, experiential learning activities, lectures, seminars and the like.

5. METHODS, PROCEDURES AND INSTRUMENTS FOR EVALUATING, ASSESSING AND MEASURING THE EFFICACY OF PROGRAM OBJECTIVES AND STUDENT LEARNING.

Various evaluation methods and procedures should be utilized for measuring student achievement and instructor and program effectiveness. These may include oral and practical examinations, student evaluations of courses and instructors, performance evaluations, course grades and the like. The particular method selected should be the most effective for measuring the stated behavioral objectives. Prior to evaluation, students should be informed of criteria and methods to be used in measuring performance.

6. SUBJECT MATTER CONTENT DEVELOPED AND TAUGHT BY PERSONS WITH RECOGNIZED EXPERTISE IN THAT SPECIFIC AREA.

Persons with particular expertise and ability to communicate information at the appropriate level should be invited to teach that content. It is the responsibility of the occupational therapy faculty to identify content focus compatible with stated objectives and the context in which it is to be applied.

D. CONSULTATION

CONSULTATIVE SERVICES SHALL BE SOUGHT IN THE CURRICULUM DEVELOPMENT PROCESS.

Sources for consultation in curriculum development may include AOTA staff; Council on Education Curriculum Advisory Committee; educators from other disciplines and other occupational therapy educational programs; state and local occupational therapy associations; state health and health education consultants; program advisory committees including clinicians, community leaders, and consumers; and student and alumni groups.

E. INTERDISCIPLINARY ACTIVITIES

EFFORTS MUST BE MADE TO DESIGN THE PROGRAM TO PROVIDE EDUCATIONAL EXPERIENCES WITH APPROPRIATE HEALTH PROFESSION PERSONNEL AND STUDENTS TO PROMOTE INTERDISCIPLINARY UNDERSTANDING AND TO ALLOW FOR RELEVANT INTER- AND INTRADISCIPLINARY MOBILITY.

Programming which allows interdisciplinary education can promote knowledge and appreciation of the roles and functions of various health professions, an important precursor for effective collaborative relationships in the work setting.

In designing an associate degree program, articulation with a baccalaureate program should be considered to provide an educational ladder with a maximum of transfer credit for those who may wish further education. Attention should be paid to facilitating other types of educational laddering as well as latticing.

While it is important to provide laddering opportunities, it is also important to develop in the student a feeling of pride in the unique role the occupational therapy assistant fills in the delivery of occupational therapy services.

F. COLLABORATION

COLLABORATIVE RELATIONSHIPS AND PROCEDURES SHALL BE DEVELOPED TO BE RESPONSIVE TO THE CHANGING NEEDS OF SOCIETY.

Relationships should be planned and promoted to provide the faculty with opportunities to communicate with those community groups within the geographic area of placement of graduates in regard to health education and health care needs which could appropriately be met through occupational therapy services.

Continuing methods of communication should be developed with other disciplines so that the faculty can include concepts and methods necessary to participation with others. Occupational therapy faculty are considered to have a professional responsibility for society and its needs. They should participate actively with community groups and agencies as appropriate to their own competence and interest.

G. CURRICULUM

THE CURRICULUM SHALL INCLUDE:

1. COMMUNICATION AND INTERPERSONAL SKILLS

PURPOSE: TO UNDERSTAND AND UTILIZE THE TRANSFER OF IDEAS, FEELINGS, FACTS, AND FINDINGS IN THE THERAPEUTIC PROCESS AS APPROPRIATE FOR THE OCCUPATIONAL THERAPY ASSISTANT.

CONTENT: A BROAD SCOPE OF CONTENT RESOURCES SHALL BE UTILIZED IN ASSISTING THE STUDENT TO MEET THE OBJECTIVES IN THIS SECTION.

Because communication and interpersonal skills are interactive processes, skills are best acquired through practical experiences in group process, role playing, activity teaching, observation writing and the like.

OBJECTIVES: UPON COMPLETION OF THE COURSE(S) OF STUDY, THE STUDENT SHALL BE ABLE TO:

a. DEMONSTRATE AWARENESS OF SELF AND RELATIONSHIPS WITH OTHERS

Student activities and learning should include:

- Skill building in interpersonal relations.
- Feeling experiences; e.g., tactile, perceptual, affective, self-other.
- Relationship between behavioral self, perceived self, and ideal self.
- Group processes: influences on behavior
 - Reactions of self to others
 - Impact of self on others
 - How others affect self
 - How people interrelate.

b. CONDUCT DYADIC AND GROUP DISCUSSIONS

Emphasis should be placed on:

- Dyadic relationships:

- Definition of dyadic relationship
- Reciprocal nature of the relationship
- Issues involved in the relationship
- Importance of self in the dyadic relationship.

- Concepts pertaining to group norms, group goals, leadership-followership role functions, communication patterns, decision-making and conflict.

- Factors which facilitate/inhibit group dialogue and discussion.

c. REPORT/RECORD OBSERVATIONS

Emphasis should be placed on:

- How and what to observe

- Development of observation skills

- Information about kinds of records and communications

- Experience with writing records and reports and presenting oral reports

- Identifying and communicating emergency information

- Using terminology appropriately.

d. INSTRUCT INDIVIDUALS AND GROUPS

Experiences in instruction should be directed toward:

- Defining the objectives of the learning problem

- Analyzing the learning problem

- Designing a sequence of learning experiences

- Developing a teaching procedure utilizing instructional media, and

- Evaluating the effectiveness of instruction.

EVALUATION: THERE SHALL BE ADEQUATE METHODS, PROCEDURES AND INSTRUMENTS TO DETERMINE WHETHER THE STUDENT HAS REACHED THE OBJECTIVES IN THIS SECTION.

Measurable general and specific objectives which have been formulated may be assessed by appropriate methods, such as:

- Performance evaluations:

- faculty/student
 - student/student
 - student/self-evaluation.

- Written, oral and practical examinations
- Proficiency examinations, equivalency examinations.
- Course grades.

2. HEALTH - ILLNESS - HEALTH CONCEPTS

PURPOSE: TO UNDERSTAND THE DEVELOPMENTAL AND LIFE PROCESSES AND THE OCCURRENCES THAT FACILITATE/INTERFERE WITH NORMAL DEVELOPMENT AS THEY AFFECT OCCUPATIONAL PERFORMANCE.

CONTENT: A BROAD SCOPE OF CONTENT RESOURCES SHALL BE UTILIZED IN ASSISTING THE STUDENT TO MEET THE OBJECTIVES IN THIS SECTION.

This section deals with the acquisition of knowledge based on health principles and facts. Emphasis should be placed on correlation of this data with information on occupational performance and the occupational therapy process.

OBJECTIVES: UPON COMPLETION OF THE COURSE(S) OF STUDY, THE STUDENT SHALL BE ABLE TO:

- a. EXPLAIN OCCUPATION AS A HEALTH DETERMINANT

Student learning should include:

- Human need for goal-directed activity
- Expenditure of time, energy and interest in activity
- Factors which influence behavior in occupational performance; roles, values, skill mastery, competence, achievement
- Influence of work, leisure, play, self-care and life style upon health
- Application of this information to occupational therapy

- b. USE HEALTH TERMINOLOGY APPROPRIATELY.

Health terminology encompasses the fields of medicine, psychology, sociology, health care systems, and occupational therapy. Emphasis should be directed toward:

- Definition

- Appropriate selection
- Oral and written expression
- Utilization to describe observations and exchange ideas.

c. DESCRIBE THE BASIC FUNCTION OF THE HUMAN BODY WITH PARTICULAR EMPHASIS ON THE NEUROLOGICAL, MUSCULOSKELETAL AND CARDIOPULMONARY SYSTEMS.

Learning experiences should be directed toward:

- General body structure and functions
- Interrelatedness of body structure and function
- Actions of muscle groups
- Motion analysis and its application to daily living activities
- Physiological demands of activity
- Correlation of this information with occupational performance.

d. DESCRIBE THE BASIC DEVELOPMENT OF PERSONALITY AND LEARNING.

Learning should include:

- Overview of personality, including major theories of personality development and functioning
- Influences on personality development
- Overview of learning theory including cognitive, psychomotor and affective learning
- Interrelationship between personality and learning as reflected in behavior.

e. DESCRIBE APPROPRIATE LIFE TASKS AS RELATED TO THE DEVELOPMENTAL PROCESS FROM BIRTH TO DEATH.

The developmental process includes integration of physical, psychological, and socio-cultural aspects of development. Emphasis should be placed on:

- Identification of normal developmental sequence
- Definition of developmental stage and role
- Description of life tasks of infants, pre-schoolers, school-age children, adolescents, adults, middle-aged and aged

- Acquisition of self-care, work, and play/leisure skills appropriate to the individual's developmental stage and role.
- Dying and death.

f. IDENTIFY THE EFFECTS OF ENVIRONMENT AND THE COMMUNITY ON THE INDIVIDUAL.

Content and experiential learning should include:

- Individual's environment, including home, family, friends and cultural influences
- Influence of family and community on individual development and functioning
- Development of values
- Roles and role expectations
- Impact on occupational performance and role satisfaction.

g. IDENTIFY AND DESCRIBE BASIC INFLUENCES CONTRIBUTING TO HEALTH.

Content should include:

- Definition of health
- Basic influences including heredity, behavior, environment, economic and social systems
- Early identification of health problems; accident prevention
- Referral to community health resources.

h. IDENTIFY AND DESCRIBE DISABLING CONDITIONS COMMONLY REFERRED TO OCCUPATIONAL THERAPY.

Student observation and learning should include:

- Residual effects of the client's condition or impairment and the expected performance capacity in relation to deficits in motor, sensory, cognitive, psychological and/or social functioning; i.e., developmental and learning impairments, psychiatric and/or social impairments, physical impairments, and high risk factors such as aging and poor environment (See Appendix II.)
- Medical contraindications and safety factors which must be observed.

i. EXPLAIN THE ROLE OF OCCUPATIONAL THERAPY AS A PROFESSION.

Content should include:

- Definition of a profession
- Responsibilities of a professional association
- Responsibilities of the individual professional
- Occupational therapy as a profession: theoretical body of knowledge based on the premise that goal-directed activities enhance capacity to function, and the impact of a profession which utilizes this process
- Roles of occupational therapy personnel -- occupational therapist, registered, certified occupational therapy assistant and occupational therapy aide
- Professional accountability and ethics: competencies and limitations, documentation of services, financial accountability, professional liability, professional behavior
- Social-cultural influences affecting occupational therapy today; implications for the individual practitioner and the profession.

j. EXPLAIN THE RELATIONSHIP OF OCCUPATIONAL THERAPY TO OTHER HEALTH SERVICES.

Coursework should include:

- The total health care system in the United States
- The community, including services and agencies
- Description of the total health care process, including referral, evaluation, planning, implementation, re-evaluation
- Responsibilities of occupational therapy and other disciplines
- Implications for independence and collaboration in the delivery of services.

EVALUATION: THERE SHALL BE ADEQUATE METHODS, PROCEDURES AND INSTRUMENTS TO DETERMINE WHETHER THE STUDENT HAS REACHED THE OBJECTIVES IN THIS SECTION.

Measurable general and specific objectives which have been formulated may be assessed by appropriate methods, such as:

- Written, oral and practical examination
- Course grades

- Proficiency examinations, equivalency examinations
- Performance evaluations:
 - faculty/student
 - student/student
 - student/self-evaluation.

3. SPECIFIC LIFE TASKS AND SKILLS

PURPOSE: TO PROVIDE THE STUDENT WITH THE OPPORTUNITY TO ACQUIRE THE SKILLS NECESSARY TO PERFORM AND TO TEACH THE PROCESSES INVOLVED IN SPECIFIC LIFE TASKS AND ACTIVITIES.

CONTENT: A BROAD SCOPE OF CONTENT RESOURCES SHALL BE UTILIZED IN ASSISTING THE STUDENT TO MEET THE OBJECTIVES IN THIS SECTION.

The primary employment role of the occupational therapy assistant is delivery of direct service to the consumer; therefore, emphasis in the curriculum should be directed toward actual skill development, and major portions of the curriculum should be devoted to experiential learning and practice to ensure performance needed for entry-level employment.

OBJECTIVES: UPON COMPLETION OF THE COURSES(S) OF STUDY, THE STUDENT SHALL BE ABLE TO:

a. DEMONSTRATE SKILL IN PERFORMING SELECTED LIFE TASKS AND ACTIVITIES

Learning activities should include:

- Self-care performance activities: feeding, dressing, hygiene/grooming, transfer, object manipulation
- Work performance activities: work habits, workmanship and actual work skills related to student, homemaker, and employee work tasks
- Play/leisure performance activities: games, sports, hobbies, and social activities
- Integration of life-style activities; self-care, work and play/leisure activities which promote healthy balance of biological, cognitive, psychological and social functioning
- Instructing in occupational performance activities
- Application to occupational therapy.

b. DEMONSTRATE SKILL IN INSTRUCTING AND ADAPTING SELECTED LIFE TASKS AND ACTIVITIES.

Student learning activities should include:

- Adapting activities to meet particular problems and needs
- Adapting the environment to meet particular problems and needs

- Adaptive equipment/devices and their use
- Work simplification techniques, body mechanics, positioning
- Designing adaptive equipment, devices and splints
- Constructing adaptive equipment, devices and splints
- Transferring and transporting patients and clients
- Application to occupational therapy

c. ANALYZE ACTIVITIES

Topic areas should include:

- Relevance of activity to client's interests and abilities
- Methods of activity analysis
- Major motor processes involved in the performance of the activity
- Complexity of the activity; steps involved
- Extent to which activity can be modified or adapted to meet the client's special needs
- Application to occupational therapy.

d. DEMONSTRATE PROPER CARE AND MAINTENANCE OF EQUIPMENT AND SUPPLIES

Content should include:

- Maintaining equipment and materials
- Keeping equipment in operating condition, simple repairs
- Keeping records of maintenance and repairs
- Ordering materials and equipment
- Applying to occupational therapy.

EVALUATION: THERE SHALL BE ADEQUATE METHODS, PROCEDURES AND INSTRUMENTS TO DETERMINE WHETHER THE STUDENT HAS REACHED THE OBJECTIVES IN THIS SECTION.

Measurable general and specific objectives which have been formulated may be assessed by appropriate methods, such as:

- Performance evaluations:

faculty/student
student/student
student/self-evaluation

- Written, oral and practical examinations
- Course grades
- Proficiency examinations and equivalency examinations

4. OCCUPATIONAL THERAPY PRINCIPLES AND APPLICATION

PURPOSE: TO KNOW BASIC PRINCIPLES OF OCCUPATIONAL THERAPY AND TO DEVELOP ENTRY-LEVEL COMPETENCE IN THE APPLICATION OF THE OCCUPATIONAL THERAPY PROCESS THROUGH DELIVERY OF SERVICES TO PATIENTS/CLIENTS.

CONTENT: A BROAD SCOPE OF CONTENT RESOURCES SHALL BE UTILIZED IN ASSISTING THE STUDENT TO MEET THE OBJECTIVES IN THIS SECTION.

The acquisition of requisite knowledge and skills and integration and application of these in second level field work experiences should be included. (See III A. & B, VI D.)

OBJECTIVES: UPON COMPLETION OF THE COURSE(S) OF STUDY, THE STUDENT SHALL BE ABLE TO:

a. CONTRIBUTE TO INITIAL SCREENING OF PATIENTS/CLIENTS

Emphasis is on the utilization of the most commonly used sources to obtain information:

- Written records
- Interviews with and observations of client and family
- Discussions with significant others
- Determining client's general needs and suitability for occupational therapy services
- Explaining occupational therapy services to client, family and significant others
- Recording and reporting information.

b. CONTRIBUTE TO EVALUATION OF OCCUPATIONAL PERFORMANCE, PERFORMANCE COMPONENTS AND LIFE SPACE

Student learning activities should include:

- Gathering information needed to assess an individual's needs/skills in self-care, work and play/leisure activities through interviews with clients, families and others
- Observing occupational performance as a means of gathering information
- Discussing findings with client, family and significant others
- Assisting in the evaluation of performance components

- Collecting data related to the patient/client's environment.

c. PLAN OCCUPATIONAL THERAPY PROGRAMS TO PREVENT DETERIORATION OF OCCUPATIONAL PERFORMANCE

Learning experiences should be directed toward:

- Goal setting and planning for occupational therapy service programs designed to prevent deterioration in occupational performance
- Selecting and planning use of occupational therapy techniques, media, and activities to prevent deterioration of client's occupational performance
- Discussing plans for preventative occupational therapy programs with client, family and significant others.

d. CONTRIBUTE TO OCCUPATIONAL THERAPY PROGRAM PLANNING FOR REMEDIATION OF OCCUPATIONAL PERFORMANCE DEFICITS AND PERFORMANCE COMPONENT DYSFUNCTION

Student activities and learning should include:

- Goal setting and planning occupational therapy service programs designed to restore/develop occupational performance skills
- Selecting and planning use of occupational therapy techniques, media, and activities to restore/develop occupational therapy performance skills
- Goal setting and planning occupational therapy service programs designed to restore/develop performance component functioning
- Selecting and planning use of occupational therapy techniques, media, and activities to restore/develop performance component functioning.

e. IMPLEMENT OCCUPATIONAL THERAPY PROGRAMS TO PREVENT DETERIORATION OF OCCUPATIONAL PERFORMANCE

Educational activities should include:

- Orienting clients and/or family to use of activities
- Instructing clients in the use of activities
- Supervising clients and/or family in use of activities
- Designing, constructing and selecting adaptive equipment
- Instructing client and family in the use of simple adaptive equipment

- Instructing client and family in work simplification techniques
 - Structuring/adapting client's immediate environment, project or activity
 - Observing and reporting on client's performance to supervisory staff.
- f. CONTRIBUTE TO IMPLEMENTATION OF OCCUPATIONAL THERAPY PROGRAMS TO RESTORE AND DEVELOP OCCUPATIONAL PERFORMANCE.

Student learning activities should include:

- Orienting clients and/or family to use of activities
 - Instructing clients in the use of activities
 - Supervising clients and/or family in use of activities
 - Designing, constructing and selecting adaptive equipment
 - Instructing client and family in the use of simple adaptive equipment
 - Instructing client and family in work simplification techniques
 - Structuring/adapting client's immediate environment, project or activity
 - Observing and reporting on client's performance to supervisory staff.
- g. CONTRIBUTE TO THE IMPLEMENTATION OF OCCUPATIONAL THERAPY PROGRAMS TO RESTORE, DEVELOP, OR PREVENT THE DETERIORATION OF PERFORMANCE COMPONENTS THROUGH USE OF ACTIVITIES.

Emphasis should be placed on:

- Orienting clients and/or family to use of activities to restore, develop, or prevent the deterioration of motor, cognitive, psychological, and social functioning.
- Instructing clients and/or family in use of activities
- Designing, constructing, and selecting adaptive equipment, including hand splints
- Instructing client and/or family in use of simple adaptive equipment
- Instructing client and family in work simplification techniques

- Structuring/adapting client's immediate environment, project or activity
- Observing and reporting on client's performance to supervisory staff.

h. CONTRIBUTE TO PROGRAM ADMINISTRATION AND SUPPORT.

Content should include:

- Definition and general functions
- Organizational structures
- Preparing and maintaining schedules and records including attendance data
- Recording pertinent evaluative information, associated recommendations, program plans, progress notes
- Obtaining authorizing signatures or initials
- Ordering and maintaining materials, supplies and equipment
- Preparing materials, supplies, equipment and facilities for use by clients
- Escorting clients.

i. FUNCTION IN THE ROLE OF SUPERVISEE AND ASSIST WITH SUPERVISION OF AIDES AND VOLUNTEERS.

Student activities and learning should include:

- Definition of supervision
- Purpose of supervision
- Role and responsibilities of a supervisor
- Role and responsibilities of supervisee
- Peer supervision
- Supervising aides and volunteers.

EVALUATION: THERE SHALL BE ADEQUATE METHODS, PROCEDURES AND INSTRUMENTS TO DETERMINE WHETHER THE STUDENT HAS REACHED THE OBJECTIVES IN THIS SECTION.

Measurable general and specific objectives which have been formulated may be assessed by appropriate methods, such as:

- Performance evaluations:

faculty/student
student/student
student/self-evaluation

- Written, oral and practical examination
- Course grades
- Proficiency examinations and equivalency examinations.

X. ADMINISTRATION

A. PUBLIC INFORMATION

AN OFFICIAL PUBLICATION INCLUDING A DESCRIPTION OF THE EDUCATIONAL PROGRAM SHALL BE ISSUED AND KEPT CURRENT.

Publications should include information regarding the organization of the program, admission procedures, entrance requirements, a brief description of required courses, names and academic rank of faculty when applicable, tuition and fees, financial aid and information concerning facilities.

B. APPROVAL

1. INITIAL EVALUATION

a. INVITATION

INITIAL EVALUATION (INCLUDING SURVEY SITE VISITS) OF A NEW PROGRAM OF STUDY CAN ONLY BE INITIATED ON THE EXPRESS INVITATION OF THE APPROPRIATE ADMINISTRATIVE OFFICER OF THE SPONSORING INSTITUTION OR HIS/HER OFFICIALLY DESIGNATED REPRESENTATIVE.

b. WITHDRAWAL

THE INSTITUTION MAY WITHDRAW ITS REQUEST FOR APPROVAL AT ANY TIME (EVEN AFTER EVALUATION), PRIOR TO FINAL ACTION BY THE APPROVING BODY(IES).

c. REVIEW

THE HEAD (OR A DESIGNATED REPRESENTATIVE) OF THE INSTITUTION HOUSING THE OCCUPATIONAL THERAPY ASSISTANT PROGRAM BEING EVALUATED IS SENT AN UNOFFICIAL COPY OF THE REPORT PREPARED BY THE EVALUATING TEAM IN ORDER THAT COMMENT MAY BE MADE ON IT BEFORE FINAL ACTION IS TAKEN BY THE APPROVING BODY(IES).

d. APPEAL

THE CHIEF ADMINISTRATIVE OFFICER OF THE INSTITUTION MAY APPEAL THE DECISION REGARDING STATUS OF APPROVAL BY SUBMITTING IN WRITING SUPPORTING DATA AND A REQUEST FOR RE-EVALUATION. ACTION ON APPEALS SHALL BE TAKEN BY THE APPROVING BODY(IES) IN LINE WITH ESTABLISHED PROCEDURES.

2. RE-EVALUATION

a. RE-SURVEY

RE-EVALUATION SITE VISITS ARE SCHEDULED BY THE APPROVING BODY(IES) IN ACCORDANCE WITH ESTABLISHED PROCEDURES. EVERY EFFORT SHALL BE MADE TO RE-EVALUATE EACH PROGRAM EVERY FIVE YEARS.

b. REVIEW

THE HEAD (OR A DESIGNATED REPRESENTATIVE) OF THE INSTITUTION HOUSING THE OCCUPATIONAL THERAPY ASSISTANT PROGRAM BEING EVALUATED SHALL BE SENT AN UNOFFICIAL COPY OF THE REPORT PREPARED BY THE ON-SITE SURVEY TEAM.

c. WITHDRAWAL

THE APPROVING BODY(IES) MAY WITHDRAW APPROVAL WHENEVER

(1) THE EDUCATIONAL PROGRAM IS NOT MAINTAINED IN ACCORDANCE WITH THE STANDARDS OUTLINED ABOVE, OR

(2) THERE ARE NO STUDENTS IN THE PROGRAM FOR TWO CONSECUTIVE YEARS.

APPROVAL SHALL BE REVOKED ONLY AFTER ADVANCE NOTICE HAS BEEN GIVEN TO THE HEAD OF THE INSTITUTION THAT SUCH ACTION IS CONTEMPLATED, AND THE REASONS THEREFORE, SUFFICIENT TO PERMIT TIMELY RESPONSE AND THE USE OF ESTABLISHED PROCEDURES FOR APPEAL AND REVIEW.

d. APPEAL

THE CHIEF ADMINISTRATIVE OFFICER OF THE INSTITUTION MAY APPEAL THE DECISION REGARDING STATUS OF APPROVAL BY SUBMITTING IN WRITING OBJECTIONS TOGETHER WITH SUPPORTING DATA AND A REQUEST FOR RE-EVALUATION. ACTION ON APPEAL SHALL BE TAKEN BY THE APPROVING BODY(IES) IN LINE WITH ESTABLISHED PROCEDURES.

e. REPORTS

AN ANNUAL REPORT SHALL BE MADE TO THE APPROVING BODY(IES) ON A FORM PROVIDED BY THESE BODIES.

Major changes in administration, faculty, curriculum and other areas directly affecting adherence to the Essentials should be promptly reported to the approving body(ies).

XI. APPLICATION AND INQUIRIES

A. APPROVAL

APPLICATION AND/OR INFORMATION REGARDING APPROVAL OF AN OCCUPATIONAL THERAPY ASSISTANT PROGRAM MAY BE OBTAINED FROM:

THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC.
1383 PICCARD DRIVE
ROCKVILLE, MARYLAND 20850

B. CERTIFICATION

INQUIRIES REGARDING CERTIFICATION OF QUALIFIED GRADUATES OF APPROVED PROGRAMS SHOULD BE ADDRESSED TO THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC.

C. CAREERS

INQUIRIES REGARDING CAREER INFORMATION SHOULD BE ADDRESSED TO THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC.

GLOSSARY

Following are definitions of terms as used in the Essentials of An Approved Educational Program for the Occupational Therapy Assistant.

Certification: the process by which a non-governmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association.

Client - Client(s): the person or persons receiving occupational therapy services. These services may be provided on an individual and/or group basis.

Cognitive Functioning: includes abilities and limitations in comprehension, written and verbal communication, concentration, problem solving, time management, conceptualization, and integration of learning.

Collect Data: includes explanation of the procedure to the client, as well as the actual collection of the data, and the recording of the results.

Competency: ability to perform at a pre-defined level.

Credentialing: the recognition of professional or technical competence.

Curriculum: that portion of an educational program which is concerned with the teaching/learning process.

Daily Life Tasks and Vocational Adjustment Programs: primarily concerned with work adaptation and work role and adjustment and where the tasks chosen are those which will promote and teach independent functioning, develop and enhance the ability to work, and/or fulfill age-specific life tasks and roles.

Entry-Level: officially recognized point of entry into a field at the technical or professional levels; levels for which a profession awards a credential.

Equivalency testing: the comprehensive evaluation of knowledge acquired through alternate learning experience as a substitute for established educational requirements.

Essentials: a policy document; standards for which an educational program is held accountable; the proper auxiliary verbs to use are: shall and must.

Shall: used in laws, regulations, or directives to express what is mandatory.

Must: an imperative need or duty; a requirement; an indispensable item.

Family: the persons who are related to the client; including spouses, parents, children, grandparents, aunts, uncles, nieces and nephews or persons in a family-surrogate role.

Guidelines: give examples of how Essentials may be interpreted to allow for flexibility; explain and amplify the Essentials; proper auxiliary verbs to use are: should, may, and could; shall and must may be used if reiterated from the Essentials.

Should: used to express ethical obligation or propriety.

May: expresses freedom or liberty to follow a suggested alternative.

Could: used to suggest another alternative for meeting the intent.

Health: Is an individual state of biological, social, and emotional well-being whereby an individual is capable and able to perform those tasks or activities which are important or necessary to promote and maintain a sense of well-being. This individual state of health is influenced by forces such as heredity, behavior, physical environment, and the economic and social system in which he lives.

Homemaker: man or woman who participates in the tasks and activities of home-making; meal planning and preparation, shopping, home maintenance, laundry, financial management, home repair, and child care.

Life Space: includes the individual's cultural background and human and non-human environment.

Life Style: the balance of self-care, work, and play/leisure time activities which promote optimal biological, cognitive, psychological and social functioning and health.

Motor Functioning: includes abilities and limitations in range of motion, gross muscle strength, muscle tone, endurance, functional use, and gross and fine motor skills.

Occupation: the goal-directed use of a person's time, energy, interest and attention.

Occupational Performance: the individual's ability to accomplish the tasks required by his role and related to his developmental stage. Roles include those of a pre-schooler, student, homemaker, employee, and retired worker. Occupational performance includes self-care, work, and play/leisure time performance.

Patient: one under medical treatment.

Performance Components: the learned and developmental patterns of behavior which are the substructure and foundation of the individual's occupational performance.

The performance components include:

- a. motor functioning
- b. sensory-integrative functioning
- c. cognitive functioning
- d. psychological functioning
- e. social functioning

Play/Leisure Time Performance: includes abilities and limitations in the performance of play and leisure time activities, such as: games, sports, hobbies, and social activities.

Pre-Schooler: infant to age six years.

Prevention and Health Maintenance Programs: have as their purpose the fostering of normal development, sustaining and protecting existing functions and abilities, preventing disability and/or supporting levels of restoration or change.

Proficiency: highly competent and skilled.

Proficiency Testing: assesses technical knowledge and skills related to the performance requirements of a specific job; such knowledge and skills may have been acquired through formal or informal means.

Program: organizational unit including administrative and educational resources necessary to prepare occupational therapy personnel.

Psychological Functioning: includes abilities and limitations in emotional states and feelings, coping behaviors and defenses, self-identity and self-concept.

Coping behaviors: includes abilities and limitations in ability to sublimate drives, find sources of need gratification, tolerate frustration and anxiety, experience gratification, and control impulses.

Self-identity and Self-concept: includes abilities and limitations in perceiving self-needs, feelings, conflicts, defenses; differentiating self needs and expectations from those of others; identifying areas of self-competence and limitations; accepting responsibility for self; coping with success and failure; perceiving sexuality of self; giving and receiving sexual gratification; having self-respect; having appropriate body image; viewing self as being able to influence events.

Remedial Programs: focus on the reduction of pathology or specific disability providing task and activity experiences which may diminish the particular impairment, restore or develop the individual's capacity to function.

Self-Care Performance: includes abilities and limitations in the performance of feeding, dressing, hygiene/grooming, transfer, and object manipulation activities.

Transfer activities: includes abilities and limitations getting in and out of bed, chair, wheelchair, car and bus.

Object manipulation activities: includes abilities and limitations in handling of common objects such as telephone, light switches, keys, doorknobs, money, etc.

Sensory-Integrative Functioning: includes abilities and limitations in body schema, posture and body integration, visual-spatial relationships, sensorimotor integration, reflex and sensory status.

Significant Others: refers to persons, excluding the individual's family, who have an important relationship to the individual. This could include the employer, teacher, nurse, attendant, physical therapist, social worker, physician, psychologist, therapeutic recreation specialist, vocational rehabilitation counselor, audiologist, speech pathologist, home economist and nutritionist.

Social Functioning: includes dyadic and group interaction.

Dyadic interaction: includes abilities and limitations in relationships to peers, subordinates, and authority figures; demonstrating trust, respect, and warmth; perceiving and responding to needs and feelings of others; engaging in and sustaining interdependent relationships.

Group interaction: includes abilities and limitations in performing tasks in the presence of others; sharing tasks; cooperating and competing with others; fulfilling a variety of group membership roles; exercising leadership skills; perceiving and responding to the needs of group members.

Work Performance: includes performance of student, homemaker and employee work activities.

Work skills: includes abilities and limitations in work habits, workmanship, and actual work skills related to student, homemaker and employee tasks.

KNOWLEDGE IN RELATION TO TYPES OF CLIENTS

PROJECT TO DELINEATE THE ROLES AND FUNCTIONS OF OCCUPATIONAL THERAPY PERSONNEL, FINAL REPORT, ROCKVILLE, MD., AMERICAN OCCUPATIONAL THERAPY ASSOCIATION. 1972, 3.3.1. Knowledge in Relation to Types of Clients, pg. 19-20

Entry-level occupational therapy personnel work with well and disabled persons of all age ranges, with varying degrees of minimal to multiple handicaps, and in acute and chronic stages of the disorder.

The following list includes some of the types of clients with whom entry-level occupational therapy personnel work. The number beside the type of client indicates the weighting level which was chosen by the forced-choice process used by individual members of the Resource Panel.

The weighting, according to degree of importance, is on a scale of 1-8. The lower numbers, 1-4, indicate that it is most important that entry-level occupational therapy personnel have the knowledge and skills required to evaluate, plan an occupational therapy program, and implement the program with these types of clients.

Persons with developmental and learning impairments such as:

- developmental disabilities and learning disorders (1)
- mental retardation (4)

Persons with psychiatric and/or social impairments such as:

- psychoses and neuroses (2)
- drug addiction (4)
- personality or character disorders; organic brain dysfunction (5)
- alcoholism (6)

Persons with physical impairments such as:

- hemiplegia; quadriplegia/paraplegia; cerebral palsy (2)
- arthritis (3)
- fractures; amputations; peripheral nerve injuries; multiple sclerosis; burns; cardiac conditions (4)
- congenital birth defects; muscular dystrophy; central nervous system dysfunction; visual limitations/ blindness; and multiple handicaps (5)
- auditory limitations/deafness; diabetes, kidney conditions; cancer (7)
- respiratory disorders/tuberculosis (8)

Persons with high-risk factors such as:

- persons over 70 years of age (3)
- cardiovascular impairments/hypertension; persons living in or coming from high-risk environments such as poverty areas and families with a history of mental illness, alcoholism, drug addiction, child abuse, etc. (4)