



Clinical Education Guidelines Manual

**Department of Rehabilitation Science
College of Allied Health
University of Oklahoma Health Sciences Center**


Date

Dear Student,

Please carefully read the Clinical Education Guidelines Manual. Sign the statement below to indicate that you understand the content and that you agree to adhere to the policies and guidelines.

Please sign and return this form to Randy Thomas (Tulsa, Room 2J24) or Jill May (OKC, Room 235) by the date specified in your clinical education course description.

Thank you.



Toby Hamilton, PhD, OTR/L, AFC
Academic Fieldwork Coordinator



Kathy Johnson, PT, MS, ACCE
Academic Coordinator of Clinical Education

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I have read, understand, and agree to adhere to the policies and guidelines in the Clinical Education Guidelines Manual.

Student's Signature

Date

Witness

Date

Clinical Education Guidelines Manual

Under Revision: June 2004

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The Department of Rehabilitation Science Clinical/Fieldwork Education Program: An Overview

The occupational therapy profession refers to academic experiences in the clinic as “fieldwork” and the physical therapy profession refers to the academic experiences as “clinical education”. The term “clinical education” will be used in this document hence forth, but shall mean clinical education for physical therapy and fieldwork for occupational therapy. The clinical education program of the Department of Rehabilitation Science exists within the academic programs in occupational therapy and physical therapy to allow students enrolled in course work to apply knowledge and skills acquired in the classroom and laboratory to the clinical setting. The primary goals of these programs include:

- Facilitate rapid application of knowledge and skills in the clinic setting soon after students have acquired them in the classroom and/or laboratory;
- Prepare the students for entry-level practice in a variety of practice settings;
- Promote the tenets of the Department of Rehabilitation Science in the clinic setting;
- Develop clinic sites to provide high quality learning experiences for students; and
- Treat every student fairly and impartially throughout this process.

The Academic Coordinator of Clinical Education (ACCE) and the Academic Fieldwork Coordinator (AFC) are faculty members who guide clinical education in the physical therapy program and the occupational therapy program respectively. The ACCE and AFC facilitate additional clinical experiences that are associated with other didactic courses and they coordinate the five clinical education courses within the curricula of the Department. The clinical education courses are:

Clinical Education I, OETH/PHTH 7322: Four-week full-time clinical experience that occurs in the summer of the first year. Interns will work with acutely ill patients and/or outpatients with general medical or musculoskeletal problems of the peripheral joints.

Clinical Education II, OETH/PHTH 7542: ~~Daily clinicals and possibly weekly blocks of full-time clinical practice during the spring semester of the second year. Students will work with patients with chronic conditions, emphasizing rehabilitation of adults and children with neurological conditions.~~

Daily clinical experiences and seminars are offered in conjunction with the coursework in OETH/PHTH 7515. These experiences will provide students with opportunities to interact with adults with selected neurological impairments and disabilities and children with neurological disabilities and their families. Students will apply principles learned in OETH/PHTH 7515, Issues and Intervention for People with Neurological Problems in case-based formats.

Clinical Education III, OETH/PHTH 7543: Occurs during the summer semester of the second year. Physical therapy interns will have a seven-week full-time clinical experience. Occupational therapy interns will have an eight-week full-time clinical experience. Interns will work with a variety of patients with any diagnosis, including neurological and musculoskeletal problems.

Clinical Education IV, OETH/PHTH 7723: One eight-week full-time clinical experience that occurs during the last half of the fall semester of the third year, associated with specialty course work (including pediatrics, geriatrics, sports medicine, etc) or particular

area of interest to the student.

Clinical Education V, OCTH/PHTH 7823: One eight-week full-time clinical experience that occurs during the last half of the spring semester of the third year. This experience can occur in any setting, as it is dependent on the individual student's portfolio of internships to-date. The goal of this experience is to make the student's overall clinical experiences as varied and "well-rounded" as possible.

The AFC and ACCE develop the course descriptions for the clinical education courses, establish clinical education sites, coordinate student placement, and serve as a liaison between the academic program, the clinical education site, and students. Successful completion of each clinical education course is determined by the evaluation of student performance by the AFC for occupational therapy or the ACCE for physical therapy. The syllabus for each clinical education course clearly identifies the criteria students must achieve. The evaluation is based on clinical instructor/fieldwork educator assessment of each student / intern's performance in the following categories:

- the student's knowledge, skills, and attitudes,
- professional behavior, and
- satisfactory completion of all clinical assignments.

Along with the ACCE and AFC, the key participants in the clinical education experience are:

- The **student** or **intern**, who is an active participant in the clinical education experience. It is appropriate for individuals on short term (i.e.: less than one week) experiences to refer to themselves as a "student." Those who are on long term or full-time experiences should refer to themselves as an "intern." When signing documents related to clinical education (patient notes, evaluation forms, clinical instruments), students or interns should designate their level of education as follows:

OTS1 / SPT1: students in their first year (first three semesters) of course work
OTS2 / SPT2: students in their second year (fourth - sixth semesters) of course work
OTS3 / SPT3: students in their third year (seventh and eighth semesters) of course work.

Students/Interns of the Department of Rehabilitation Science are required to abide by University, College, and Department Clinical Policies and Procedures; the Standards of Professional Conduct of each profession, and the respective profession's Code of Ethics in the clinic setting.

Students who do not exhibit required professional behavior as evaluated by faculty will be dismissed from the professional program in which they are enrolled.

- In the clinical setting, occupational therapy students/interns are supervised by occupational therapists who are known as fieldwork educators. Physical therapists who supervise students/interns are referred to as clinical instructors.

Some clinical education sites may have additional people devoted to clinical education, such as Center Coordinators of Clinical Education (CCE) or Fieldwork Coordinator.

Clinic Education Site Selection

The clinical education program in the Department of Rehabilitation Science strives to select, develop, and maintain quality clinic sites in which students/interns work under the supervision of clinical instructors/fieldwork educators to practice the skills required to become entry-level practitioners. Many of the Department's clinical education sites are located throughout Oklahoma, in both metropolitan and rural areas.

The department emphasizes selection of sites within Oklahoma for a number of reasons:

- given that OU wishes to be an active participant in the communities around all of its campuses, we strive to place students in those area clinics as much as possible;
- because OU is a state institution, we require at least one of the four full-time internships to be within Oklahoma;
- it is typically more fiscally manageable for students to stay in-state for clinical experiences; and
- in deference to the physical therapist, occupational therapist, physical therapist assistant, and occupational therapy assistant programs in other states who are trying to place students of their own, OU feels it important to minimize competition for these internship positions.

The clinical education program takes great care in selecting clinical education sites. Clinics must meet the following criteria to be considered by the Academic Coordinator of Clinical Education and Academic Fieldwork Coordinator:

- The philosophy of the clinical education site and clinical instructor/fieldwork educator is compatible with that of the Department of Rehabilitation Science;
- The clinical education site plans to offer student/internship positions in an ongoing manner;
- Clinical education experiences for students are planned to meet specific objectives of the academic program, the clinical instructor/fieldwork educator, and the individual student;
- The clinical instructor and all personnel at the clinical education site provide services in an ethical and legal manner;
- The clinical education site is committed to the principle of equal opportunity and affirmative action as required by federal legislation;
- The clinical education site demonstrates administrative support of clinical education;
- The clinical education site has a variety of learning experiences available to students;
- The clinical education site provides an active, stimulating environment appropriate to the learning needs of students;
- Selected support services are available to students;
- Roles and responsibilities of clinic personnel are clearly defined;
- The clinic personnel are adequate in number to provide an educational program for students;
- Clinical instructor/fieldwork educator demonstrates clinical competence, effective communication skills, effective instructional skills, effective supervisory skills, effective performance evaluation skills, and professional behavior, conduct, and skill in interpersonal relationships.

- Clinic personnel are active in professional activities.

**** Given that the clinical education program currently has a sufficient number of quality clinical education sites, it is highly unlikely that the ACCE and AFC will develop additional sites at the request of students. If a student thinks that a site would be an exceptional learning experience, that student may suggest it to the ACCE or AFC, who will decide if establishing a contract is warranted. Students should not consider clinical education experiences as opportunities to travel, or as a means of staying near friends or loved ones. The ACCE and AFC will not consider developing clinical contracts for reasons such as these.***

Procedure for Matching Students to Clinical Education Sites

Guiding Tenets:

- Allow students to participate in selecting the sites of their full-time clinical experiences.
- Provide students with a broad exposure to clinical experiences, emphasizing type of setting and patient populations served.
- Emphasize student placements in Oklahoma clinics, then to surrounding states, then to remaining affiliation sites. At least one full-time internship (i.e.: greater than four weeks) must occur in Oklahoma.
- Attempt to match students to facilities with an established history of quality clinical education experiences, versus developing new affiliations (consideration is given to "untried" facilities in Oklahoma).
- Treat each student fairly and impartially throughout this process.

Procedure:

- The ACCE and AFC secure internship positions from clinical facilities that have:
 - A current and valid contract with the College of Allied Health.
 - Offered clinical positions to students for upcoming internships.
 - Provided a positive learning experience to students.

Securing of internship positions begins one year prior to the actual internships, with reservations being confirmed two to three months prior to offering the positions to students.

- The ACCE and AFC meet with the students to discuss the matching process and provide instructions. Students may view the database (appendix A) on each site to gather information about the site.
- Each student submits ten choices for an internship into the database:
 - Students cannot participate in an internship in which they have recently worked, in which they have relatives, in which they have a work-payback agreement, or under other circumstances that may prevent impartial assessment of the student/intern's performance.
- As all students make their choices, the ACCE and AFC encourage the students to

make their last two choices sites that lie outside the metropolitan areas, where students could stay with family/friends/etc. to minimize the chance of not being matched to a clinic. Any student who chooses only metro facilities runs a risk of not being matched to a facility.

- Students enter their choices into the database.

- The database program's top priority is to match as many students to their first choice as possible. To achieve this, the program views all student choices and matches those whose first choice was not duplicated by another student. For students who chose the same clinic as their first choice, the program randomly selects one of the students and matches the selected student to that clinic. The program will randomly select the remaining students and match them to the facilities that are left, with priority to giving the students their top choice (i.e.: giving the students their second choice, and if that is taken, the third, fourth, and so on).
- Once the program is run, students not matched to one of their ten choices are given the list of remaining clinic sites. They are given time to review the files on the remaining sites, then will meet with the ACCE or AFC to determine final placement.
 - If more than one student requires matching to a specific type of facility, placement is determined by putting all students' names in a hat, and drawing one out at a time. The first student whose name is drawn chooses from the remaining facilities. The next student whose name is drawn makes the next choice, and so on until all students are matched.
- Following matching of all students, the students will have one day to execute any "trades" with other students. All trades must be approved by the ACCE or AFC.
- Clinics are then notified of student matches and no further altering of the assignments will occur.
- Approximately one month to a few weeks prior to the beginning of the internship(s) the ACCE and AFC will provide the students with a course description and review it with the students, as well as any other information pertinent to the internship.

Policy on Student/Intern Responsibilities

Students are assigned to clinical education/fieldwork sites based on a legally binding contract between the sponsoring clinical site and the Department of Rehabilitation Science and the College of Allied Health. The primary purpose of each site is to provide quality patient/client services. Students are required to abide by the requirements of the contract and follow the Department Clinical Policies and Procedures.

Preparation for Clinical Education

1. Learn the policies and procedures and background information about the assigned clinical education/fieldwork site from the Department's site folder.
2. PT students should self-evaluate on each item of the CPI in pencil to facilitate discussion with the clinical instructor about potential learning opportunities that might be available during the clinical experience.
3. Write and send a letter confirming the clinical education/fieldwork experience dates to the clinical instructor/fieldwork educator a minimum of two weeks in advance of the starting date. Include a brief description of your learning goals and expectations for the clinical experience. Include the Personal Data sheet given to you at your initial meeting.
3. Maintain immunizations, and obtain, at a minimum, "major medical" health insurance (and liability insurance prior to the beginning of the placement. **No student will be allowed to participate in the clinical assignment if the health form is deficient or if health insurance is not obtained prior to the first day of the experience.**
4. Assume the costs associated with the clinical education/fieldwork experience including arranging for own transportation to and from the clinical site and housing, as needed.
5. Be prepared to explain use of the appropriate performance assessment forms to the clinical instructor/fieldwork educator, and provide copies.

While Completing Clinical Education Experiences

6. Comply with all policies and procedures of the clinical site. Arrive on time; respect lunch breaks; and always give prompt notification of absences. Complete necessary paperwork as requested.
7. Comply with all policies and procedures of the Department of Rehabilitation Science, including attendance policy, dress code, and professional behavior expectations.
8. Know the clinical assessment tool criteria and its application to your professional growth.
9. Fulfill all duties and assignments made by the clinical instructor/fieldwork educator within the time limit specified.
10. Perform therapy interventions that are appropriate, safe, and effective as judged by the clinical instructor/fieldwork educator. Provide evidence to support your clinical decisions.
11. Successfully complete all assignments of the clinical course and submit them to the academic program on time.

12. Adhere to the profession's *Code of Ethics* and accompanying guides for professional conduct.
13. Assume responsibility for on-going problem solving with the clinical instructor/fieldwork educator to resolve challenges or conflicts that arise during the experience. Initiate immediate discussion with the clinical instructor/fieldwork educator as concerns arise; clearly communicate needs that are not being met. If satisfactory resolution of concerns or needs cannot be obtained, contact the ACCE/AFC immediately for guidance. If problems arise that cannot be discussed with the clinical instructor/fieldwork educator, contact the ACCE/AFC immediately.
14. If performance is rated as "unsatisfactory" by the supervising therapist, develop a written plan for correction, and review it with the clinical instructor/fieldwork educator for input and approval (including clinical instructor/fieldwork educator's signature). FAX the plan to the ACCE/AFC immediately following discussion with the clinical instructor/fieldwork educator. If unsatisfactory performance is identified at the midterm of the experience, notify the ACCE/AFC immediately.
15. Notify the clinical site and the educational program of current address and phone number and update as necessary.
16. Reschedule makeup time for any absences.
17. Complete any required forms and health requirements of the clinical site as outlined in the facility folder, facility policy and procedures, or clinical contract.
18. Complete, discuss, and provide to the clinical instructor/fieldwork educator appropriate evaluation of the experience using Department forms.
19. Send the student assessment (Fieldwork Evaluation Form or Clinical Performance Instrument) to the ACCE/AFC on the last day of the clinical education/fieldwork experience.
20. Enroll in each required clinical education course and pay the accompanying tuition and fees.
21. Write a letter of appreciation to the appropriate individuals, (e.g. clinical instructor/fieldwork educator, department supervisor, clinical site administrator) for the educational opportunities provided.
22. ~~Complete~~— Read and sign the following Internship Contract as evidence of your understanding of student responsibilities in clinical education. *I think this should be moved to the "preparation" section.*

**Department of Rehabilitation Science
Internship Contract**

Clinical Education I, II, III, IV, and V

Students: please read this contract carefully. Print your name on the blank line at the top of the contract, then check the box beside each item to indicate that you have read it and understand that it is an expectation of you during each Clinical Education course. Finally, sign and date the contract at the end.

I _____ pledge on my honor that for every clinical education experience, **I will:**

- Show up.
- Show up on time.
- Show up prepared.
- Show up in a frame of mind appropriate to the professional task.
- Show up properly attired.
- Accept that "on time," "prepared," and "properly attired" are defined by the situation, the task, or by another person.
- Accept that my first duty is to the ultimate welfare of the persons served by the profession and that "ultimate welfare" is a complex mix of desires, wants, needs, ability, and capacity.
- Recognize that professional duties and situations are about completing tasks and about solving problems in ways that benefit others, either immediately or in the long term Professional responsibilities are not about me. When I am called upon to behave as a professional, I am not the patient, the customer, the star, or the victim.
- Place the importance of professional duties, tasks, and problem solving above my own convenience.
- Strive to work effectively with others for the benefit of the persons served. This means I pursue professional duties, tasks, and problem solving in ways that make it easier (not harder) for others to accomplish their work.
- Properly credit others for their work.
- Sign my work.
- Take responsibility for my actions, my reactions, and my inaction. This means I do not seek to export responsibility by offering excuses, by blaming others, by emotional displays, or by helplessness.

(continued)

- Not accept professional duties for which I am personally or professionally unprepared.
- Do what I say I will do. By the time I said I would do it. To the extent that I said I would do it. And to the level of quality that I said I would do it.
- Take responsibility for expanding the limits of my knowledge, understanding, and skill.
- Vigorously seek and tell the truth, including those truths that may be less than flattering to me.
- Accept direction (including correction) from those who are more knowledgeable or more experienced. I will provide direction (including correction) to those who are less knowledgeable or less experienced.
- Value the resources required to provide professional duties and tasks, including my time and that of others.
- Accord respect to the values, interests, and opinions of others that may differ from my own, as long as they are not objectively harmful to the persons served.
- Accept the fact that others may establish objectives for me. While I may not always agree with those goals, or may not fully understand them, I will pursue them as long as they are not objectively harmful to the persons served.
- Agree that when I attempt a task for the second time, I will seek to do it better than I did it the first time. I will revise the ways I approach duties, tasks, and problem solving in consideration of peer judgments of best practice.
- Accept the imperfections of the world in ways that do not compromise my pursuit of excellence.
- Base my opinions, actions, and relations with others upon empirical evidence, and upon examined personal values consistent with the above.
- Expect all of the above from other professionals.

By my signature, I affirm that I have read and understand that these are among the expectations that others have of me as I fulfill my duties as an intern representing the University of Oklahoma Department of Rehabilitation Science.

(signature)

(date)

Policy on ACCE/AFC Responsibilities

The Academic Coordinator of Clinical Education (ACCE) and the Academic Fieldwork Coordinator (AFC) are committed to facilitating the student's successful completion of each clinical education course by abiding by the following policies:

1. Assign all eligible students to clinical education/fieldwork experiences.
2. Assure that written contracts and Letters of Agreement between the University and clinical site are signed and regularly reviewed. A current, signed contract must be on file before a student is sent on a clinical education/fieldwork experience at the site.
3. Orient students to the purposes of clinical education experiences, the policies and procedures to be followed, and the requirements of the formal contract.
4. Maintain open communication with each clinical instructor/fieldwork educator responsible for supervising a student intern by methods that include telecommunication, on-site visits, email, fax transmissions, written correspondence.
5. Maintain a current file of information describing each clinical education/fieldwork site and its student policies and procedures for student and faculty reference.
6. Develop new clinical education experiences that meet the criteria and guidelines established by the Department.
7. Provide pertinent copies of course information to clinical instructors/fieldwork educators and students.
8. Evaluate materials submitted by students that fulfill the requirements of the clinical education course.
9. If challenges, conflicts, or problems arise at any time during the student's clinical experience, upon notification of such, the ACCE/AFC will maintain contact with the relevant person(s) with the goal of achieving a successful resolution. The ACCE/AFC serves as a resource to both students and clinical instructors/fieldwork educators to assist with resolution of issues that are identified during the experience, and to provide advisement as necessary in collaboration with the clinical instructor/fieldwork educator and the student.
10. If deemed appropriate, terminate a student from a clinical education experience in accordance with policies of the university and clinical site.
11. Evaluate the supervising therapist's assessment of each student's performance and determine the course grade applying stated criteria of the respective course.
12. Thank facilities for providing clinical education/fieldwork experiences for students from the Department of Rehabilitation Science.

13. Arrange remediation experiences for students who are eligible for reassignment according to Department remediation policy.
14. Assess continuing education needs in clinical education of clinical instructors/fieldwork educators.
15. ~~Plan and implement activities to develop and support clinical teaching skills of~~ ~~Conduct~~ ~~clinical education meetings to facilitate development of skills~~ of clinical instructors/fieldwork educators.

Policy on Clinical Instructor/Fieldwork Educator Responsibilities

The clinical instructor/fieldwork educator is committed to facilitating the student's successful completion of each clinical education course by abiding by the following policies:

1. Collaborate with the ACCE/AFC in the development of a program that provides the best opportunity for the student to implement theoretical concepts and clinical skills offered in the academic educational program.
2. Prepare, maintain, and send to the ACCE/AFC current information about the clinical site, including a statement of the conceptual model from which patient evaluation is derived and upon which treatment is based.
3. Establish a general student schedule in collaboration with the ACCE/AFC.
4. Describe the philosophy of the clinical site and provide written objectives for the clinical education/fieldwork experience. Provide information to the ACCE/AFC for the Department reference file.
5. Know the parameters of the student assessment tool and its application to student assessment and development.
6. Provide a formal assessment of each student at the midpoint and conclusion of the clinical experience. One copy of the final assessment must be signed by both the clinical instructor/fieldwork educator and the student and sent to the ACCE/AFC. One copy must be provided to the student.
7. Be knowledgeable of the Policy and Procedure Regarding Inadequate Student Performance or Conflict and the Policy and Procedure for Clinical Education Termination. Clarify with ACCE/AFC as necessary.
8. Immediately notify the ACCE/AFC of any student with whom the clinical site begins remediation advisement that may require dismissal of the student.
9. Prior to each student placement in the clinical site, review the contractual agreement between the academic education institution and the clinical site to assure that these agreements are current.
10. Provide regular and adequate supervision of students. Interns and clinical instructor/fieldwork educators should meet informally and formally throughout the internship to ensure timely, open communication and to assess performance. Informal sessions will occur as the need arises; formal feedback sessions should occur at least weekly.
11. Maintain copies of release of information for clinical education sites for each student.

While a student/intern is completing a clinical education/fieldwork experience, the direct day-to-day supervisory responsibilities of the clinical instructor/fieldwork educator include, but are not limited to the following:

1. Provide an orientation to the clinical site and specific departmental policies and procedures. Discuss any "unwritten" policies that may impact student performance.

2. Review specific skills required of the intern that are to be successfully completed at the site by the end of the experience. Identify opportunities for interns to apply skills that are either not available or required at the respective clinical site.
3. Plan and facilitate learning experiences and student achievement of required skills.
4. Question and challenge the student about patient evaluation and management strategies and the related decision-making process. Model clinical decision-making by “thinking aloud” the critical clinical problem solving process during activities that directly and/or indirectly relate to patient care and professional judgment.
5. Facilitate the intern’s problem solving skills based on applying evidence from the literature.
6. Provide supervision that assures careful assessment and documentation of skill, attitude, and knowledge level of the student.
7. Assess and guide student performance by meeting formally at the end of each week to document performance and identify student strengths and weaknesses.
8. Formally assess the student’s performance at the midpoint and conclusion of the clinical education/fieldwork experience using the performance instrument.
9. Contact the ACCE/AFC when a student demonstrates unsatisfactory performance or unsatisfactory progress in any given skill or knowledge area.
10. Maintain a professional relationship with the student intern.

Policy and Procedures for Inadequate Student Performance or Conflict

If a student's conduct in any way disrupts services to patients or relationships in the clinical education site, the clinical instructor/fieldwork educator or the ACCE/AFC may recommend formal advisement sessions. The student may also request the input of the ACCE/AFC in advisement sessions with the clinical instructor/fieldwork educator. The following procedures will be followed:

- Before the ACCE/AFC becomes involved, a resolution attempt must be made by the student and the clinical instructor/fieldwork educator to address the identified issues.
- The clinical instructor/fieldwork educator and the student are asked to document the situation and to make such documentation available to the ACCE/AFC upon request.
- The ACCE/AFC will become involved when either the student or the clinical instructor/fieldwork educator requests assistance **or when the ACCE/AFC determines that the goals of the clinical experience are not being met.**
- The ACCE/AFC's goal is to insure that the best interests of the student, the clinical education site, the university, the profession, and the general public are met. In this role, the ACCE/AFC serves as an arbitrator or mediator, facilitating all interests.
- The student and the clinical instructor/fieldwork educator will meet with the ACCE/AFC to share perceptions and define the problem as it relates to the clinical experience.
- The involved parties will determine possible alternative solutions to the problem, evaluate alternative solutions, and select solutions for implementation.
- A corrective action plan will be devised by the student and clinical instructor/fieldwork educator with the assistance of the ACCE/AFC that outlines the corrective steps to be taken, the consequences should the issue not be resolved, the responsibility of each person involved, and the time frame for plan completion and reviews. Both the student and the clinical instructor/fieldwork educator will sign and date the action plan with copies retained by the student, the clinical instructor/fieldwork educator, and the ACCE/AFC.
- The action plan will be reviewed at the completion date established in the action plan.
- The ACCE/AFC will meet with the student and the clinical instructor/fieldwork educator at the completion date to determine if the solution implemented has proven successful.

Possible outcomes for inadequate student performance or conflict include:

- a. clinical education/fieldwork problem is resolved; experience to be continued to completion,
- b. clinical education/fieldwork problem partially resolved with additional action plan(s) or remedial assistance required if the experience is to be continued, or
- c. clinical education/fieldwork problem appears unresolvable and the clinical experience is terminated.

In cases that remain unresolved, the ACCE/AFC will make a determination of the outcome. One possible outcome is the student receiving the grade of “unsatisfactory” for the clinical education course.

Policy and Procedure for Termination of Clinical Education Experience

If a student's conduct or performance in any way disrupts services to patients or relationships in the clinical education site, the clinical instructor/fieldwork educator may dismiss the student or the ACCE/AFC may immediately terminate the student's placement. Areas of conduct are not limited to technical skills of the profession, but also include commitment to learning, effective interpersonal skills, effective communication skills, effective use of time and resources, appropriate use of feedback, acceptable problem-solving abilities, professionalism, responsibility, critical thinking, and effective stress management.

One or more of the following actions or like actions may be grounds for immediate termination by the University. Examples are given for clarification only, and in no way limit the possible grounds for immediate termination.

- Student performance is in violation of sound patient/client treatment or creates a threat to the welfare of the patient/client.
- Student behavior creates a concern for the continued positive relationship between the University and the clinical site.
- Student performance jeopardizes relationships between employees of the clinical site.
- Student action jeopardizes relationships between clinical site staff and patient/clients.
- Student fails to adhere to clinical site, Department, and/or University policies and procedures.
- Student exhibits poor professional judgment leading to inadequate or unsafe patient care or unethical conduct.
- Student fails to demonstrate ability to apply adequate concepts for patient care as practiced at the clinical site at the level expected.
- Student fails to alter unacceptable behavior after advisement.
- Student deliberately misrepresents his or her level of competency.
- Student is absent from the clinical education/fieldwork experience to the extent that absences cannot reasonably be rescheduled or assessment of performance is difficult.
- Student dates a patient currently undergoing any form of treatment at the clinical site.
- Student dates a staff member employed at the clinical site.
- Student deceives or attempts to deceive the clinical instructor/fieldwork educator or the ACCE/AFC in a matter that affects the trusting relationship necessary to clinical education/fieldwork performance or the development of professional qualities.
- Student informs the patient/client or family of personal disagreement with an aspect of care.

- Student requests withdrawal from clinical education site due to poor health, personal problems, or perceived inadequacy of the learning experience.

If a student is dismissed from the clinical education site, or the clinical education/fieldwork experience is terminated, the following occurs:

- The student, clinical instructor/fieldwork educator, and the ACCE/AFC will be informed of the dismissal or termination, its rationale, and effective date. The student is given a grade of "U" for the clinical education course.
- Once dismissed or terminated, the student may not return to the site for future clinical education/fieldwork experiences.
- Once dismissed or terminated, the student or his/her agents may not interact with the clinical site, its staff, or patients/clients in any manner.
- Prior to re-enrollment in a clinical education course, the student must submit a written plan of action for successful remediation of deficit areas to the ACCE/AFC, who determines student readiness for re-enrollment. Additional remediation may be required that could take many forms that include, but are not limited to, enrollment in directed studies courses, remedial clinical work, independent study.
- The ACCE/AFC will make recommendations and determine successful completion of the remediation plan prior to rescheduling of the student's future clinical education/fieldwork experience.
- The ACCE/AFC will reschedule the clinical education/fieldwork experience as soon as possible.
- Students may be granted the opportunity to re-enroll in a clinical education course in which they have received a grade of "U" one additional time. Students who do not successfully complete the course the second time will be dismissed from the program.

OCCUPATIONAL THERAPY CODE OF ETHICS

The American Occupational Therapy Association's *Code of Ethics* is a public statement of the values and principles used in promoting and maintaining high standards of behavior in occupational therapy. The American Occupational Therapy Association and its members are committed to furthering people's ability to function within their total environment. To this end, occupational therapy personnel provide services for individuals in any stage of health and illness, to institutions, to other professionals and colleagues, to students, and to the general public.

The *Occupational Therapy Code of Ethics* is a set of principles that applies to occupational therapy personnel at all levels. The roles of practitioner (registered occupational therapist and certified occupational therapy assistant), educator, fieldwork coordinator, faculty program director, researcher-scholar, entrepreneur, student, support staff member, and occupational therapy aide are assumed.

Any action that is in violation of the spirit of purpose of this Code shall be considered unethical. To ensure compliance with the Code, enforcement procedures are established and maintained by the Commission of Standards and Ethics. Acceptance of membership in the American Occupational Therapy Association commits members to adherence to the *Code of Ethics* and its enforcement procedures.

Principle 1 (Beneficence)

Occupational therapy personnel shall demonstrate a concern for the well-being of the recipient of their service.

- A. Occupational therapy personnel shall provide services in an equitable manner for all individuals.
- B. Occupational therapy personnel shall maintain relationships that do not exploit the recipient of services sexually, physically, emotionally, financially, socially or in any other manner. Occupational therapy personnel shall avoid those relationships or activities that interfere with professional judgement and objectivity.
- C. Occupational therapy personnel shall strive to ensure that fees are fair, reasonable, and commensurate with the service performed and are set with due regard for the service recipient's ability to pay.

Principle 2 (Autonomy, Privacy, Confidentiality)

Occupational therapy personnel shall respect the rights of the recipients of their services.

- A. Occupational therapy personnel shall collaborate with service recipients or their surrogate(s) in determining goals and priorities throughout the intervention process.
- B. Occupational therapy personnel shall fully inform the service recipients of the nature, risk, and potential outcomes of any interventions.
- C. Occupational therapy personnel shall obtain informed consent from subjects involved in research activities indicating they have been fully advised of the potential risks and outcomes.

- D. Occupational therapy personnel shall respect the individual's right to refuse professional services or involvement in research or educational activities.
- E. Occupational therapy personnel shall protect the confidential nature of information gained from educational, practice, research, and investigational activities.

Principle 3 (Duties)

Occupational therapy personnel shall achieve and continually maintain high standards of competence.

- A. Occupational therapy practitioners shall hold the appropriate national and state credentials for providing services.
- B. Occupational therapy personnel shall use procedures that conform to the Standards of Practice of the American Occupational Therapy Association.
- C. Occupational therapy personnel shall take responsibility for maintaining competence by participating in profession development and educational activities.
- D. Occupational therapy personnel shall perform their duties on the basis of accurate and current information.
- E. Occupational therapy practitioners shall protect service recipients by ensuring that duties assumed by or assigned to other occupational therapy personnel are commensurate with their qualifications and experience.
- F. Occupational therapy practitioners shall provide appropriate supervision to individuals for whom the practitioners have supervisory responsibility.
- G. Occupational therapist shall refer recipients to other service providers or consult with other service providers when additional knowledge and expertise are required.

Principle 4 (Justice)

Occupational therapy personnel shall comply with laws and Association policies guiding the profession of occupational therapy.

- A. Occupational therapy personnel shall understand and abide by applicable Association policies; local, state, and federal laws; and institutional rules.
- B. Occupational therapy personnel shall inform employers, employees, and colleagues about those laws and Association policies that apply to the profession of occupational therapy.
- C. Occupational therapy practitioners shall require those they supervise in occupational therapy related activities to adhere to the *Code of Ethics*
- D. Occupational therapy personnel shall accurately record and report all information related to professional activities.

Principle 5 (Veracity)

Occupational therapy personnel shall provide accurate information about occupational therapy services.

- A. Occupational therapy personnel shall accurately represent their qualifications, education, experience, training, and competence.
- B. Occupational therapy personnel shall disclose any affiliations that may pose a conflict of interest.
- C. Occupational therapy personnel shall refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive or unfair statement or claims.

Principle 6 (Fidelity, Veracity)

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

- A. Occupational therapy personnel shall safeguard confidential information about colleagues and staff members.
- B. Occupational therapy personnel shall accurately represent the qualifications, views, contributions, and findings of colleagues.
- C. Occupational therapy personnel shall report any breaches of the *Code of Ethics* to the appropriate authority.

Enforcement procedures are available from the Department of Professional Services, 4720 Montgomery Lane, Bethesda, MD 20824. Complaints should be addressed to the Standards and Ethics Chair at the same address.

Approved by the Representative Assembly, April 1994.

This document replaces the Principles of Occupational Therapy Ethics, originally approved April 1977 and approved as revised 1979.

Previously published and copyrighted in 1994 by the American Occupational Therapy Association in *The American Journal of Occupational Therapy*, 48, 1037-1038

Guidelines to the Occupational Therapy Code of Ethics

Ruth A. Hansen, PhD, FAOTA

For: Mary P. Taugher, PhD, OT, FAOTA, Chairperson, Commission on Standards and Ethics

Introduction

The Guidelines to the Occupational Therapy Code of Ethics (Guidelines) are organized under main topics that reflect the issues that members of the American Occupational Therapy Association (AOTA) most frequently raise. The topic headings are honesty, communication, ensuring the common good, competence, confidentiality, conflict of interest, the impaired practitioner, sexual relationships, and payment for services. Following each heading is a brief description of the topic and a general description of the desired behaviors. Several statements that are examples of desired action in more specific situations follow these descriptions. The final section of the paper describes steps that can be taken to resolve ethical issues.

The Guidelines to the Occupational Therapy Code of Ethics are overarching statements of morally correct action. The Guidelines also indicate a level of expected professional behavior. The Guidelines can be used to provide clarification when a perplexing problem arises, can be used as educational or supervisory tools, and can be used to educate the public. The Guidelines, Core Values and Attitudes of Occupational Therapy Practice (AOTA, 1993), and the Code of Ethics (AOTA, 1994) are all aspirational rather than legal documents. These documents are designed to be used together in the deliberation of ethical concerns. The Guidelines are moral and philosophical statements that encourage occupational therapy practitioners to attain a high level of professional behavior. They also bind the profession to the singular purpose of assuring the public of high-quality occupational therapy services. The following terms are used throughout this document and are defined as follows:

Occupational Therapist - Any individual initially certified to practice as an occupational therapist or licensed or regulated by a state, district, commonwealth or territory of the United States to practice as an occupational therapist.

Occupational Therapy Assistant - Any individual certified to practice as an occupational therapy assistant or licensed or regulated by a state, district, commonwealth, or territory of the United States to practice as an occupational therapy assistant.

Occupational Therapy Practitioner- A term that is inclusive of both Occupational Therapists and Occupational Therapy Assistants.

Occupational Therapy Personnel - For the purposes of this paper, this term includes all staff and personnel who work and assist in providing occupational therapy services (e.g., aides, orderlies, secretaries, technicians).

1. Honesty:

Be honest with yourself, be honest with all you come in contact with. Know your strengths and limitations.

1.1 In education, research, and clinical practice, individuals must be honest in receiving and disseminating information by providing opportunities for informed consent and for discussion of available options.

1.2 Occupational therapy practitioners must be certain that informed consent has been obtained prior to the initiation of services, including evaluation. If the service recipient cannot give informed consent, the practitioner must be sure that consent has been obtained from the person who is legally responsible for the service recipient.

1.3 Occupational therapy practitioners must be truthful about their individual competencies as well as the competence of those under their supervision. In some cases the therapist may need to refer the client to another professional to assure that the best possible services are provided.

1.4 Referrals to other health care specialists shall be based exclusively on the other provider's competence and ability to provide the needed service.

1.5 All documentation must accurately reflect the nature and quantity of services provided.

1.6 Occupational therapy practitioners terminate services when the services do not meet the needs and goals of the service recipient, or when services no longer produce a measurable outcome.

1.7 All marketing and advertising must be truthful and carefully presented to avoid misleading the consumer.

2. Communication:

Communication is important in all aspects of occupational therapy. Individuals must be conscientious and truthful in all facets of written, verbal, and electronic communication.

2.1 Occupational therapy personnel do not make deceptive, fraudulent, or misleading statements about the nature of the services they provide or the outcomes that can be expected.

2.2 Occupational therapy personnel shall not divulge confidential information or information that may cause harm to the consumer. Caution must be taken to assure that confidentiality is maintained in verbal, written, or electronically transmitted communications.

2.3 Professional contracts for occupational therapy services shall explicitly describe the type and duration of services as well as the duties and responsibilities of all involved parties.

2.4 Documentation for reimbursement purposes shall be done in accordance with applicable laws and regulations.

2.5 Documentation shall accurately reflect the service delivered and the outcomes. It shall be of the kind and quality that satisfies the scrutiny of peer reviews, legal proceedings, and accrediting agencies.

2.6 Occupational therapy personnel must be honest in gathering and giving fact-based information regarding job performance and fieldwork performance. Information given shall be timely and truthful, accurate, and respectful of all parties involved.

2.7 Documentation for supervisory purposes shall accurately reflect the factual components of the interactions and the expected outcomes.

2.8 Occupational therapy personnel must give credit and recognition when using the work of others.

2.9 Occupational therapy personnel do not fabricate data, falsify information, or plagiarize.

2.10 Occupational therapy personnel refrain from using biased or derogatory language in written, verbal, and electronic communication about patients, clients, students, research subjects, and colleagues.

2.11 Occupational therapy personnel who provide information through oral and written means shall emphasize that service delivery for individual problems cannot be treated without proper individualized evaluations and plans of care.

3. Ensuring the Common Good:

Individuals are expected to increase everyone's awareness of the profession's social responsibilities to help ensure the common good.

3.1 Occupational therapy practitioners take steps to make sure that employers are aware of the ethical concepts of the profession and occupational therapy personnel's adherence to those ethical concepts.

3.2 Occupational therapy personnel shall be diligent stewards of human, financial, and material resources of their employers. They shall refrain from exploiting these resources for personal gain.

3.3 Occupational therapy personnel shall never use funds for unintended purposes or misappropriate funds.

3.4 Occupational therapy personnel should actively work with their employer to prevent discrimination and unfair labor practices. They should also advocate for employees with disabilities to ensure the provision of reasonable accommodations.

3.5 Occupational therapy personnel should actively participate with their employer in the formulation of policies and procedures. They should do this to ensure

that these policies and procedures are legal and that they are consistent with the Code of Ethics.

3.6 Occupational therapy personnel who participate in a business arrangement as owner, stockholder, partner, or employee have an obligation to maintain the ethical principles and standards of the profession. They also shall refrain from working for or doing business with organizations that engage in illegal business practices (e.g., fraudulent billing).

3.7 Occupational therapy personnel in educational settings are responsible for promoting ethical conduct by students and by both academic and clinical colleagues.

3.8 Occupational therapy personnel involved in or preparing to be involved in research (educational or clinical) need to obtain formal institutional approval prior to initiating that research.

3.9 Occupational therapy personnel shall respect the right of the individual to decline to receive occupational therapy interventions or to be involved in research.

4. Competence:

Individuals are expected to work within their areas of competence and to pursue opportunities to update, increase, and expand their competence.

4.1 Occupational therapy personnel developing new areas of competence (skills, techniques, approaches) must engage in appropriate study and training, under appropriate supervision, before incorporating new areas into their practice.

4.2 When generally recognized standards do not exist in emerging areas of practice, occupational therapy personnel must take responsible steps to ensure their own competence.

4.3 When conducting research, occupational therapists must know the profession's standards and guidelines and the state and federal laws governing research.

4.4 Occupational therapy personnel shall develop an understanding and appreciation for different cultures in order to be able to provide culturally competent service. Culturally competent practitioners are aware of how service delivery can be affected by economic, ethnic, racial, geographic, gender, religious, and political factors as well as marital status, sexual orientation, and disability.

4.5 In areas where the ability to communicate with the client is limited (aphasia, different language, literacy), occupational therapy personnel shall take appropriate steps to ensure comprehension and meaningful communication.

4.6 Occupational therapy personnel do not encourage or facilitate the use of skilled occupational therapy interventions or techniques by unqualified persons.

5. Confidentiality:

Information that is confidential must remain confidential. This information cannot be shared either verbally, electronically, or in writing without appropriate consent. Information must be shared on a need-to-know basis only with those having primary responsibilities for decision making.

5.1 All occupational therapy personnel shall respect the confidential nature of information gained in any occupational therapy interaction. The only exceptions are when a practitioner or staff member believes that an individual is in serious, foreseeable, or imminent harm. In this instance, laws and regulations require disclosure to appropriate authorities without consent.

5.2 Occupational therapy personnel shall respect the individual's right to privacy.

5.3 Occupational therapy personnel shall take all due precautions to maintain the confidentiality of all verbal, written, and electronic communications that are confidential.

5.4 Occupational therapy personnel shall maintain as confidential information derived from working relationships with other occupational therapy practitioners. Peer review information is held as confidential unless written permission is obtained from the individual receiving the review.

6. Conflict of Interest

Avoidance of real or perceived conflict of interest is imperative to maintaining the integrity of interactions.

6.1 Occupational therapy personnel shall be alert to and avoid any action that would interfere with the exercise of impartial professional judgment during the delivery of occupational therapy services.

6.2 Occupational therapy personnel shall not take advantage of or exploit anyone to further their own personal interests.

6.3 Gifts and remuneration from individuals, agencies, or companies must be reported in accordance with employer policies as well as state and federal guidelines. Many institutions have a zero tolerance policy that absolutely prohibits an employee from accepting gifts, favors, or additional payment from clients, vendors, and outside agencies.

6.4 Occupational therapy personnel shall not accept obligations or duties that may compete with or be in conflict with their duties to their employers.

6.5 Occupational therapy personnel shall not use their position or the knowledge gained from their position in such a way that knowingly gives rise to real or perceived conflict of interest between themselves and their employers or other organizations.

7. Impaired Practitioner:

Occupational therapy personnel who cannot competently perform their duties after reasonable accommodation are considered to be impaired. The occupational therapy practitioner's basic duty to students, patients, colleagues, and research subjects is to ensure that no harm is done. It is difficult to report a professional colleague who is impaired. The motive for this action must be to provide for the protection and safety of all, including the person who is impaired.

7.1 It is the individual responsibility of occupational therapy personnel to be aware of their own personal problems and limitations that may interfere with their ability to perform their job competently. They should know when these problems have the potential of causing harm to patients, colleagues, students, research subjects, and others.

7.2 The individual should seek the appropriate professional help and take steps to remedy personal problems and limitations that interfere with job performance.

7.3 Occupational therapy personnel who believe that a colleague's impairment interferes with safe and effective practice should, when possible, discuss their questions and concerns with the individual and assist their colleague in seeking appropriate help or treatment.

7.4 When efforts to assist an impaired colleague fail, the occupational therapy practitioner is responsible for reporting the individual to the appropriate authority (employer, agency, licensing or regulatory board, certification body, professional organization).

8. Sexual Relationships:

Sexual relationships that occur during any professional interaction are forms of misconduct.

8.1 Because of potential coercion or harm to former patients, clients, consumers, students, or research subjects, occupational therapy practitioners are responsible for ensuring that the individual with whom they enter into a romantic/sexual relationship has not been coerced or exploited in any way.

8.2 Sexual relationships with current patients, clients, employees, consumers, students, or research subjects are not permissible, even if the relationship is consensual.

8.3 Occupational therapy personnel must not sexually harass any persons, including, but not limited to, students, employees, patient, clients, trainees, colleagues, or research subjects. Sexual harassment is defined as unwanted verbal or physical conduct of a sexual nature. It includes sexual advances or sexual solicitations that interfere with the work or academic performance of the individual and that create a hostile, offensive, or intimidating environment.

8.4 Occupational therapy personnel have full responsibility to set clear and appropriate boundaries in their professional interactions.

9. Payment for Services:

Occupational therapy personnel shall not guarantee or promise specific outcomes for occupational therapy services. Payment for occupational therapy services shall not be contingent on successful outcomes.

9.1 Occupational therapy personnel shall not collect illegal fees. Fees shall be fair and reasonable and commensurate with services delivered.

9.2 Occupational therapy personnel do not ordinarily participate in bartering for services because of potential exploitation and conflict of interest. However, such an arrangement may be appropriate if it is not clinically contraindicated, if the relationship is not exploitative, and if bartering is a culturally appropriate custom.

9.3 Although it is not universally possible, occupational therapy practitioners can render pro bono ("for the good", free of charge) or reduced fee occupational therapy services for selected individuals with limited financial resources. Occupational therapy personnel may also provide pro bono services by engaging in activities to improve access to occupational therapy or by providing individual service and expertise to charitable organizations.

10. Resolving Ethical Issues:

10.1 Occupational therapy personnel are obligated to be familiar with the Code of Ethics and its application to their respective work environments. Occupational therapy practitioners are expected to share the Code of Ethics with their employer and other employees and colleagues. Lack of familiarity and awareness of the Code of Ethics is not an excuse or a defense against a charge of ethical misconduct.

10.2 Occupational therapy personnel who are uncertain of whether a specific action would violate the Code of Ethics have a responsibility to consult with knowledgeable individuals, ethics committees, or other appropriate authorities. All consulting shall be done within recognized proscriptions of confidentiality.

10.3 Conflicts between personal and organizational ethics do occur. However, the occupational therapy practitioners must clarify the nature of the conflict,

make known their commitment to the Code of Ethics, and, where possible, seek to resolve the conflict in a way that permits the fullest adherence to the Code of Ethics.

10.4 The occupational therapy practitioner shall attempt to resolve violations informally by bringing them to the attention of the person or persons responsible.

10.5 If the informal resolution is not appropriate or is not effective, the next step is to take action by consultation or referral to institutional, local, district, territorial, state, or national groups who have jurisdiction over occupational therapy practice.

10.6 Occupational therapy personnel shall cooperate with ethics committee proceedings and comply with resulting requirements. Failure to cooperate is, in itself, an ethical violation.

10.7 Occupational therapy personnel shall not file frivolous ethics complaints aimed at harming a colleague rather than protecting the public.

References

American Occupational Therapy Association. (1993). Core values and attitudes of occupational therapy practice. *American Journal of Occupational Therapy*, 47, 1085-1086.

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The American Occupational Therapy Association. (1996). *Bylaws in Reference manual of the official documents of The American Occupational Therapy Association, Inc.* (6th ed.). Bethesda, Maryland: Author Ruth Hansen, PhD., FAOTA, 1997.

Approved SEC March, 1998; Updated September 8, 1998

PHYSICAL THERAPY CODE OF ETHICS

PREAMBLE

This Code of Ethics sets forth ethical principles for the physical therapy profession. Members of this profession are responsible for maintaining and promoting ethical practice. This Code of Ethics, adopted by the American Physical Therapy Association, shall be binding on physical therapists who are members of the Association.

PRINCIPLE 1

Physical therapists respect the rights and dignity of all individuals.

PRINCIPLE 2

Physical therapists comply with the laws and regulations governing the practice of physical therapy.

PRINCIPLE 3

Physical therapists accept responsibility for the exercise of sound judgment.

PRINCIPLE 4

Physical therapists maintain and promote high standards for physical therapy practice, education, and research.

PRINCIPLE 5

Physical therapists seek remuneration for their services that is deserved and responsible.

PRINCIPLE 6

Physical therapists provide accurate information to the consumer about the profession and about those services they provide.

PRINCIPLE 7

Physical therapists accept the responsibility to protect the public and the profession from unethical, incompetent, or illegal acts.

PRINCIPLE 8

Physical therapists participate in efforts to address the health needs of the public.

CODE OF ETHICS HOD 06-91-05-05 (Program 16) [Amended HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24]

GUIDE FOR PROFESSIONAL CONDUCT

Purpose

This Guide for Professional Conduct (Guide) is intended to serve physical therapists who are members of the American Physical Therapy Association (Association) in interpreting the Code of Ethics (Code) and matters of professional conduct. The Guide provides guidelines by which physical therapists may determine the propriety of their conduct. The Code and the Guide apply to all physical therapists who are Association members. These guidelines are subject to changes as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public. This Guide is subject to monitoring and timely revision by the Ethics and Judicial Committee of the Association.

Interpreting Ethical Principles

The interpretations expressed in this Guide are not to be considered all inclusive of situations that could evolve under a specific principle of the Code but reflect the opinions, decisions, and advice of the Judicial Committee. While the statements of ethical principles apply universally, specific circumstances determine their appropriate application. Input related to current interpretations, or situations requiring interpretation, is encouraged from Association members.

Principle 1

Physical therapists respect the rights and dignity of all individuals.

1.1 Attitudes of Physical Therapists

A. Physical therapists shall recognize that each individual is different from all other individuals and shall respect and be responsive to those differences.

B. Physical therapists are to be guided at all times by concern for the physical, psychological, and socioeconomic welfare of those individuals entrusted to their care.

C. Physical therapists shall not engage in conduct that constitutes harassment or abuse of, or discrimination against, colleagues, associates, or others.

1.2 Confidential Information

A. Information relating to the physical therapist-patient relationship is confidential and may not be communicated to a third party not involved in that patient's care without the prior written consent of the patient, subject to applicable law.

B. Information derived from component-sponsored peer review shall be held confidential by the reviewer unless written permission to release the information is obtained from the physical therapist who was reviewed.

C. Information derived from the working relationships of physical therapists shall be held confidential by all parties.

D. Information may be disclosed to appropriate authorities when it is necessary to protect the welfare of an individual or the community. Such disclosure shall be in accordance with applicable law.

1.3 Patient Relations

Physical therapists shall not engage in any sexual relationship or activity, whether consensual or nonconsensual, with any patient while a physical therapist/patient relationship exists.

1.4 Informed Consent

Physical therapists shall obtain patient informed consent before treatment, to include disclosure of: (i) the nature of the proposed intervention; (ii) material risks of harm or complications; (iii) reasonable alternatives to the proposed intervention; and (iv) goals of treatment.

Principle 2

Physical therapists comply with the laws and regulations governing the practice of physical therapy.

2.1 Professional Practice

Physical therapists shall provide consultation, evaluation, treatment, and preventive care, in accordance with the laws and regulations of the jurisdiction(s) in which they practice.

Principle 3

Physical therapists accept responsibility for the exercise of sound judgment.

3.1 Acceptance of Responsibility

A. Upon accepting a patient/client for provision of physical therapy services, physical therapist shall assume the responsibility for examining, evaluating, and diagnosing that individual; prognosis and intervention; re-examination and modification of the plan of care; and maintaining adequate records of the case including progress reports. Physical therapists establish the plan of care and

provide and/or supervise the appropriate intervention.

B. If the diagnostic process reveals findings that are outside the scope of the physical therapists knowledge, experience, or expertise, the physical therapist shall so inform the patient/client and refer to an appropriate practitioner.

C. Regardless of practice setting, physical therapists shall maintain the ability to make independent judgments.

D. The physical therapist shall not provide physical therapy services to a patient while under the influence of a substance that impairs his or her ability to do so safely.

E. When the patient is referred from another practitioner, the physical therapist shall communicate the findings of the examination, the diagnosis, the proposed intervention, and reexamination findings (as indicated) to the referring practitioner and any other appropriate individuals involved in the patient's care, while maintaining standards of confidentiality.

3.2 Delegation of Responsibility

A. Physical therapists shall not delegate to a less qualified person any activity which requires the unique skill, knowledge, and judgment of the physical therapist.

B. The primary responsibility for physical therapy care rendered by supportive personnel rests with the supervising physical therapist. Adequate supervision requires, at a minimum, that a supervising physical therapist perform the following activities:

- Designate or establish channels of written and oral communication.
- Interpret available information concerning the individual under care.
- Examine, evaluate, and determine a diagnosis.
- Develop plan of care, including short- and long-term goals.
- Select and delegate appropriate tasks of plan of care.
- Assess competence of supportive personnel to perform assigned tasks.
- Direct and supervise supportive personnel in delegated tasks.
- Identify and document precautions, special problems, contraindications, goals, anticipated progress, and plans for reevaluation.
- Reevaluate, adjust plan of care when necessary, perform final evaluation, and establish follow-up plan.

3.3 Provision of Services

A. Physical therapists shall recognize the individual's freedom of choice in selection of physical therapy services.

B. Physical therapists' professional practices and their adherence to ethical principles of the Association shall take preference over business practices. Provisions of services for personal financial gain rather than for the need of the individual receiving the services are unethical.

C. When physical therapists judge that an individual will no longer benefit from their services, they shall so inform the individual receiving the services. Physical therapists shall avoid overutilization of their services.

D. In the event of elective termination of a physical therapist/patient relationship by the physical therapist, the therapist should take steps to transfer the care of the patient, as appropriate, to another provider.

E. Physical therapists shall recognize that third-party payer contracts may limit, in one form or another, provision of physical therapy services. Physical therapists shall inform patients of any known limitations. Third-party limitations do not absolve the physical therapist from adherence to ethical principles. Physical therapists shall avoid underutilization of their services.

3.4 Practice Arrangements

A. Participation in a business, partnership, corporation, or other entity does not exempt the physical therapist, whether employer, partner, or stockholder, either individually or collectively, from the obligation of promoting and maintaining the ethical principles of the Association.

B. Physical therapists shall advise their employer(s) of any employer practice which causes a physical therapist to be in conflict with the ethical principles of the Association. Physical therapist employees shall attempt to rectify aspects of their employment which are in conflict with the ethical principles of the Association.

Principle 4

Physical therapists maintain and promote high standards for physical therapy practice, education, and research.

4.1 Continued Education

A. Physical therapists shall participate in educational activities which enhance their basic knowledge and provide new knowledge.

B. Whenever physical therapists provide continuing education, they shall ensure that course content, objectives, and responsibilities of the instructional faculty are accurately reflected in the promotion of the course.

4.2 Review and Self Assessment

A. Physical therapists shall provide for utilization review of their services.

B. Physical therapists shall demonstrate their commitment to quality assurance by peer review and self assessment.

4.3 Research

A. Physical therapists shall support research activities that contribute knowledge for improved patient care.

Physical therapists engaged in research shall ensure:

- the consent of subjects;
- confidentiality of the data on individual subjects and the personal identities of the subjects;
- well-being of all subjects in compliance with facility regulations and laws of the jurisdiction in which the research is conducted;
- the absence of fraud and plagiarism;
- full disclosure of support received;
- appropriate acknowledgment of individuals making a contribution to the research.
- that animal subjects used in research are treated humanely and in compliance with facility regulations and laws of the jurisdiction in which the research experimentation is conducted.

B. Physical therapists shall report to appropriate authorities any acts in the conduct or presentation of research that appear unethical or illegal.

4.4 Education

A. Physical therapists shall support quality education in academic and clinical settings.

B. Physical therapists functioning in the educational role are responsible to the students, the academic institutions and the clinical settings for promoting ethical conduct in educational activities. Whenever possible, the educator shall ensure:

- the rights of students in the academic and clinical setting;
- appropriate confidentiality of personal information;
- professional conduct towards the student during the academic and clinical education processes;
- assignment to clinical settings prepared to give the student a learning experience.

C. Clinical educators are responsible for reporting to the academic program student conduct which appears to be unethical or illegal.

Principle 5

Physical therapists seek remuneration for their services that is deserved and reasonable.

5.1 Fiscally Sound Remuneration

A. Physical therapists shall never place their own financial interest above the welfare of individuals under their care.

B. Fees for physical therapy services should be reasonable for the service performed, considering the setting in which it is provided, practice costs in the geographic area, judgment of other organizations and other relevant factors.

C. Physical therapists should attempt to ensure that providers, agencies, or other employers adopt physical therapy fee schedules that are reasonable and that encourage access to necessary services.

5.2 Business Practices/Fee Arrangements

A. Physical therapists shall not:

- directly or indirectly request, receive, or participate in the dividing, transferring, assigning, rebating of an unearned fee.
- Profit by means of a credit or other valuable consideration, such as an unearned commission, discount, or gratuity in connection with furnishing of physical therapy services.

B. Unless laws impose restrictions to the contrary, physical therapists who provide physical therapy services in a business entity may pool fees and moneys received. Physical therapists may divide or apportion these fees and moneys in accordance with the business agreement.

C. Physical therapists may enter into agreements with organizations to provide physical therapy services if such agreements do not violate the ethical principles of the Association.

5.3 Endorsement of Equipment or Services

A. Physical therapists shall not use influence upon individuals under their care or their families for utilization of equipment or services based upon the direct or indirect financial interest of the physical therapist in such equipment or services. Realizing that these individuals will normally rely on the physical therapists' advice, their best interest must always be maintained as well as their right of free choice relating to the use of any equipment or service. While it cannot be considered unethical for physical therapists to own or have a financial interest in equipment companies, or services, they must act in accordance with law and make full disclosure of their interest whenever such companies or services become the source of equipment or services for individuals under their care.

B. Physical therapists may be remunerated for endorsement or advertisement of equipment or services to the lay public, physical therapists, or other health professionals provided they disclose any financial interest in the production, sale, or distribution of said equipment or services.

C. In endorsing or advertizing equipment or services, physical therapists shall use sound professional judgment and shall not give the appearance of Association endorsement.

5.4 Gifts and Other Considerations

A. Physical therapists shall not accept nor offer gifts or other considerations with obligatory conditions attached.

B. Physical therapists shall not accept nor offer gifts or other considerations that affect or give an objective appearance of affecting their professional judgment.

Principle 6

Physical therapists provide accurate information to the consumer about the profession and about those services they provide.

6.1 Information about the Profession

Physical therapists shall endeavor to educate the public to an awareness of the physical therapy profession through such means as publication of articles and participation in seminars, lectures, and civic programs.

6.2 Information about Services

- A. Information given to the public shall emphasize that individual problems cannot be treated without individualized evaluation and plans/programs of care.
- B. Physical therapists may advertise their services to the public.
- C. Physical therapists shall not use, or participate in the use of, any form of communication containing a false, plagiarized, fraudulent, misleading, deceptive, unfair, or sensational statement or claim.
- D. A paid advertisement shall be identified as such unless it is apparent from the context that it is a paid advertisement.

Principle 7

Physical therapists accept the responsibility to protect the public and the profession from unethical, incompetent, or illegal acts.

7.1 Consumer Protection

- A. Physical therapists shall report any conduct which appears to be unethical, incompetent, or illegal.
- B. Physical therapists may not participate in any arrangements in which patients are exploited due to the referring sources enhancing their personal incomes as a result of referring for, prescribing, or recommending physical therapy.
- C. Physical therapists shall be obligated to safeguard the public from underutilization or overutilization of physical therapy services.

7.2 Disclosure

The physical therapist shall disclose to the patient if the referring practitioner derives compensation from the provision of physical therapy. The physical therapist shall ensure that the individual has freedom of choice in selecting a provider of physical therapy.

Principle 8

Physical therapists participate in efforts to address the health needs of the public.

8.1 Pro Bono Service

Physical therapists should render pro bono publico (reduced or no fee) services to patients lacking the ability to pay for services, as each physical therapist's practice permits.

Issued by the Ethics and Judicial Committee
American Physical Therapy Association
October 1981
Last Amended January 1999

Appendix A

Directions for Using the Rehab Sciences Database

To look at the available slots and to submit your choices:

Please go to: <https://www.ah.ouhsc.edu/rehabsci/>

Log In (same name and password as your email)

From the menu, click on Clinical Sites and Internships

You'll see a report that lists your previous clinical experiences, and at the bottom it will list your CE I through V rotation as "not assigned." Click on Clinical Education I (or the experience you are entering choices for) and you'll enter the "clinical preferences" site. (It may take a short time for this page to load.)

Once at this page, please select your **top ten** preferences (with your highest preference being number one, then number two, etc) for this clinical. You may type numbers in the boxes provided or click on the site name to automatically

Rank the sites you click. Once you have made your selections, press the **Submit** button at the end of this page to review your choices. You will then have the option to save your preferences. You can re-enter this site to change your selections up until the deadline.

Remember that one goal for your clinical education experience is for you to have a **variety of experiences**. Please choose wisely.

At the Clinical Preferences page, you can learn more about a site that you're interested in by clicking on Site form which links you to a comprehensive report of that affiliation (location, patient type, names of CI's, hours of operation, etc.). You can also click on Evaluations to view input from previous students on how they rated this experience (this is a new feature, with just a few evaluations available at the moment). If you don't find information about the site you are interested in, contact Randy Thomas (randell-thomas@ouhsc.edu) who will look in the "hard files" for information that we may have. Once you've made your choices, simply submit them.

