Carroll University  
Master of Occupational Therapy Program  
OTH 560AB Psychosocial Function and Group Performance  
Summer 2017

**Course Offering**  
3 Credit Hours

**Prerequisites**  
Admission to the MOT Program

**Format**  
Lecture and Lab

**Class Day/Time**  
Tuesdays (12:30-3:30) lecture  
Wednesdays (9:30-11:30 Sec A, 2:00-4:00 Sec B) labs

**Class Location**  
CGS 119, LL16 and ADL Laboratory

**Faculty**  
Dr. Margaret Kasimatis  
Office Rankin 309A

**Office Hours**  
TW 12:00 – 1:00 and by appointment  
Phone 262-524-7356  
Email mkasim@carrollu.edu (preferred)

**Course Description**  
Theories and practices of effective interpersonal communication, and use of group processes for therapeutic interventions are presented. Topics will include therapeutic use of self, group models, theories and interactions, and their application to occupational therapy practice. Psychosocial tenets of group populations, group process, and connection to occupation and activity will be emphasized. Evidence-based interventions will also be emphasized.

**Course Rationale**  
Group dynamics and relationships can be effective elements of successful occupational therapy outcomes. Thus, it is important to study theories and models of group relationships to establish the theoretical basis and practice application of group intervention. Cultural factors such as values and beliefs directly relate to the establishment of group norms and may impact the practitioner’s role within the group. Promoting cultural awareness as part of the group process strengthens group dynamics and therapeutic nature of the group. This course is supported by the cultural tenets embedded within the curriculum to support students’ exploration of the group process.

**Relationship to Curriculum Design**  
This course will build upon foundational theoretical knowledge and introductory clinical practice skills gained in the previous semester. Knowledge of group process in occupational therapy will complement course content related to curricular themes of collaborative care, cultural awareness, and client-centered care. Content related to theories and models of psychosocial function will be expanded to incorporate theories and models of group and social systems.
<table>
<thead>
<tr>
<th>Student Learning Objectives</th>
<th>ACOTE Standards</th>
<th>Instructional Methods</th>
<th>Assessment Methods</th>
</tr>
</thead>
</table>
| 1. Analyze, synthesize, and apply models of occupational performance. | B.2.11 | The following instructional methods will be utilized throughout the course:  
- Lecture  
- Class Discussion  
- Group Interaction  
- Case Study Analysis  
- Problem-based Learning  
- Experiential Learning  
- Inquiry Learning | The following assessment methods will be utilized throughout the course:  
- Exams  
- Written Feedback  
- Attendance and participation  
- Rubrics  
- Presentation  
- Verbal Feedback  
- Group Assessment  
- Self-Assessment |
| 2. Apply theories that underlie the practice of occupational therapy. | B.3.1 |  
- Lecture  
- Class Discussion  
- Group Interaction  
- Case Study Analysis  
- Problem-based Learning  
- Experiential Learning  
- Inquiry Learning |  
- Exams  
- Written Feedback  
- Verbal Feedback  
- Attendance and participation  
- Rubrics  
- Presentation  
- Group Assessment  
- Self-Assessment |
| 3. Compare and contrast models of practice and frames of reference that are used in occupational therapy. | B.3.2 |  
- Lecture  
- Class Discussion  
- Group Interaction  
- Experiential Learning  
- Inquiry Learning |  
- Exams  
- Written Feedback  
- Verbal Feedback  
- Attendance and participation  
- Rubrics  
- Presentation  
- Group Assessment  
- Self-Assessment |
| 4. Use theories, models of practice, and frames of reference to guide and inform evaluation and intervention. | B.3.3 |  
- Lecture  
- Class Discussion  
- Group Interaction  
- Experiential Learning  
- Inquiry Learning |  
- Exams  
- Written Feedback  
- Verbal Feedback  
- Attendance and participation  
- Rubrics  
- Presentation  
- Group Assessment |
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</table>
| 5. | Apply theoretical constructs to evaluation and intervention with various types of clients in a variety of practice contexts and environments to analyze and effect meaningful occupation outcomes. | B.3.5 | Lecture  
Class Discussion  
Group Interaction  
Experiential Learning  
Inquiry Learning  
Exams  
Written Feedback  
Verbal Feedback  
Attendance and participation  
Rubrics  
Presentation  
Group Assessment  
Self-Assessment |
| 6. | Discuss the process of theory development and its importance to occupational therapy. | B.3.6 | Lecture  
Class Discussion  
Group Interaction  
Experiential Learning  
Inquiry Learning  
Exams  
Written Feedback  
Verbal Feedback  
Attendance and participation  
Rubrics  
Presentation  
Group Assessment  
Self-Assessment |
| 7. | Use standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention. These tools include, but are not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, significant others, and community. | B.4.1 | Lecture  
Class Discussion  
Group Interaction  
Case Study Analysis  
Problem-based Learning  
Experiential Learning  
Inquiry Learning  
Exams  
Written Feedback  
Verbal Feedback  
Attendance and participation  
Rubrics  
Presentation  
Group Assessment  
Self-Assessment |
| 8. | Use appropriate procedures and protocols (including standardized formats) when administering assessments. | B.4.3 | Lecture  
Class Discussion  
Group Interaction  
Case Study Analysis  
Problem-based Learning  
Experiential Learning  
Inquiry Learning  
Exams  
Written Feedback  
Verbal Feedback  
Attendance and participation  
Rubrics  
Presentation  
Group Assessment  
Self-Assessment |
B.4.4 Evaluate client(s’) occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes:

a. The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.

b. Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).

c. Performance patterns (e.g., habits, routines, rituals, roles).

d. Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).

e. Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.

10. Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluation to specialists who are internal and external to the profession.

B.4.9

- Lecture
- Class Discussion
- Group Interaction
- Case Study Analysis
- Problem-based Learning
- Experiential Learning
- Inquiry Learning

- Exams
- Written Feedback
- Verbal Feedback
- Attendance and participation
- Rubrics
- Presentation
- Group Assessment
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| 11. Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods). | B.5.1 | • Lecture  
• Class Discussion  
• Group Interaction  
• Experiential Learning  
• Inquiry Learning  |
|   |   | Self-Assessment  
Exams  
Written Feedback  
Verbal Feedback  
Attendance and participation  
Rubrics  
Presentation  
Group Assessment  
Self-Assessment  |
| 12. Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods). | B.5.3 | • Lecture  
• Class Discussion  
• Group Interaction  
• Experiential Learning  
• Inquiry Learning  |
|   |   | Self-Assessment  
Exams  
Written Feedback  
Verbal Feedback  
Attendance and participation  
Rubrics  
Presentation  
Group Assessment  
Self-Assessment  |
| 13. Design and implement group interventions based on principles of group development and group dynamics across the lifespan. | B.5.4 | • Lecture  
• Class Discussion  
• Group Interaction  
• Experiential Learning  
• Inquiry Learning  |
|   |   | Self-Assessment  
Exams  
Written Feedback  
Verbal Feedback  
Attendance and participation  
Rubrics  
Presentation  
Group Assessment  
Self-Assessment  |
| 14. Demonstrate therapeutic use of self, including one’s personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction. | B.5.7 | • Lecture  
• Class Discussion  
• Group Interaction  
• Experiential Learning  
• Inquiry Learning  |
|   |   | Self-Assessment  
Exams  
Written Feedback  
Attendance and participation  
Rubrics  
Presentation  
Verbal Feedback  
Group Assessment  
Self-Assessment  |
| 15. Develop and implement intervention strategies to remediate and/or | B.5.8 | • Lecture  
• Class Discussion  |
|   |   | Self-Assessment  
Exams  
Written Feedback  |
ACOTE Standards Relating to Course Objectives

This course meets or partially meets the following standards of education for the Accreditation Council for Occupational Therapy Education (ACOTE). The student will:

1. B.2.11 Analyze, synthesize, and apply models of occupational performance.
2. B.3.1 Apply theories that underlie the practice of occupational therapy.
3. B.3.2 Compare and contrast models of practice and frames of reference that are used in occupational therapy.
4. B.3.3 Use theories, models of practice, and frames of reference to guide and inform evaluation and intervention.
5. B.3.5 Apply theoretical constructs to evaluation and intervention with various types of clients in a variety of practice contexts and environments to analyze and effect meaningful occupation outcomes.
6. B.3.6 Discuss the process of theory development and its importance to occupational therapy.
7. B.4.1 Use standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention. These tools include, but are not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, significant others, and community.
8. B.4.3 Use appropriate procedures and protocols (including standardized formats) when administering assessments.
9. B.4.4 Evaluate client(s)’ occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes
   a. The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
   b. Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).
   c. Performance patterns (e.g., habits, routines, rituals, roles).
   d. Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).
   e. Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.

10. B.4.9 Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluation to specialists who are internal and external to the profession.

11. B.5.1 Use evaluation findings based on appropriate theoretical approaches, models of practice, and frames of reference to develop occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:
   a. The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
   b. Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).
   c. Performance patterns (e.g., habits, routines, rituals, roles).
   d. Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).
   e. Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.

12. B.5.3 Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods).

13. B.5.4 Design and implement group interventions based on principles of group development and group dynamics across the lifespan.

14. B.5.7 Demonstrate therapeutic use of self, including one’s personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.

15. B.5.8 Develop and implement intervention strategies to remediate and/or compensate for cognitive deficits that affect occupational performance.

16. B.5.17 Develop and promote the use of appropriate home and community programming to support performance in the client’s natural environment and participation in all contexts relevant to the client.

17. B.5.19 Apply the principles of the teaching–learning process using educational methods to design experiences to address the needs of the client, family, significant others, colleagues, other health providers, and the public.

**Required Texts: may be co-owned if you can work out the sharing!**


Supplemental readings will be provided from chapters in Cara & MacRae (2013) and Kielhofner (2009). Other supplemental readings will be posted on eLearning. All should be read in preparation for class.

Course Assessment
Grading for this course will be based on a total possible accumulation of 1000 points, with letter grades applied to a percentage of this total as follows:

<table>
<thead>
<tr>
<th>Grading Scale</th>
<th>Corresponding Percentage</th>
<th>Letter Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>93-100%</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>90-92.9%</td>
<td>A/B</td>
<td></td>
</tr>
<tr>
<td>83-89.9%</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>80-82.9%</td>
<td>B/C</td>
<td></td>
</tr>
<tr>
<td>70-79.9%</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>60-69.9%</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>&lt;60%</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

Progress will be evaluated through the following means:

<table>
<thead>
<tr>
<th>EVALUATION</th>
<th>POINTS</th>
<th>LINKED STUDENT LEARNING OBJECTIVES</th>
<th>LINKED ACOTE STANDARDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance/Participation</td>
<td>100</td>
<td>1-17</td>
<td>B.2.11, B.3.1, B.3.2, B.3.3, B.3.5, B.3.6, B.4.1, B.4.3, B.4.4, B.4.9, B.5.1, B.5.3, B.5.4, B.5.7, B.5.8, B.5.17, B.5.19</td>
</tr>
<tr>
<td>Mid Term</td>
<td>200</td>
<td>1-6</td>
<td>B.2.11, B.3.1, B.3.2, B.3.3, B.3.5, B.3.6</td>
</tr>
<tr>
<td>Didactic Final Exam</td>
<td>100</td>
<td>1-17</td>
<td>B.2.11, B.3.1, B.3.2, B.3.3, B.3.5, B.3.6, B.4.1, B.4.3, B.4.4, B.4.9, B.5.1, B.5.3, B.5.4, B.5.7, B.5.8, B.5.17, B.5.19</td>
</tr>
<tr>
<td>Community/Skilled Service/Group Work</td>
<td>300</td>
<td>1-6</td>
<td>B.2.11, B.3.1, B.3.2, B.3.3, B.3.5, B.3.6</td>
</tr>
<tr>
<td>Social Profile Presentation</td>
<td>150</td>
<td>4-5, 7-8, 10, 11-14, 16-17</td>
<td>B.3.3, 3.5, 4.1, B.4.3, B.4.9, B.5.1, B.5.3, B.5.4, B.5.7, B.5.17, B.5.19</td>
</tr>
<tr>
<td>Case Study Analysis</td>
<td>150</td>
<td>1-2, 7, 9, 15-17</td>
<td>B.2.11, B.3.1, B.4.1, B.4.4, B.5.8, B.5.17, B.5.19</td>
</tr>
<tr>
<td>Total</td>
<td>1000</td>
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Attendance: Attendance is required. Any absence, except for those arising from absolutely unavoidable circumstances, may result in a reduction in your overall course grade. If you must miss class, you are expected to email the instructor prior to class to explain the compelling circumstances.

Class participation: Oral participation is required and will affect your grade. Therefore, you should pay close attention to your assigned readings. Class participation means more than simply being present; you must
regularly contribute in a meaningful way. Failure to do so will ensure less than a 70% for discussion. This is a significant portion of your grade. Electronic multi-tasking is unprofessional and distracting: you will asked to leave class and receive an unexcused absence for that day.

Assignments:

Community Groups and Theory

The purpose of this learning activity is to expose students to the concept of group settings, and the therapeutic use of groups as an intervention approach. Students will explore stages of group development and process according to various theoretical models of group development. Students will choose a conceptual model of practice used in psychosocial occupational therapy and relate the theoretical tenets of this model to their learning experience.

Students will provide a brief presentation to the class summarizing their experience, observations, and outcomes: this should include the background for each model, the theoretical core, and its postulation about function, dysfunction, and change as it relates to occupational therapy.

Student learning will be assessed according to participation and contribution, oral presentation rubric, written and verbal feedback. Students will be required to complete a group assessment evaluation for their project partners, as well as a self-assessment of their own performance during this learning activity.

Social Profile Assessment Group Project

Students will administer the Social Profile Assessment to measure social participation performance in areas of Activity Participation, Social Interaction, and Group Membership/Roles. In pairs, students will administer this assessment to a community group participant. Populations assessed will be chunked into Children, or Adult/Adolescent, as these are the two Versions of the Social Profile.

Students will design an intervention plan using evaluation findings and per assignment instructions. Students will both present findings and intervention plans to the class. Student learning will be assessed according to participation and contribution, oral presentation rubric, written and verbal feedback. Students will be required to complete a group assessment evaluation for their project partner, as well as a self-assessment of their own performance during this learning activity.

Case Study Analysis and Problem-Based Learning Activity

Students will participate in a problem-based learning activity designed to promote critical thinking and deductive reasoning skills. Students will be presented with a case study centered on psychosocial dysfunction and will evaluate occupational performance in ADLs, IADLs, occupation, and social participation. Students will be instructed to utilize standardized and/or nonstandardized assessment tools for evaluation of occupational performance.

From the case study, students will:

- Identify a primary concern and evaluation plan including rationale based on foundational knowledge and tenets learned thus far, and based on current evidence.
- Identify a practice model/frame of reference suitable to utilize in this case and rationale.
• Provide a practical and feasible evaluation plan that could be completed in a timely manner (30-60 minutes) or in subsequent treatment sessions. Assessments chosen must be supported by rationale as aforementioned.
• Provide a brief intervention plan that is culturally relevant, reflective of the domain and scope of practice and evidence-based. Intervention must also target home and community programming relevant to the client including client needs and environmental/contextual factors.
• Apply the principles of teaching-learning using educational methods toward design of treatment plan that addresses the needs of the client, and persons within the client’s support system, colleagues, or other providers as relevant.

Student learning will be assessed through written feedback based on grading rubric and capacity to follow key points of the assignment and consideration for cultural factors, current evidence, and relevance to practice.

**Exams:** Exams will include a combination of case study analysis, multiple choice, and short essay questions related to theoretical constructs of groups processes, psychosocial capacity, and relationship of those constructs to practice. The midterm exam is cumulative to stated date; the final exam will be cumulative for the semester and strongly applied in focus. The final exam will be open book, open note. The midterm exam will be a closed book multiple choice exam that includes terms, concepts, and other core content as well as some applied questions.

**Course Overview:** Tuesdays will be didactic; Wednesdays will be application of didactic material.

<table>
<thead>
<tr>
<th>Week of</th>
<th>Tues Lecture Topic</th>
<th>Wed Lecture-Lab</th>
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</table>
| 5/30    | *Orientation Activities* | Syllabus Review; Plagiarism Review  
Mental Health Across the Lifespan: Infants through Adolescents  
CH 8 (Cole, 2012)  
CH 11 (Cara & McRae, 2013)  
Therapeutic Use of Self  
The Intentional Relationship Model  
CH 10 (Kielhofner, 2009) |
| 6/6     | Mental Health Across the Lifespan: Adults and Older Adults  
CH 14 (Cara & McRae, 2013)  
Allen’s Cognitive Disabilities Group  
CH 7 (Cole, 2012) | Group Leadership  
CH 1 (Cole, 2012)  
Transdisciplinary Models of Disability: Applications to OT Practice: Individual & Group  
CH 4 (Krupa & Kirsh, 2015) |
| 6/13    | Psychological Theories & Treatment: Methods in Mental Health:  
Humanistic Perspective  
Biological Perspective  
Psychodynamic Approaches  
CH 5 (Cara & McRae, 2013)  
CH 5 (Cole, 2012) | Motivation for Occupation; Motivational Interviewing  
CH 6 (Krupa & Kirsh, 2015)  
Client Centered Groups  
CH 3 (Cole, 2012)  
Client Centered Practice: Interviewing Skills & Active Listening  
Psychodynamic Considerations: Transference & Countertransference (Individual & Group Dynamics) |
<table>
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<tr>
<th>Date</th>
<th>Activity</th>
<th>References</th>
</tr>
</thead>
</table>
| 6/20   | Psychological Theories & Treatment Methods in Mental Health: Behavioral & Cognitive Approaches  
        | CH 6 (Cole, 2012)  
        | CH 16 (Kielhofner, 2009)  
        | Cognitive Behavioral Approaches & Occupational Meaning  
        | Cultural Considerations  
        | CH 5 (Krupa & Kirsh, 2015)  
        | CH 13 (Cole, 2012)  
        | Developmental and Sensorimotor Approaches  
        | CH 9 (Cole, 2012)  
        | Sensory and Motor Models for Groups  
        | CH 12 & 13 (Kielhofner, 2009)  
        | Writing a group protocol  
        | CH 11 (Cole, 2012)  
        | Groups and the OT Practice Framework  
        | Structuring purposeful groups  
        | CH 4 (Cole, 2012)  
        | CH 24 (Cara & McRae, 2013) Substance Abuse  
        | CH 21 (Cara & McRae, 2013) Criminal Justice |
| 6/27   |僭ord of OT in Mental Health – AOTA PDF Canvas  
        | Case Studies, Application of Models and Frameworks to Advance Psychosocial Practice  
        | CH 10 Krupa & Kirsch  
        | 7/4    | HOLIDAY!  
        | MIDTERM PRACTICAL: 15 Individual Interviews  
        | (Groups work on collaborative prep for Curative)  
        | 7/11   | 1:00 - 2:30 MIDTERM EXAM on material to date  
        | MIDTERM PRACTICAL: 15 Individual Interviews  
        | (Groups work on collaborative prep for Curative)  
        | 7/18   | Social Profile Prep (Social Profile Distributed in Class)  
        | Psychosocial and Mental Wellness: Occupational Therapy Practice  
        | CH 2, 17 & 18, Krupa & Kirsch  
        | Overview of OT in Mental Health – AOTA PDF Canvas  
        | Community Activity for Social Profile  
        | Details TBA  
        | 7/25   | The OT Process: Service Delivery in Mental Health  
        | CH 17 Scaffa, Reitz, & Pizzi, 2010  
        | AOTA Fact Sheet: OT’s Role in Mental Health Recovery  
        | https://www.aota.org/~media/Corporate/Files/AboutOT/Professionals/WhatIsOT/MH/Facts/Mental%20Health%20Recovery.pdf  
        | Case Studies, Application of Models and Frameworks to Advance Psychosocial Practice  
        | CH 10 Krupa & Kirsch  
        | 8/1    | Use of Interpersonal strategies in mental health: Starting a Group  
        | CH 19 (Cara & McRae, 2013)  
        | Occupation-Based Intervention Programming:  
        | Roles for OT in Mental Health  
        | CH 18, 21-25 (Cara & McRae, 2013)  
        | GROUP PRESENTATION OF SOCIAL PROFILES & INTERVENTION PLANS  
        | 8/8    | UCC FINAL PREP  
        | UCC ON SITE  
        | 8/15   | CAPSTONE  
        | CAPSTONE IN A.M. SO SECTIONS A & B BOTH MEET FOR AFTERNOON CLASS  
        | Post-Intervention Assessments: Individual & Group  
        | 8/17   | FINAL EXAM: CUMULATIVE, OPEN BOOK, OPEN NOTE  
        | Academic Progression and Proficiency  

11
Academic progression in the MOT program requires a grade of C or better in all MOT courses. A student receiving a D, F, or U on any assignment or exam in any course must remediate and be reassessed to ensure competence. It is necessary for the student to demonstrate proficiency before progressing through the course. Successful remediation results in demonstration of competence NOT a change in the initial grade. The minimum passing score for practical examinations and skill checks is 80%. If a student does not pass the exam in the initial attempt, remediation occurs and reassessment is performed to ensure competence. The recorded grade from the initial examination remains unchanged. The maximum number of attempts varies between courses/faculty and depends on examination content and faculty judgment. Failure to meet this standard results in a failing grade in the course and an inability to progress in the program.

In addition, students may be required to complete a learning contract in collaboration with faculty and MOT advisor. The learning contract is a method through which a student identifies potential barriers to learning and creates an action plan toward successful learning and performance.

Statement on Academic Integrity
The Carroll University Academic Integrity Policy is located in your student handbook on the University website. http://www.carrollu.edu/campuslife/. Please familiarize yourself with it. If a student is found in violation of the Carroll University Academic Integrity Policy, I reserve the right to fail the student on the assignment/exam or the course. Ethics violations will be reported to the Student Faculty Ethics Committee for review. Examples of violations will be discussed on the first day of class and include:

(1) Plagiarism
   - Types of plagiarism and APA citation will be reviewed in the first week of class
   - Paraphrase succinctly and avoid direct quotes. When in doubt, cite.
   - A student who uses an author’s words as her/his own will receive 0 points for that assignment and the incident will be reported to the Student Faculty Ethics Committee. A second offense will result in failure in the course.

(2) Failure to return or removal of an exam

(3) Submitting work completed by another individual
   - A student who copies another student’s work and the student who allowed the other student to copy her/his work will each receive 0 points for that assignment. A second offense will result in failure in the course.

(4) Discussing quiz/exam questions with students who have not yet taken the quiz/exam.

(5) These and any other forms of cheating will be reported to the Student Faculty Ethics Committee

Core Professional Behaviors

1. PERSONAL RESPONSIBILITY
   - Student is punctual for class and for community service work
   - Student completes assignments and tasks on time
   - Student attends all lecture and laboratory sessions
   - Student represents the university and OT program in a professional manner

2. PERSONAL HONESTY & INTEGRITY
   - Student is honest in word and actions and is accurate in reporting all information
   - Student maintains positive learning environment
   - Student follows the University policies regarding academic integrity (i.e., cheating on exams, removal of an exam, passing exam information to peers)

3. RESPECT
   - Student gives full attention to lecturer, does not talk in class, treats others with dignity
   - Student refrains from the use of technology during class (cell phones, headphones, “surfing” the web on laptops)

4. TEACHABILITY/ADAPTABILITY
• Student takes responsibility for own actions and understands consequences of inappropriate actions
• Student behavior is appropriate during times of high stress

5. COMMUNICATION
• Student properly formats emails to instructors and with respect (i.e., correct punctuation and salutations)
• Student refrains from spreading rumors regarding instructors and course assessments
• Student follows appropriate procedures for discussion of course issues and concerns
  ➢ 1st → Student contacts their lecture or laboratory instructor
  ➢ 2nd → Student communicates concerns to course coordinator (should the need arise, the coordinator will direct the student to the Departmental Chair)

6. RELATIONSHIP WITH PEERS
• Student participates in class and small group discussions
• Student demonstrates ability to function within a group (i.e. student respects the opinions of others and can work collaboratively to solve problems).

7. PERSONAL APPEARANCE
• Student dresses appropriately for presentations

CONSEQUENCES (SHOULD STUDENT NOT MEET EXPECTATIONS)
*At the discretion of the Instructor:
  ➢ A deduction in course points (i.e., -10 pts for cell phone use)
  ➢ Removal from class
  ➢ Tardiness of required assignments, -5% per day late
  ➢ Multiple offenses may result in a full letter grade deduction

Disability/Illness:
Any student who feels s/he may need an accommodation based on the impact of a disability should contact the instructor privately to discuss the specific needs. Please contact the Office of Services for Students with Disabilities at 262-524-7335 in the Walter Young Center to coordinate reasonable accommodations for students with documented disabilities.

If you are ill and unable to attend a class, it is your responsibility to notify faculty in a timely fashion. In order to make up an assignment you must document that illness.

Extended illness may make it impossible for you to complete the class requirements.

Courtesy:
Course faculty will treat you with respect, while expecting the same in return. You are also expected to respect your fellow students. Therefore, please do the following:

1. Turn off your cell phone, beeper, or anything else that might make noise.
2. Do not converse while the teacher or a fellow student is speaking in class.
3. You are expected to arrive on time. If, because of some problem, you are forced to come in late, come in quietly. There is no excuse for chronic lateness. Those who are routinely late will be invited to withdraw from the class and have points deducted from their class participation grade. If you have an emergency, please let me know.
4. Computer use policy: If you use a computer, it must be used ONLY for taking notes UNLESS specifically given permission otherwise. Electronic multitasking is rude and unprofessional.

Statement of the Right to Modify Course Content
The instructor and the University reserve the right to modify, amend, or change the syllabus (course requirements, grading policy, etc.) as the curriculum and/or program require.