

STUDENT POLICIES

The following policies should be reviewed carefully, and is for information and reference purposes. These policies are in addition to what is included in the Occupational Therapy Student Handbook and in FACETS, Essential Policies for the Columbia Community, <http://facets.columbia.edu>, the university publication on policies and regulations.

This document is intended to provide information for your guidance. While every effort has been made to ensure the accuracy of the information contained herein, accuracy cannot be absolutely guaranteed, and anyone who needs to rely on any particular matter is advised to verify it independently. These policies are subject to change, and the Programs reserve the right to depart without notice from any policy or procedure referred to in this handbook, or to revise and amend this document in whole or in part at anytime. This document is not intended to and should not be regarded as a contract between the University and any student or other person.

Contents

Prior to Matriculating	3
• Membership in AOTA	3
• Student Health and Immunization Requirements	3
• Students with Disabilities	3
During Matriculation.....	3
• Academic Calendar	3
• Three-Year Option Program	4
• Authorship / Copyright Statement.....	4
• Professional Behavior in the Classroom.....	4
• Exam policies	5
• Late submission of assignments.....	6
• TurnItIn	7
Rubrics	7
1) Rubric for Case Studies.....	8
2) Rubric for Papers	13
3) Rubric for Presentations	15
Fieldwork Policies.....	17
Policies	17
Pre-Clinical Drug Testing Policy and Procedure:	19

Urine Drug Testing Requirement and Procedure.....	21
University Wide Policies:.....	23
Student Email Communication Policy	23
CUIT Computer and Network Use Policy	23
Social Security Number Reporting.....	24
Policy on Access to Student Records under the Federal Family Educational Rights and Privacy Act (FERPA) of 1974, as Amended	24
University Regulations.....	24
Policies on Alcohol and Drugs	24
Equal Opportunity and Nondiscrimination Policies, and Procedures on Discrimination, Discriminatory Harassment, and Sexual Harassment.....	24
Gender-Based Misconduct Policies for Students	24
University Event Management Policies	24
Policy on Partisan Political Activity	24
Campus Safety and Security	25
Leave of Absence Policies	25
Essential Resources.....	25

Prior to Matriculating

- **Membership in AOTA:** Before you arrive on campus, please log on to the American Occupational Therapy's website (www.aota.org), and join our professional organization as a student member. Membership is required. Membership gives you complete access to online AOTA journals, including the American Journal of Occupational Therapy; provides discounts for products and conferences; and will give you access to "Member only" sites from which you will be able to complete assignments. We will ask for your AOTA membership number early in the first semester.
- **Student Health and Immunization Requirements:** A student medical form must be completed by your personal physician and returned to the Office of Student Health together with the required documentation of your immunity to measles, mumps and rubella. We also encourage you to obtain titers for varicella (chicken pox) and hepatitis B since many of the clinical facilities where you will be doing fieldwork require this documentation. This needs to be completed before classes start, as you cannot attend classes without Student Health Clearance. The medical form is enclosed.
- **Students with Disabilities:** Students who require accommodations for any disability must first contact the university Office of Disability Services (ODS). This office, in collaboration with our department, determines the appropriate accommodation. Depending upon the disability, ODS may require further testing. Accommodations are not granted until testing is completed. While a student may start this process at any time prior to or during matriculation, we urge any student with a need to handle this prior to the start of classes. Any student is welcomed to discuss their need with our program's ODS liaison, Ms. Pamela Miller.

During Matriculation

- **Academic Calendar:** The Programs in Occupational Therapy follow the general university calendar, which is enclosed. However, the programs on occasion make exceptions to the schedule identified by the university. **Examination dates, study dates, course related events, etc. may follow a different timetable.** Since personal time away from campus (such as extended weekends or vacations) must not overlap with classes, exams, etc., it is imperative that each student review their program's schedule each semester, the course calendar prepared by each course director, and the program's examination schedule before making any plans that are contingent on the calendar. N.B.: While our program does excuse students from class on major religious holidays (it is the student's responsibility to make up all work on those missed days), **students are expected to attend class and fieldwork on religious**

holidays when work is permitted. Absences on days when work is permitted are considered unexcused; anything scheduled, including exams, presentations, fieldwork, etc., cannot be made up.

- **Three-Year Option Program:** If you are planning to matriculate in our three-year option program, please complete the attached form and return it to my attention at the address below by July 18, 2011. Students enrolled in this program attend the same classes with our full time students. The course sequence for the full and three-year option programs, (along with our preliminary class schedule for the fall), are enclosed for your review. Switching to part time after classes start must be done by date to drop classes in fall. It can also be done between semesters. Matriculating status cannot be switched from part-time to full-time.
- **Authorship / Copyright Statement:** In accordance with the *American Psychological Association* publication manual (2010) and the *American Journal of Occupational Therapy* guidelines for authors (n.d.), authorship credit will be determined by the faculty advisor based on significant contribution to three primary areas: (1) idea generation and research design; (2) data collection, analysis, and interpretation; and (3) poster or paper presentation development, or manuscript preparation and revision. Authors should substantially contribute to all three areas of research generation and dissemination. Students who participate in faculty generated research as part of requirements for graduation and do not significantly contribute to the conceptualization of a research study idea and design, will not be considered authors—unless otherwise agreed upon by the supervising faculty mentor—but will be acknowledged in presentation and publications derived from collected data. Students are not permitted to use any of the information related to the project in a presentation or publication (other than using it as a citation) without the expressed permission of their faculty advisor.
American Psychological Association. (2010). *Publication Manual of the American Psychological Association* (6th ed.). Washington, DC: Author.
Guidelines for contributors. (n.d.). The American Journal of Occupational Therapy. Retrieved May 18, 2011 from http://ajot.submit2aota.org/journals/ajot/forms/ajot_guidelines.pdf
- **Professional Behavior in the Classroom:** In order to respond to concerns that students and faculty have raised regarding distractions within the classroom, a committee comprised of students met with the Program Director to identify ways to address the rare but disrupting behaviors.
 1. **Attend class on time:** Attendance will be taken during the first 5-10 minutes of class. A sign-in sheet will be available at the entrance of the room. Student leadership will retrieve the sheet after 5-10 minutes of the start of class, and give it to the instructor. Any late student can sign in after class with the instructor's knowledge. The instructor can note the late attendance. An occasional late attendance is not considered a lack of professional judgment or behavior, as

there are times events out of one's control that might account for this (traffic; subway mishaps; elevator problems). It is assumed, however, that students will adjust their travel plans to avoid such events. Repeated lateness may justify faculty calling in student. If behavior does not change, grade can be reduced ½ grade.

2. **During class:** Handle all laboratory materials with care (special instructions will be provided for care of the Anatomy laboratory); Return materials to their original place; Return all borrowed materials; Report broken or non-working equipment to the instructor; Restore the space to order at the end of the class by replacing furniture as directed, removing any trash, and cleaning up after themselves.
 3. **Technology:** Other than using laptop computers to take notes, the use of electronic devices for the purposes of texting, web surfing, email, IM, etc will neither be permitted nor tolerated. It is expected that students will comply with this policy, as such use is at best distracting to students and faculty. If the instructor notes that a computer is used for anything other than notes, privileges will immediately be taken away from that student. N.B.: If there is a pending emergency situation, the student must notify the instructor in advance that their phone (on vibrate only) might signal and they might have to leave the room. Even under these circumstances, the student cannot answer the phone in the classroom, and should sit near the exit so that one can leave with no disruption.
 4. **Communication during class:** such as talking to another student, whispering, passing notes, etc, will not be tolerated. Professor will publicly call attention to those students.
 5. **Elevator chatter:** While it is expected that students converse with each other to and from class, it is important that you are aware of your surroundings. As this is a medical complex, personnel, family members, visitors are often within ones immediate environment. Elevators are a good example of small shared space. In the medical setting, it is important to never discuss medical conditions (personal or in the abstract), medical cases, etc, in any public space within the medical center.
 6. **Dress code:** Professionalism extends to appearance. While we do not expect students to don work attire, excessively casual attire or provocative clothing (short-short, low necklines) within the medical center environment is considered inappropriate. The exception for this is clothing worn in lab. In addition, attire appropriate for fieldwork is also expected.
- **Exam policies:** In order to minimize disruptions during exams, and to ensure that every student has the same opportunity to take their exams in a quiet environment, the Programs in Occupational Therapy have adopted the following policy.
 1. **All personal belongings:** backpacks, bags, coats, hats, books, notes, cell phone, etc.; are to be left by the entrance of the room in which the exam is given. Hats with brims cannot be worn during exams.

2. **Food is not permitted** during the exam.
 3. **Cell phones should be off.** For any student who uses a cell phone to tell time, you will need to either use the clock in the room, or a wrist watch.
 4. **Students are not permitted to talk with one another** for any reason during the exam.
 5. **Questions about the exam items will not be permitted.** If for some reason a student has a question that one feels must be asked, one can instead write the question on the exam packet, next to the item number. The "questioned" item must be answered, or no credit will be given.
 6. If you have a **formatting question** about the exam, you may raise your hand and the proctor will address it. An example of a formatting question is a mis-numbered item, or mis-numbered page. If there is a formatting error, the proctor will alert all students.
 7. While we encourage each student to use the **rest room** prior to the exam, if it becomes absolutely necessary to use the rest room, please follow the following procedure:
 - a. Raise your hand to request the break
 - b. Only one student can leave at a time
 - c. Leave your exam with the proctor
 - d. Do not take any personal belongings of any type with you.
 8. **When you are finished with your exam**, leave it with the proctor, then get your personal belongings and leave as quickly and quietly as possible. Communication with anyone in the room, even if you are finished with your exam, will not be tolerated.
 9. When just outside the exam room, please **be respectful** of those taking the test, and remain quiet until you leave the area.
 10. Adherence to the **Honor Code** is assumed and expected.
 11. **Taking a test late**: Any student who is unable to take an exam on the date scheduled may petition the course director for permission to take the exam late. The course director will determine if the delay is warranted, and will determine the date for the make-up test. The course director may also consult with the academic progress and promotion committee. The exam must be completed successfully prior to the start of the next semester. In the event that level 2 fieldwork follows the semester, the student cannot participate in level two until that semester is completed. There may be an exception if the uncompleted course is an elective¹. ALL STUDENTS ARE ON THE HONOR CODE LEADING UP TO, DURING, AND AFTER THE SCHEDULED TESTS.
- **Late submission of assignments**: The grade will be dropped .5 for each calendar day the assignment is late.

¹ Contact the Programs' Director if this situation applies to you.

- **Turnitin:** MS1, students can resubmit document to turn it in when revising, as long as it is before the due date. MS2 cannot resubmit.

Rubrics:

The faculty use rubrics when assessing your work. Rubrics are included on the course sites within Courseworks. They are included on the next pages for your information.

1) Rubric for Case Studies

Letter Grade	Required items addressed	Quality of the content addressed ²	Evaluation	Intervention	Goal Writing	Organization
A	All points are covered	Cogent analysis, shows command of interpretive and conceptual tasks required by assignment; ideas original, often insightful, going beyond ideas discussed in lecture and class. Includes references that are relevant, current and cited appropriately. Provides a comprehensive overview for the client. Demonstrates strong integration of theory and clinical practice.	Includes: comprehensive selection of relevant screening and assessment methods, outstanding representation of client's occupational profile and performance, includes all necessary information for the evaluation process, insightful and strong interpretation of evaluation results to determine client's performance strengths and challenges, flawless documentation of the results of the evaluation process in an objective,	Includes: the establishment of an appropriate, and comprehensive plan based on results, utilization of evidence from the literature that supports intervention decision, selection of creative and innovative occupations to facilitate client's goals, client centered and occupation based interventions, includes sound rationale and reasoning for chosen approach (ex. remediation vs. compensation,	Consistently (100%) establishes short and long term goals that are occupation based, objective, and measurable, goals match clinical presentation and intervention choices, short term goals clearly relate to long term goals, long term goals are appropriate to setting and client. Short term goals meet "RUMBA" criteria.	Sections are well developed and organized logically, consistent use of professional language, well constructed paragraphs, clear and smooth transitions.

¹The rubric for this section is from: Piontek, ME (2008) *Best practices for designing and grading exams*; CRLT Occasional Paper No. 24, Univ of Mich

			concise, and readable format.	health promotion, prevention, use of preparatory interventions, etc.), demonstrates strong ability to modify and grade tasks and or activities that meet client needs.		
B	No less than 85% of points are covered	Demonstrates sound analysis required by assignment; ideas mostly original, includes ideas and principles discussed in lecture and class. Most references are relevant, current and cited appropriately. Provides an overview for the client. Demonstrates integration of theory and clinical practice.	Adequate selection of relevant screening and assessment methods, sufficient overview of client's occupational profile and performance, includes sufficient information for the evaluation process, accurate interpretation of evaluation results to determine client's performance strengths and challenges, documentation of the results of the evaluation process in an objective,	The establishment of an accurate plan based on results, inconsistent utilization of evidence from the literature that supports intervention decision, selection of relevant occupations to facilitate client's goals, some interventions selected are not client centered and occupation based, includes appropriate rationale for chosen approach	85% of the above goal writing criteria are met.	Sections are organized logically, mostly consistent use of professional language, adequately constructed paragraphs, transitions included.

			concise, and readable format.	(ex. remediation vs. compensation, health promotion, prevention, use of preparatory interventions, etc.), appropriate modification and grading of tasks and or activity that meet client needs.		
C	No less than 75% of points are covered	Shows an understanding of the basic ideas and information involved in the assignment; may have some factual, interpretive, or conceptual errors. Some references are relevant, current and cited appropriately. Provides a cursory overview of the client. Demonstrates simplistic integration of theory and clinical practice.	Inadequate selection of relevant screening and assessment methods (i.e. key assessments omitted, insufficient overview of client's occupational profile and performance, does not include sufficient information for the evaluation process, inconsistent interpretation of evaluation results to determine client's performance strengths and challenges, documentation of the results of the	Plan does not consistently coincide with evaluation results and findings, inconsistent utilization of evidence from the literature that supports intervention decision, poor selection of occupations to facilitate client's goals, the majority of interventions selected are not client centered or occupation based, appropriate rationale for chosen approach	No less than 75% of the above goal writing criteria are met.	Sections are underdeveloped, disorganized, inconsistent use of professional language, awkward transitions.

			evaluation process is inconsistently objective, concise, and of readable format.	(ex. remediation vs. compensation, health promotion, prevention, use of preparatory interventions, etc.) is not clear, inconsistent modification and grading of tasks and or activity that meet client needs.		
F	Less than 75% of points are covered	Shows inadequate command of materials or has significant factual and conceptual errors; confuses some significant ideas; lacks critical understanding of lectures, readings, discussions, or assignments; fails to use or cite references; inability to demonstrate integration of theory and practice.	Incorrect and inadequate selection of relevant screening and assessment methods, poor and cursory overview of client's occupational profile and performance, includes insufficient information for the evaluation process, inaccurate interpretation of evaluation results to determine client's performance strengths and challenges, documentation of the results of the	Plan does not coincide with evaluation results and findings, does not utilize evidence from the literature to support intervention decision, inappropriate or unsafe selection of occupations, interventions selected are not client centered or occupation based, inappropriate or absent rationale for chosen approach (ex. remediation vs. compensation,	Less than 75% of the above goal writing criteria are met.	Sections are poorly developed, omitted or disorganized, poor use of professional language, poor transitions, grammatical or technical errors.

			evaluation process is not objective, concise, nor presented in a readable format.	health promotion, prevention, use of preparatory interventions, etc.), inaccurate modification and grading of tasks and or activity.		
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2) Rubric for Papers:

Letter Grade	Assignment Objectives Addressed	Extrapolation and Analysis ³	Use of Literature Sources	Writing Mechanics	Organization	Citation and Referencing
A	All objectives are covered	Cogent analysis, shows command of interpretive and conceptual tasks required by assignment; ideas are original, often insightful, and go beyond ideas discussed in lecture and literature sources. Examples are well chosen.	Has independently identified and used appropriate literature sources beyond those assigned and/or discussed in class. Literature identified is comprehensive; literature sources fully represent what is known and published.	Demonstrates excellent writing mechanics with regard to sentence structure, grammar, and punctuation. The writing presents as a carefully crafted and polished final product.	Very well organized. Easy to follow arguments, which serve to strategically represent one's position. Connections between ideas are evident and transitions are smooth.	Demonstrates correct usage of citation and referencing in APA style (6 th ed.). 100% of sources are cited and referenced.
B	No less than 85% of objectives are covered	Shows ability to synthesize most material; good understanding of the literature and ideas discussed in class; may have 1-2 minor factual or conceptual inconsistencies. Examples are generally well chosen.	Uses appropriate literature sources but does not identify relevant sources beyond those discussed in class. Literature sources adequately represent what is known and published.	Writing mechanics are good. Minor editing is required to enhance clarity as well as sentence structure, grammar, and punctuation.	Organized. Most transitions are fluid and evident.	Correct usage of citation and referencing, but with minor errors or inconsistencies in APA style (6 th ed.). 90-99% of sources are cited and referenced.

¹ The rubric for this section is from: Piontek, ME (2008) *Best practices for designing and grading exams*; CRLT Occasional Paper No. 24, Univ of Mich

C	No less than 75% of objectives are covered	Shows understanding of the basic ideas and information involved in the assignment; but lacks depth of analysis; may have several factual, interpretive, or conceptual errors. Examples only partially support analysis.	Has used insufficient literature sources; some are not appropriate or relevant to the assignment. Paper has moderate gaps in the presentation of major findings/concepts/theories.	Moderate problems with writing mechanics are noted. A significant amount of editing or revisions are required to enhance clarity as well as sentence structure, grammar, and punctuation.	Organization is fair. Transitions are lacking or awkward; ideas do not flow logically, gaps in thought processes appear evident.	Moderate amount of inappropriate or incorrect usage of citation and referencing (APA style 6 th ed.). 80-89% of sources are cited and referenced.
F	Less than 75% of objectives are covered	Shows inadequate command of materials or has significant factual and conceptual errors; confuses some significant ideas; lacks critical understanding of lectures, readings, discussions, or assignments. Examples are poorly chosen and do not support analysis.	Literature used is largely inappropriate and irrelevant to topic assignment, and/or major findings/concepts/theories have not been addressed.	Writing mechanics are poor and the paper is unclear due to poor writing. Major portions of the paper must be discarded or substantially revised/edited to bring sentence structure, grammar, and punctuation to an acceptable level.	Poor organization. Wanders from topic to topic; illogical arrangement of ideas without transition; tangled or disjointed presentation of ideas.	Grossly fails to use correct citation and referencing of APA style (6 th ed.). Less than 80% of sources are cited and referenced. Plagiarism may be identified.

3) Rubric for Presentations:

Letter Grade	Required items addressed	Quality of the content addressed ⁴	Presentation style	Multi-Media Use	Organization	Questions / Answers
A	All points are covered	Cogent analysis, shows command of interpretive and conceptual tasks required by assignment; ideas original, often insightful, going beyond ideas discussed in lecture and class. Examples are well chosen.	Presents and addresses audience with consistent use of appropriate language; non-verbal communication; quality of speech (tone, projection, etc.), posture; etc. Verbal delivery interesting, engaging, and highly effective; written material may be referred to but not read. Delivery must represent command of the knowledge / content of the presentation.	Any media used is chosen appropriately in order to reinforce the presentation, not to duplicate or take the place of the verbal component. Media developed and used is appropriate to the target audience (in consideration of culture, age, gender language, etc.). Media is easy to read / handle / understand and is not a distraction to the presentation. Information presented via media is accurate, complete, yet appropriately concise.	Very well organized. Easy to follow arguments, which serve to strategically represent your position. Seamless transitions from point to point (i.e., topic to topic; person to person). Ability to present well even in the event of an unexpected obstacle or barrier. For example, A-V isn't working. "Plan B" is equally effective as "Plan A".	Answers show insight and include relevant information that was not part of presentation. Answers reflect a strong command of the information.
B	No less than 85% of points are	Shows a good understanding of the texts, ideas and methods of the assignment; may	Presentation style maintains audience interest. Language; non-verbal	Media chosen and presented is appropriate for the presentation.	Organized. Fluid transitions not always evident. "Plan B" not as effective as it could	Shows good understanding of the material but there may be one

⁴ The rubric for this section is from: Piontek, ME (2008) *Best practices for designing and grading exams*; CRLT Occasional Paper No. 24, Univ of Mich

	covered	have one minor factual or conceptual inconsistency	communication including posture; ability to verbally project; are generally evident although there may occasional lapses. May appear “scripted” or memorized. Dependence on notes and/or media evident.	Occasional errors in form / format and/or includes one or two inaccuracies.	be.	or two minor factual or conceptual errors or inconsistencies.
C	No less than 75% of points are covered	Shows an understanding of the basic ideas and information involved in the assignment; may have some factual, interpretive, or conceptual errors	Inadequate ability to establish rapport with audience. Eye contact, posture, delivery, etc. inappropriate and/or distracting. Excessive and inappropriate dependence on media.	Media not ideal for the population in the audience. Content has inaccurate information.	Some disorganization. Inadequate transitions. No “Plan B”.	Basic understanding of ideas, but errors in factual interpretation, and conceptual errors.
F	Less than 75% of points are covered	Shows inadequate command of materials or has significant factual and conceptual errors; confuses some significant ideas; lacks critical understanding of lectures, readings, discussions, or assignments.	Unable to present and deliver information.	Media not relevant or appropriate. Errors in content.	Poor organization. Presenters’ roles not defined.	Inadequate command of the material. Lacks critical understanding of what is presented. Significant ideas are confused.

Fieldwork Policies

Fieldwork policies are included in the fieldwork manual, distributed to students during their fieldwork meetings. Please note: It is the policy of Columbia University's Programs in Occupational Therapy that one level II fieldwork experience be completed with a population challenged with mental health disorders; and one level II fieldwork experience be completed with a population challenged with physical disorders. There is opportunity to complete an optional Level II fieldwork experience in an area of one's choice.

Policies

Included in the fieldwork manual are the following:

- Fieldwork placements are typically for 12 weeks full time [five days for the number of hours/day that is considered full time in the facility – not less than a six-hour day]. Students follow the workday schedule of supervisors. This may include some evening or weekend hours. Students must make up all missed time, arrangements for doing so must be negotiated with the clinical supervisor.
- Level II fieldwork is generally completed on a **full time** basis at the end each academic year of course work. Part-time fieldwork can only be considered after all of the program's academic work is completed, and with permission from the fieldwork coordinator.
 - Part-time fieldwork experiences can only be considered if there are extraordinary circumstances that warrant this. These experiences must, at a minimum, be the equivalent of a half time position, spread out over additional time (e.g. six months) so that the equivalence of our 12 week requirement is met.

The following is the procedure to be followed if such an assignment is desired.

Please note: Our program does not guarantee a part time level II fieldwork placement even if the request is appropriate. Placements are dependent upon the availability of fieldwork sites that also meets our academic and clinical standards, and in which Memoranda of Agreements are in place.

- The student must put their request in writing and submit this request to the Fieldwork Coordinator.
 - The student must make an appointment with the Fieldwork Coordinator to discuss the reasons for this request.
 - If a fieldwork site can be located that is willing to host a part-time experience, a collaborative agreement is arranged by the Fieldwork Coordinator with the clinical site prior to the onset of the fieldwork experience.
 - Students are not to contact any site to make part-time arrangements unless the Fieldwork Coordinator has authorized this.
- Completion of all fieldwork experience must be no later than 24 months following completion of the academic preparation unless the Program Faculty Review Committee

grants an extension for extenuating circumstances. While every effort is made to schedule fieldwork during specific time frames, fieldwork site availability may alter this sequence. Consequently, some students may have breaks prior to starting fieldwork or between fieldworks.

- Students from Columbia may only affiliate at facilities where a signed and current memoranda of understanding exists. If students would like to affiliate at a site that does not presently hold an agreement with Columbia University they should contact the fieldwork coordinator as soon as possible to explore the feasibility of completing fieldwork at the site. Students are **not permitted** to approach facilities to negotiate their own placements unless they have spoken to the fieldwork coordinator.
- It is possible to complete a fieldwork placement in a region in the United States other than New York's Tri-State area. Students interested in this option should speak with the fieldwork coordinator when they enter the OT program.
- An optional third Fieldwork placement in an area of specialization may be arranged upon the request of the student or the recommendation of the fieldwork coordinator. These experiences provide additional knowledge and skills in an alternative practice area (e.g. pediatrics or hand therapy), or provide students with an opportunity to work in an administrative arena (e.g., working at the AOTA National Office in political lobbying efforts). These fieldwork experiences are tailored to meet the goals of the individual student, and may be 8-12 weeks in length. Students who participate in this optional fieldwork postpone their official graduation date until the Specialty Fieldwork has been completed. Financial Aid awards may or may not be affected
- Once a student is assigned to a site for fieldwork, the student is expected to fulfill his/her obligation. There are times, however, when a fieldwork site may alter its date or cancel its commitment. In the event that there is a cancellation, Columbia University will make every effort to reassign the student.
- Some fieldwork sites have additional requirements, such as proof of immunization; screening for illicit substances; background checks (e.g., finger print screening). While these sites sometimes ask the Program to provide these assurances, it is our Programs' policy that this is a student's responsibility to provide the necessary documentation to that site. More and more sites are requesting these additional requirements. It is best that all students assume that at some point during their academic preparation, they will be asked to comply.
- The occupational therapy office maintains files on all centers in which students may be affiliated. These files contain any information that the centers send to our program (ie student manuals, objectives, assignment lists etc). These files may be reviewed to assist

in making decisions about your preliminary placement selections. They **CANNOT** be taken off our program's premises. The files are to be read in the department area.

All clinical students at CUMC must meet certain requirements. In addition to participation in the influenza vaccination program (receipt of vaccine or signed declination), which is mandatory for all clinical students (by not participating, one cannot take part in any fieldwork assignment), the following policies are in effect:

Pre-Clinical Drug Testing Policy and Procedure:

Background & Rationale

1. Health care providers are entrusted with the health, safety, and welfare of patients; have access to confidential and sensitive information; and operate in settings that require the exercise of good judgment and ethical behavior. Thus, assessment of a student's suitability to function in a clinical setting is imperative to promote integrity in health care services.
2. Clinical facilities are increasingly required by the accreditation agency Joint Commission on Accreditation of Healthcare Organizations (JCAHO), to provide a drug screening for security purposes on individuals who supervise care, render treatment, and provide services within the facility.
3. Clinical rotations are an essential element in certain degree programs' curricula. Increasingly these rotations require drug screening for student participation at their site. Students with a positive drug screen may be barred from certain rotations and thus are unable to fulfill degree program requirements. Identification of such students prior to clinical rotations will enable appropriate assessment and indicated treatment and follow-up.
4. New York Presbyterian Hospital and CUMC require drug screening of all employees. It is appropriate for clinical students to meet the same standards for the reasons stated above.

Policy

Pre-clinical drug testing is required of all students in the clinical schools at CUMC.

Procedure

- Student in the School of Nursing, College of Dental Medicine, and the College of Physicians and Surgeons will be required to undergo a 10-metabolite urine drug screen during the semester prior to the beginning of their clinical rotations (or in the case of the nursing programs during their first semester at CUMC).

- Students will receive a general orientation to the drug testing requirement prior to actual testing, including the testing procedure as well as possible common interfering substances or OTC medications (e.g. poppy-seed bagels, pseudoephedrine).
- Chain of Custody Drug Screens will be performed under the auspices of Sterling, who all provide pre-employment drug screens for CUMC employees.
- Students will pick up a requisition for their drug screen from the Student Health Service. There is a 48-hour window for the requisition to be filled. Students will take the requisition to a LabCorp laboratory for testing. A list of nearby sites, as well as the link to LabCorp for the identification of all sites will be provided.
- Test results will be returned to the SHS. If a test is positive in the LabCorp laboratory, it is referred to the Medical Review Officer utilized by Sterling. The MRO speaks with the patient and his/her to ascertain any medications the student may be taking that could either interfere with or cause a positive test. This review is NOT communicated to the SHS. MRO reviews are completed within 5 days and tests are then communicated to the SHS as positive or negative. (For example, a student legitimately on Adderall would test positive by the lab, but review by the MRO with the patient and his/her prescriber would confirm the legitimacy of the prescription and such a test would be reported to SHS as negative.)
- All students with a positive test will be required to have an evaluation by the Director of the AI:MS program. The AI:MS Director will establish the appropriate follow-up, which could include referral to addiction specialist for further evaluation and treatment, referral to an outside drug treatment program, or follow-up and treatment within AI:MS and the SHS (including follow-up drug testing as requested by the AI:MS Director). Referral to an outside drug treatment program, assessment by the AI:MS Director or addiction specialist that the student could pose a risk to patient safety, non-compliance with AI:MS directed follow-up, or directed follow-up that would interfere with a student's clinical placement will require notification of the Student Affairs Dean of the student's school or program of the need for a medical leave and withdrawal from the clinical rotation.
- Ideally drug tests will be completed 2 months prior to the beginning of clinical work to allow completion of the evaluation of students testing positive prior to the start of their clinical rotations. Students who are already on clinical rotations, or who complete testing less than 2 months prior to the start of clinical work may need to be withdrawn from their clinical rotation depending on the evaluation by the AI:MS director and/or addiction specialist.
- If during or after treatment there is a question of the student's suitability for clinical work, s/he will be referred to an outside clinician for evaluation.
- Drug Screening reports will be held in strict confidence in the student's medical record unless released at a student's request or under the specific circumstances identified in sections 6-7.
- Any results released to the Dean of a student's program are also confidential and are subject to the Family Educational Rights and Privacy Act [FERPA] regulations. For additional information visit <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

- Urine drug screens requested by a student for an outside program will be ordered through Sterling. Results will be released to the student for submission to the outside program. Students with a positive test will not be able to participate in that clinical rotation. They will be referred to the AI:MS Office as outlined in section 6 above with notification of the appropriate Student Affairs Dean that the student must be on medical leave.

Urine Drug Testing Requirement and Procedure

Background & Rationale

- Health care providers are entrusted with the health, safety, and welfare of patients; have access to confidential and sensitive information; and operate in settings that require the exercise of good judgment and ethical behavior. Thus, assessment of a student's suitability to function in a clinical setting is necessary to promote integrity in health care services.
- Clinical facilities are increasingly required by the accreditation agency Joint Commission on Accreditation of Healthcare Organizations (JCAHO), to provide a drug screening for security purposes on individuals who supervise care, render treatment, and provide services within the facility.
- Clinical rotations are an essential element in certain degree programs' curricula. Increasingly these rotations require drug screening for student participation at their site. Students with a positive drug screen may be barred from certain rotations and thus are unable to fulfill degree program requirements. Identification of such students prior to clinical rotations will enable appropriate assessment and indicated treatment and follow-up.
- New York Presbyterian Hospital and CUMC require drug screening of all employees. It is appropriate for clinical students to meet the same standards for the reasons stated above.

Because of the reasons stated above, CUMC now requires urine drug testing for students prior to the beginning of clinical rotations. The following is some information for you regarding testing.

1. SHS will order and record urine drug testing findings, but the actual testing is done under the auspices of Sterling, who also provide drug testing for all CUMC employees.
2. The drug test includes: Amphetamines, Cocaine, Opiates, Methadone, Methaqualone, Propoxyphene, Phencyclidine, Oxycodone, Marijuana, Barbiturate, Oxycodone, Hydromorphone, Hydrocodone, Benzodiazepines, Ecstasy.
3. You will pick up a requisition for the test from the SHS. This requisition must be filled within 48 hours. You can go to most LabCorp sites to submit your test. A list of nearby LabCorp sites is attached, as well as the link to LabCorp to identify other collection sites.

4. Test results are communicated to the SHS, where they become a part of your confidential medical record.
5. If LabCorp technicians record a positive test, that information is sent to the Sterling Medical Review Officer, not to the SHS. The Medical Review Officer will contact the student, assess any medications they may be taking (for example, Adderall), speak with that prescribing clinician. If the test result and the information from the student and clinician indicate that this is legitimate clinical use, the result is then reported to the SHS as negative. Only positive tests that cannot be explained by legitimate clinical use will be reported as positive to the SHS.
6. Students who have a positive test reported to the SHS will be required to have an evaluation by the Director of the AI:MS (Addiction Illness:Medical Solutions) program. S/he will determine further evaluation and follow-up, which may include evaluation by an addiction specialist, follow-up urine drug testing, evaluation in the Mental Health Service or referral to a drug treatment program.
7. If a student is already on a clinical rotation and evaluation or recommended treatment would interfere with that evaluation, or the evaluation indicates concerns about patient safety if the student is on a clinical rotation, then the appropriate Dean of the student's school or program will be notified that the student must be on medical leave.
8. For students on clinical rotations, part of the assessment will be a report from that student's clinical preceptor regarding his/her performance (without disclosing the reason for the request). This report will be obtained by the appropriate Dean and conveyed to the individual assessing the student (AI:MS Director or addiction specialist).
9. Students whose outside rotations require additional drug testing will also have tests performed through Sterling. If one of these tests is positive, the rotation site must be notified and the student will not be able to participate in that clinical rotation. The appropriate Dean will be notified that the student must be on medical leave and the student referred for assessment and treatment through the AI:MS office as detailed in sections 5-7 above.
10. The AI:MS Director and/or addiction specialist will determine when the student can return to clinical rotations as well as the frequency of follow-up drug test monitoring.

Appendix B

Information About Urine Drug Testing

- Some over-the-counter medications can test for THC and Ecstasy. These include Dexatrim, and non-steroidal anti-inflammatory medications (e.g., ibuprofen, Aleve). Skip those drugs for at least 72 hours before your drug test. Pseudoephedrine and Vicks Inhaler can cause false positives for amphetamines and should also be avoided. Fluoroquinolones (e.g., Cipro) can also cause false positive (barbiturates). Cough syrup with dextromethorphan (DM) can cause a false positive for phencyclidine.
- Watch what you eat. Certain foods can, for example poppy seeds, can cause a positive drug tests (barbiturates). If you eat anything with poppy seeds, such as bagels and muffins, avoid these foods for 72 hours before your test. Quinine in tonic water can also cause a false positive test for barbiturates..
- Avoid any exposure to marijuana. A casual marijuana user will test positive for 7-10 days after the last exposure. This extends to 2-4 weeks in a heavy user.

- Do NOT be concerned if you are on a legitimately prescribed chronic medication that may cause a positive drug tests (e.g. Adderall or Concerta). This will be reviewed by the Medical Review Officer as described in the drug testing procedure and will NOT be reported as a positive drug test.

Urine testing for drugs of abuse

Drug	Duration of detectability in urine	Drugs causing false positive preliminary urine screens
Amphetamines	2 to 3 days	Ephedrine, pseudoephedrine, phenylephrine, selegiline, chlorpromazine, trazodone, bupropion, desipramine, amantadine, ranitidine
Cocaine	2 to 3 days	Topical anesthetics containing cocaine
Marijuana	1 to 7 days (light use); 1 month with chronic moderate to heavy use	Ibuprofen, naproxyn, dronabinol, efavirenz, hemp seed oil
Opiates	1 to 3 days	Rifampin, fluoroquinolones, poppy seeds, quinine in tonic water
Phencyclidine	7 to 14 days	Ketamine, dextromethorphan

- *Adapted from The Medical Letter 2002; 44:71.*

University Wide Policies:

The following list was prepared by Jeffrey Scott, Executive Vice President, Student and Administrative Services. Please use the hyperlinks for access to the full text of each policy.

Student Email Communication Policy

Columbia University has established email as an official means of communication with students. This policy outlines student rules and responsibilities with regards to Columbia University email addresses.

CUIT Computer and Network Use Policy

Columbia University maintains certain policies with regard to the use and security of its Information Technology (IT) resources, including computer systems and networks. All users of Columbia University's IT resources and facilities are expected to be familiar with and adhere to the CUIT policies.

Social Security Number Reporting

In accordance with the Internal Revenue Service, the University requires students who will be receiving financial aid or payment through the University payroll system to report their Social Security number at the time of admission.

Policy on Access to Student Records under the Federal Family Educational Rights and Privacy Act (FERPA) of 1974, as Amended

This policy sets forth Columbia's application of FERPA, a Federal Law protecting the rights of students and their families with regards to the privacy of their educational records.

University Regulations

These University Regulations govern all registered students, as defined by the regulations. They contain policies on attendance, religious holidays, hazardous activity in connection with initiations and affiliations, possession of firearms on campus, student discipline, academic discipline, and rules of University conduct.

Policies on Alcohol and Drugs

These policies on alcohol and drugs aim to provide an academic and social environment that supports individual freedom while promoting individual responsibility, health and safety, and community welfare, in compliance with New York State law and other applicable regulations.

Equal Opportunity and Nondiscrimination Policies, and Procedures on Discrimination, Discriminatory Harassment, and Sexual Harassment

Maintained by the Office of Equal Opportunity and Affirmative Action, these policies govern students and employees of the University with regards to equal opportunity and nondiscrimination.

Gender-Based Misconduct Policies for Students

Columbia University provides educational and preventative programs, services for individuals who have been impacted by gender-based and sexual misconduct, and accessible, prompt, and equitable methods of investigation and resolution. The University does not tolerate sexual misconduct of any kind.

University Event Management Policies

These policies delineate a framework to aid University groups and organizations in planning and scheduling events at Columbia. Student organizations, managers of Columbia event venues, and University departments and groups requesting to reserve campus facilities or outdoor space are expected to follow these policies.

Policy on Partisan Political Activity

Columbia University, as a tax-exempt organization under Section 501(c)(3) of IRS Code, is prohibited from participating or intervening in any political campaign on behalf of or in opposition to any candidate for public office. Political intervention includes not only making financial contributions but also the publication or distribution of written or oral statements on behalf of or in opposition to any candidate for public office. *This policy does not govern community members in their individual capacity as private citizens.*

Campus Safety and Security

The Department of Public Safety governs policies on campus safety and publishes an annual security report containing information on security policies and crime incidents. Columbia University is committed to the safety and wellbeing of our students, faculty, and staff.

Leave of Absence Policies

Four policies (Required Medical Leave for Students with Eating Disorders on Morningside Campus, Voluntary Leave of Absence Policy, Involuntary Leave of Absence Policy, and Military Leave of Absence Policy) govern different situations of withdrawal from the University. For more specific information about leaves, students should refer to their school bulletins or speak with their Dean of Students (DOS).

Essential Resources

This section provides a summary of some of the most important resources at Columbia University: Disability Services, Ombuds Office, and Transcripts and Certifications.

You are responsible for familiarizing yourself with these important University policies. For the full text of these policies, as well as links to additional resources, please refer to Essential Policies for the Columbia Community, available online at <http://www.essential-policies.columbia.edu>. Hardcopies are available from your school or by emailing essential-policies@columbia.edu. For your reference, additional University policies are published in the Administrative Policy Library at <http://www.columbia.edu/cu/administration/policylibrary/>. Please be aware that these policies are subject to change. For the most updated information, always consult the website.