

## Professional Behaviors – Melanie Swan, Dodd Hall Occupational Therapist

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### Professional appearance:

- Neatly groomed.
- Appropriately dressed (i.e. no low necklines, minimal/non-distracting jewelry and makeup, minimal perfume/aftershave, hair combed and secured out of face, nails short/clean/manicured, non-skid shoes with low or no heel style appropriate for work environment, follow dress code of facility)
- No obvious body odor (good oral hygiene, appropriate bathing/deodorant)

### Professional conduct:

- Eye contact/smiling/friendly
- No sighing/rolling eyes/sulking/biting sarcasm during patient care-- even if the patient is responding to you with those behaviors
- Address patients formally (Ms. /Mrs. /Mr.), ask how the patient prefers to be addressed before using informal name
- Identify self/explain OT and purpose of presence at every session
- Be on time if not early
- Notify supervisor in a timely manner if arriving late/absent to allow supervisor adequate time to cover or reschedule caseload/responsibilities
- Be prepared for treatments by doing independent research/planning prior to each session
- Do not always rely on supervisor to provide direction or answers to questions-- take initiative to look things up or identify possible options/solutions then collaborate with supervisor to determine what works best for situation
- Minimize gum chewing (i.e. no snapping, blowing bubbles)
- Minimize cell phone/blackberry use during tx times (in cases of emergency only, otherwise use on breaks)
- Ensure you have patient's goals/interests/needs in mind when using anecdotes for therapeutic use of self vs. just sharing ad nauseum what is going on with you (i.e. your patient may not really care to know ALL of the details of your wedding or pregnancy or new house, etc)
- Be prepared to accept constructive feedback and review it critically for your professional development not interpret it as a personal affront
- Be assertive and advocate for your patient but accept that your supervisor or the rehab team may have the final say and it may be different from your recommendations
- Apologize even if it is not your fault and rectify or mitigate if it is within your ability/scope
- If you feel that a colleague has done something "wrong" with the patient you are treating – provide a united front with the patient and question your colleague privately
- Be open to differing perspectives on treatment approaches and really listen to the rationale for why your counterparts may be doing what they do – it may not be "wrong" but different
- Communicate all information to all parties on the treatment team, not just your supervisor or the nurse/doctor
- Be mindful of the age/generation/culture of your patient and utilize manners appropriate to their background (sir/madam, please/thank you, selection of background music, utilization of slang, gender role, etc)