**SACRED HEART UNIVERSITY
GRADUATE PROGRAM IN OCCUPATIONAL THERAPY**

**OT 574: TOPICS IN ADULTS AND GERIATRICS
LATE SPRING/SUMMER 2019**

**CREDIT HOURS**: 2
**FACULTY**: Jaimee Betts Hegge, OTD, OTR/L
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**OFFICE HOURS**: 4 days a week by appointment.
**CLASS FORMAT**: Course content will be provided in class seminars / discussion.

**CLASS TIME**: Thursday mornings 9am - 11am

**COURSE DESCRIPTION**:

This course will examine the evidence that serves as a basis of occupational therapy assessment and intervention in current practice with clients from adults to geriatrics. Current theories will be examined and critically analyzed related to areas of occupation, performance skills, performance patterns, context, activity demands and client factors. Spirituality and the meaning of occupations for an individual will also be considered in context of evaluation and intervention. Students will actively participate in discussion and debate regarding the work done in their PBL groups, to describe and defend the theoretical and research basis for their clinical decisions. The format for this course will be presentation, discussion, and collaborative work.

## RELATIONSHIP TO OCCUPATIONAL THERAPY PRACTICE AND VISION 2025

 “Occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living.”

In order for our profession to make this vision a reality, we need professionals who create evidence through research but we also need a well-educated core of professionals who are comfortable using the evidence that we have to justify their clinical decision-making. This course will help you begin to make clinical decisions and explain your rationale, using all of the information you have available to you, including but not limited to research evidence.

## RELATIONSHIP TO CURRICULUM DESIGN

Our curriculum design is symbolized by the tree of life, an interconnected and entwined sphere, where faculty design experiences to provide foundational information (the roots), and through collaborative processes between faculty and students, knowledge emerges and is applied to an expanding repertoire of professional behaviors. This course, in the second academic semester, is one that will allow the student to apply knowledge gained in semester one and begin to evaluate and combine knowledge from a variety of sources. Your learning will be assessed using Bloom’s levels of comprehension and application.

## CONCEPTUAL MODEL FOR THIS COURSE

We will be using the occupational therapy model PEO as the Conceptual Model for this course. PEO stands for Person, Environment, and Occupation. You have learned this model in your Introduction to Occupational Therapy Course but we will be applying this model as we consider evaluation and intervention planning for adult and geriatric clients. 

MY THOUGHTS ABOUT KNOWLEDGE AND LEARNINGWhile it may appear that knowledge is certain, that there are facts we can count on, in reality knowledge changes over time. What we did in occupational therapy in the 1950’s is not what we do today. We can teach you skills, assessment tools, and specific diagnostic categories but all of that may be different in 20 years. That tool may no longer exist, the DSM may change the criteria for a diagnosis or drop it all together, and the skills you rely on today may be shown to be ineffective by the research of tomorrow. Therefore, an important characteristic for you to develop is your capacity for curiosity and the desire to continually learn and improve. If you remain static in OT, you may become bored and may burnout. If the profession remains static, we may become irrelevant. All of us must engage in continual improvement for our profession to remain viable and for us to achieve our centennial vision. My hope is that all of you will continue to stay informed on the issues impacting our profession utilizing the skills you are learning during your two years in this program.

I believe that all of our students can learn given the sufficient resources, proper instruction, and adequate motivation and effort. For you to continue on a path of lifelong learning as an OT, and not become stifled and complacent, you will need the intention to do so, the motivation, drive, and curiosity to ensure you do not become bored and boring in your practice. We will make this course entertaining and fun when appropriate

## WHAT YOU CAN EXPECT OF ME:

1. I will always be prepared for class.
2. Your materials will always be available to you at least one week before class (usually much earlier than that).
3. We will start and end class on time, unless there are extreme events beyond my control.
4. I will answer your emails during the work week within 24 hours. However- you should know that I go to bed early- so if you email me after the early evening you won’t hear from me until the morning.
5. I will grade your papers and have things back to you within 2-3 work-weeks of your turning them in (if you turn them in on time).
6. When I am meeting with you, and when I am in class with you, you will have my undivided attention. We will all practice ‘being present’ in the moment in our communication with each other. It is an important behavior to learn before working with clients. If it ever seems like I am distracted and not listening fully, please say so.
7. I will explain why we are doing what we are doing. I don’t believe in ‘busy work’ and won’t give you any.
8. I will model the same professional behaviors of expect of all of you. I will treat you as a future colleague and an adult student. We will speak to each other using first names. I am flexible, reasonable, and understand that things happen in life. Please speak with me if you are having any difficulties with the material or assignments. However, I also believe in personal responsibility.

WHAT I EXPECT OF YOU:(In one word- TRY!!!!)

I expect all students to be committed to learning and be prepared to discuss the assigned readings and to participate in the class activities. I expect all students to come to class on time and to be 100% present during the class session. I expect all students to try as hard as they can but I do not expect perfection. I understand that students learn in different ways and expect students to communicate with me if my teaching style is not conducive to your learning style. I will make every effort to modify the style within reason in order to ensure success.

I put the responsibility on you to complete your work on time and arrive on time. You are in graduate school and are responsible for your own learning. Having said that, if you are confused or need more explanation on anything please ask questions. The instructors are here to help you learn.

I expect that you will all demonstrate the professional behaviors you will need as an occupational therapist. You should behave in this class just as you would behave as an OT in the professional setting. You should treat me like a more experienced colleague as if we were working together in a clinic or hospital situation. I have more knowledge and experience than you do right now, but am an OT just like you will be very soon. With that said, I do expect you to be respectful when we are in class together- to me and to each other- just like you would be in the workplace.

**TEACHING LEARNING METHODS**

This course will be taught primarily through group discussion and some mini lectures.

### COURSE POLICIES

**INDIVIDUAL AND GROUP WORK:** All work is individual unless specifically described as a group activity.

**ACADEMIC INTEGRITY:** refer to *Program Manual*

**ATTENDENCE:** refer to *Program Manual*

**PROFESSIONAL BEHAVIORS:** refer to *Program Manual*

# REQUIRED TEXTS

You will be using all of your books for Lab, Seminar, and PBL.

Coppard, B. & Lohman, H. (2014). Introduction to Orthotics: A Clinical Reasoning and Problem-Solving Approach (4th ed.). Mosby.

Cooper, C. (2014) *Fundamentals of Hand Therapy. Clinical Reasoning and Treatment Guidelines for Common Diagnoses of the Upper Extremity*. (2nd ed.). St. Louis, MO: Elsevier. ISBN 978-0-323-09104-6

Gillen, G. (2016). *Stroke rehabilitation: A functional-based approach* (4th ed.).St. Louis, Missouri: Elsevier. ISBN

Meriano,C., & Latella, D. (2016). Occupational therapy interventions. (2nd ed.). Thorofare, NJ: Slack Incorporated. ISBN 978-1-61711-055-9

These are required books that you should own from previous courses:

Pendleton, H. M. & Schultz-Krohn, W. (2018). *Pedretti’s Occupational therapy practice skills for physical dysfunction* (8th ed.). St. Louis, MO: Elsevier.

Sames, K. (2015). *Documenting occupational therapy practice* (3rd ed.).Upper Saddle River, NJ: Pearson.

Smith-Gabai, H. & Holm, S. E. (2017). *Occupational therapy in acute care* (2nd ed.). Bethesda, MD: AOTA Press.

# RECOMMENDED TEXTS *(Readings will be posted to blackboard)*

Zoltan, B. (2007). *Vision, perception and cognition: A manual for the evaluation and treatment of the adult with acquired brain injury* (4th ed.). Thorofare, NJ: Slack.

### PULLING IT ALL TOGETHER WITH LEARNING OBJECTIVES

Each program in OT must meet the same Accreditation Council for Occupational Therapy Education **(**ACOTE) standards. How they are met varies from program to program. In each program, each standard must be addressed in at least two courses. The standards that are addressed in this course are listed below. To review each standard, please refer the AOTA website at [www.aota.org](http://www.aota.org)/…/accreditation/standards/2011

The course learning objectives are linked to the ACOTE standards as well as the program’s objectives, mission and vision, and the overall curricular design. The program’s objectives were developed based upon our PRIDE vision. The chart below shows the connection between the course learning objectives, the program objectives they are linked to, the ACOTE standards that are addressed in this course, as well as how we plan to meet and measure the learning objectives for this course. By the time you graduate from the program and in preparation for entry-level practice, you should meet the course objectives, program objectives, and ACOTE standards.

All course expectations are designed according to Bloom’s Taxonomy of Learning Domains---Remember, Understand, Apply, Analyze, Evaluate, and Create. This course will facilitate students to perform within the Domains of Apply, Analyze, Evaluate, and Create. Refer to <http://www.celt.iastate.edu/teaching-resources/effective-practice/revised-blooms-taxonomy/>

### The student will actively participate to accomplish and meet the objectives to:

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| Course Learning Objective | Program Objective | ACOTE standardEffective 2013 | Learning Experiences | How will the Learning Objective be Measured? |
| Interpret client behaviors to adjust interventions accordingly.Explain the theoretical rationale or biological plausibility behind selected intervention techniques. Defend his or her choice of assessment or intervention using varied methods of clinical reasoning, appropriate theory, and/or research evidence. | Exhibit critical thinking, clinical reasoning, use of evidence, and competence in skills requisite for entry-level, holistic application of the occupational therapy process. | B.2.10Use clinical reasoning to explain the rationale for and use of compensatory strategies when desired life tasks cannot be performed.B.2.11Analyze, synthesize, and apply models of occupational performance. B.3.3Use theories, models of practice, and frames of reference to guide and inform evaluation and intervention. B.3.2Compare and contrast models of practice and frames of reference that are used in occupational therapy.B.5.20Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner. | Small group discussion | Seminar rubricExamReading quizzes |
| Apply research evidence appropriately to the decision making process in clinical cases. | Exhibit critical thinking, clinical reasoning, use of evidence, and competence in skills requisite for entry-level, holistic application of the occupational therapy process. | B.4.2Select appropriate assessment tools on the basis of client needs, contextual factors, and psychometric properties of tests.  | Small group discussion | Seminar rubricExamReading quizzes |
| Summarize the clinical presentation of an occupational therapy client, describing strengths and weaknesses in occupational performance and the impact of contextual factors of the case on occupational therapy practice. | Exhibit critical thinking, clinical reasoning, use of evidence, and competence in skills requisite for entry-level, holistic application of the occupational therapy process.Practice in a safe and legal manner. | B.5.20Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.B.6.2Analyze the current policy issues and the social, economic, political, geographic, and demographic factors that influence the various contexts for practice of occupational therapy.B.7.1Describe and discuss the impact of contextual factors on the management and delivery of occupational therapy services. | Small group discussion | Seminar rubricExamReading quizzes |

### DESCRIPTION OF ASSIGNMENTS AND GRADING

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| **ASSIGNMENT** | **DESCRIPTION** | **PERCENT OF GRADE** |
| Online reading quizzes Each week (online first half of semester and in class in TBL format end of semester)  | The reading online assignments will be primarily multiple choice and true/false questions. These are all open book and you may “take” them as many times as you would like, until you feel you have learned the material sufficiently. | 20% |
| Group Invention ProjectWeeks13 & 14 | You will be assigned to a group of 5 peers. You are required to invent a piece of adaptive equipment. Project details and grading rubric are posted to Bb. | 10% |
| Midterm exam Week 7 June 13th  | The midterm exam will be primarily multiple choice and true/false questions. The midterm exam will have a study guide but the questions will be more application than rote memory. You will take this exam in class and may **not** use your book. | 20% |
| Final examWeek of August 5th TBD | The final exam will be primarily multiple choice and true/false questions. The final exam will be cumulative. The final exam will also have a study guide but the questions will be more application than rote memory. You will take this exam in class and may **not** use your book. | 30% |
| Discussion/ participation  | You will be graded by your peers in your Topics group on your participationThere will be 7-8 students in a small discussion group. Each group will include a few members from each PBL group so that we can discuss similarities and differences in the way the PBL groups approached the case for the week. You will be given a specific question(s) to answer in the small group, and then we will come together in the large group and have larger discussion to come up with one answer we can all live with. (Note: There is not always one and only RIGHT answer in clinical practice). You will be grading each other on your participation in this way - with better grades accumulating for* Speaking to the group frequently
* Answering directly posed questions
* Questioning a peer about something substantive
* Summarizing case information concisely but thoroughly
* Defending your choices with evidence from your readings or research articles, using theory and well-articulated clinical reasoning
* Explaining your rationale when making decisions
* Your nonverbal body language when your peers are speaking, demonstrating your attention and interest
* Understanding the work of your group well enough to explain it to members of other groups
 | 20% |

Each week students will be expected to speak in small and large group discussion. Discussion will be an important part of your career as an occupational therapist. In almost every practice setting, you will be required, as part of your job, to explain your evaluation results, describe and defend your plan of treatment, and discuss client progress in relation to your intervention. **Not participating in team meetings is not an option and can harm your client. Not participating in these discussions is also not acceptable as it can hinder the learning of the group.** Each person’s ideas are valuable and no questions are bad questions. One never knows how much learning will occur from one statement made by you or by a peer. We will have discussion rules, however. Guidelines for Classroom Discussion (adapted from <http://learnercenteredteaching.wordpress.com/teaching-resources/real-world-model-of-classroom-discussion/> )

1. Everyone has an obligation to participate in discussions, and, if called upon, is expected to respond.
2. Always listen carefully, with an open mind, to the contributions of others.
3. Ask for clarification when you don’t understand a point someone has made.
4. If you challenge others’ ideas, do so with factual evidence and appropriate logic.
5. If others challenge your ideas, be willing to change your mind if they demonstrate errors in your logic or use of the facts.
6. Don’t introduce irrelevant issues into the discussion.
7. If others have made a point with which you agree, don’t bother repeating it (unless you have something important to add).
8. Be efficient in your discourse; make your points and then yield to others.
9. Above all, avoid ridicule and try to respect the beliefs of others, even if they differ from yours.