# **OT547**

# **Lab 2019**

# **SYLLABUS**

## CREDIT HOURS: 5

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OFFICE HOURS: By appointment

CLASS DAY AND TIME:

Lab 1: Mondays 12:30-3, 3:30- 6, Tuesdays 9:30-12:00 and 12:30-3

Lab 2: Tuesdays 4-6:30, Wednesdays 9:30-12:00, 12:30-3, and 3:30- 6

CLASS FORMAT: Laboratory

## COURSE DESCRIPTION

In this laboratory course, students will apply concepts during “hands on” learning experiences within the contexts of the daily lives of families of infants and children through early adulthood while maintaining professional behaviors and team collaboration. The specific skills of a pediatric occupational therapist will be emphasized including, evaluation planning, implementation, documentation, and the development of appropriate, playful, and creative intervention plans.

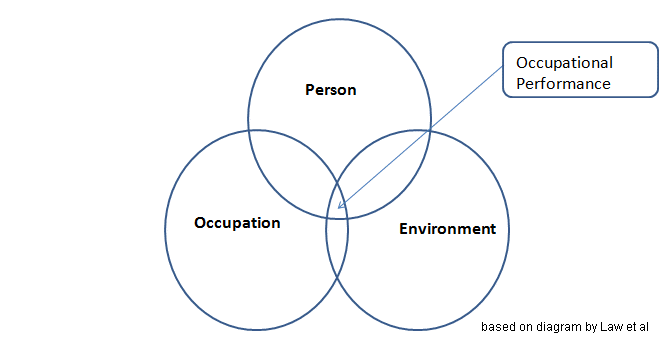
## COURSE RELATIONSHIP TO OCCUPATIONAL THERAPY PRACTICE AND AOTA VISION 2025

The AOTA vision currently states that “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 the profession to make this vision become a reality, we need professionals to be competent in a variety of the skills required of an entry-level occupational therapist. This course is all about learning the basic tools and skills of an OT so that you can enter clinical practice in your level II fieldworks and beyond. In this course you will learn the evaluation and intervention skills and basic documentation skills you will need in your daily clinical practice.

## 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 last academic semester, is one that will allow the student to combine and apply knowledge gained in semester one with knowledge from PBL and seminar in the selection of evaluation methods, the development of therapeutic activities, and the documentation required for pediatric settings. Your learning will be assessed using Bloom’s levels of comprehension, application, and beginning analysis.

## 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 pediatric and adolescent age clients. 

## OUR THOUGHTS ABOUT LEARNING IN RELATION TO THIS COURSE

While 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.

We 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 playful and silly wherever it is appropriate to do so. We will engage enthusiastically in pediatric practice so that you hopefully will bring that playful nature to your interactions with children and adolescents to engage them in therapy that is creative, fun, and attractive.

## WHAT YOU CAN EXPECT FROM US

* Your materials will always be available to you at least one week before class (usually much earlier than that).
* We will answer your emails during the work week within 24 hours. However- if you email after the early evening you may not hear from us until the morning.
* We will grade your papers and have things back to you within 3 weeks of your turning them in (if you turn them in on time).
* We will explain why we are doing what we are doing. We don’t believe in ‘busy work’ and won’t give you any.
* We will have very high standards for your behavior and ours. We believe in Stephen Covey’s [7 habits of highly effective people](https://www.stephencovey.com/7habits/7habits-habit1.php). We also believe that the first thing we need to be able to do to be responsible and effective people is have integrity. Integrity starts with making and keeping promises and commitments. We pride ourselves on being dependable and keeping my commitments. So- if you ever feel we are not fulfilling what is listed above- please tell us!!!!!
* When we are meeting with you, and in class with you, you will have our 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 we are distracted and not listening fully, please say so. If you ask a question when we are distracted or when we cannot give you our full attention (for example at the beginning of class while setting up), we will tell you so and will tell you when we will be able to give you our full attention.
* We will start and end class on time, unless there are extreme events.
* We spend a lot of time planning what we will do in class and what we think are activities that will help you learn this material- but that will also be fun.
* We will model the same professional behaviors we expect of all of you. We will treat you as a future colleague and an adult student. Please speak with us if you are having any difficulties with the material or assignments. However, we also believe in personal responsibility.

## WHAT WE EXPECT OF YOU

We expect you to participate, ask questions, and get help if you need it. We expect you to work in this class with integrity. Plagiarism is unacceptable in any form in this course. We expect that you will all demonstrate the professional behaviors you will need as an occupational therapist. You are spending a lot of money to be in school- we hope you take that seriously and use your time wisely. Plan ahead to make sure you can meet your commitments and deadlines and use whatever resources you need to ensure you do what you say you will do. You should treat us like more experienced colleagues (as we could be in just a few more months) and be respectful as you would be in a workplace.

## TEACHING AND LEARNING METHODS

This course is one part of the whole Pediatric / Adolescence Series which also includes Topics, PBL, and level one fieldwork. For this portion, you will be doing primarily hands on activities.

## COURSE POLICIES

STUDENT BUDGET FOR COURSE SUPPLIES: None

INDIVIDUAL AND GROUP WORK: Most assignments in this course are individual, however there may be group activities during lab sessions.

ACADEMIC INTEGRITY: refer to Program Manual

ATTENDENCE: refer to Program Manual

PROFESSIONAL BEHAVIORS: refer to Program Manual

**ACCESS AND ACCOMMODATIONS**

The Office of Student Accessibility provides instructional accommodations and services for students with disabilities in compliance with the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. To learn how to request assistance, visit the [office of student accessibility](http://www.sacredheart.edu/officesservices/jandrisevitslearningcenter/speciallearningservices/).

If you are in need of assistance to access any materials related to this course or anything else related to your learning experience or time on campus, please contact your instructor or the Office of Student Accessibility ([accessibilty@sacredheart.edu](mailto:accessibilty@sacredheart.edu)).

## REQUIRED TEXT

You will be using all of your pediatric books for the entire pediatric series of courses including Lab, Topics, level one FW, and PBL. It is difficult to say which books will be used most for PBL vs. Lab vs. Topics. You should have at least two of these textbooks already from prior courses in our curriculum. Please note you will also need to review Willard & Spackman, which you should have already.

Your entire Pediatric book list for 3 courses (PBL, Lab, and Topics) is as follows: Your primary textbook for the entire pediatric semester is

Case-Smith, J. & O’Brien, J. (2015). *Occupational therapy for children* (7th ed.). St. Louis: Mosby.

You will be assigned almost every chapter of this text by the end of the semester and the IRAT questions will come from this text and the ppts. Additionally, your pediatric questions for NBCOT are pulled from this textbook so it is an absolute necessity that you purchase this book.

In addition, we will have readings from these other texts periodically and you will use them in lab, PBL, and topics.

Miller Kuhaneck, H. Spitzer, S. & Miller, E. (2010). *Activity analysis, creativity and playfulness in pediatric occupational therapy: Making Play Just Right*. Boston: Jones & Bartlett Press.

Mulligan, S.E. (2013). *Occupational Therapy Evaluation for Children: A Pocket Guide. 2nd ed.* NY: Lippincott, Williams & Wilkins.

*This last one is recommended but not required:*

Frolek-Clark, G., Rioux, J., & Chandler, B. (2019). *Best Practices for OT in the Schools*. (2nd ed). Bethesda, MD: AOTA Press.

## 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 in the table below. This link will allow you to review the [ACOTE standards](https://www.aota.org/Education-Careers/Accreditation/StandardsReview.aspx).
* 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. Table 1 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.
* All course expectations are designed according to [Bloom’s Taxonomy of Learning Domains](http://www.celt.iastate.edu/teaching-resources/effective-practice/revised-blooms-taxonomy/)---Remember, Understand, Apply, Analyze, Evaluate, and Create. This course requires students to apply, analyze, and evaluate.

## Table 1- Learning objectives and ACOTE standards

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Learning Objective | Program Objective | ACOTE Standard | Learning Experiences | Method Of Assessment |
| Formulate appropriate long term goals and measurable short term objectives.  Prepare for, plan, and implement interventions, considering the developmental level of the child, other child characteristics, family needs, and the child’s goals. | Exhibit critical thinking, clinical reasoning, use of evidence, and competence in skills requisite for entry-level, holistic application of the occupational therapy process. | B.1.2.  B.3.2  B.5.1  B.5.2  B.5.3  B.5.6  B.5.14  B.5.24 | Goal writing in lab  Treatment planning in lab  Grading and modifying activities in lab | Video ant assignments  Midterm and Final OSCE |
| Interpret evaluation results correctly | Exhibit critical thinking, clinical reasoning, use of evidence, and competence in skills requisite for entry-level, holistic application of the occupational therapy process. | B.1.7  B.4.6  B.4.7  B.4.8 | Lab activities with assessment tools and videos of evaluations | Evaluation report assignment  Midterm and final OSCE |
| Grade and modify interventions according to child behaviors. | Exhibit critical thinking, clinical reasoning, use of evidence, and competence in skills requisite for entry-level, holistic application of the occupational therapy process. | B.2.7  B.5. 23 | Lab activities with cases  Role play  Activity contest | Treatment plan assignment  Final OSCE |
| Follow proper administration procedures for evaluation and assessment in pediatric occupational therapy. | 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, legal and ethical manner. | B.4.1  B.4.3  B.4.4 | Lab activities with assessment tools | Midterm OSCE |
| Select appropriate methods of evaluation. | 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, legal and ethical manner. | B.3.5  B.4.2  B.4.4 | Lab activities with assessment tools | Evaluation report assignment |
| Document child performance accurately.  Demonstrate professional and client-centered interaction skills with families, clients, and other professionals. | 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, legal and ethical manner. | B.4.10 | Lab activities with evaluation report writing | Evaluation report assignment  Midterm OSCE  Video-ant  assignments |
| Use appropriate safety precautions with all evaluation and intervention interactions. | Practice in a safe, legal and ethical manner. | B.5.8 | Lab activities | Midterm and final OSCE |

## Table 2 Description of Assignments and Grading

| ASSIGNMENT | DESCRIPTION | PERCENT OF GRADE |
| --- | --- | --- |
| Evaluation plan assignment | You will review the referral information provided to you about a case and write an evaluation plan that is appropriate for the client’s concerns and the setting. | 5% |
| Video ant assignments (2) | You will use the Video ant program to annotate 2 different videos, to document your ability to make observations using your “OT eyes.” You will then answer questions on BB about what you observed. You will be graded on your answers to the questions, but if you do not also provide your annotated video, you will get a zero on the BB portion. | 10% each for 20% of the final lab grade |
| Midterm OSCE | You will complete a variety of assessments and clinical observations with a real child, as well as a mini parent interview (4 questions). You will videotape all of this and turn in the video for grading. The rubric, the specific tools you will use, and the materials you will need will be provided on BB. We will go over this exam in lab. We will ask you to try to find a child between the ages of 4-7 on your own. However, if you can’t find a child, we will find one for you. | 15% |
| Treatment plan/ frame of reference assignment | You will do a treatment plan from goals and case information for a child in a school setting. As part of your explanation you will discuss your use of frames of reference in your planning and clinical reasoning. The rubric and instructions will be on BB. | 15% |
| Evaluation report | You will be provided with assessments materials for a child. You will score and interpret the assessments and write an evaluation report in the same format we learned in lab with the Michael case.  The format, and grading rubric will be on BB. | 20% |
| Lab participation | You will be graded on your participation in lab, including your use of professional dress, your safety, your use of universal precautions, your engagement with tasks, and your willingness to role play and discuss. | 5% |
| Final OSCE | Using the same child as your midterm OSCE, you will create an intervention activity to promote child development (working on a skill that would be the next to develop for that child). You will make sure the activity is meaningful and enjoyable for the child. You will grade and/ or modify the activity based upon the reactions of the child. You will be graded on the developmental appropriateness of the activity, your planning of the activity, and your ability to grade and modify it. You will also complete an activity analysis of the activity you have created. The rubric and instructions will be on BB. | 20% |