The background of the slide is a spiral-bound notebook with a light beige, textured cover and a dark brown spine on the left side. The spiral binding is visible along the left edge.

Presentation of the Occupational Therapy Assistant Program and Critical Thinking Skills

Adrienne Leyva

Instructor for the OTA Program

Critical Thinking

Definitions:

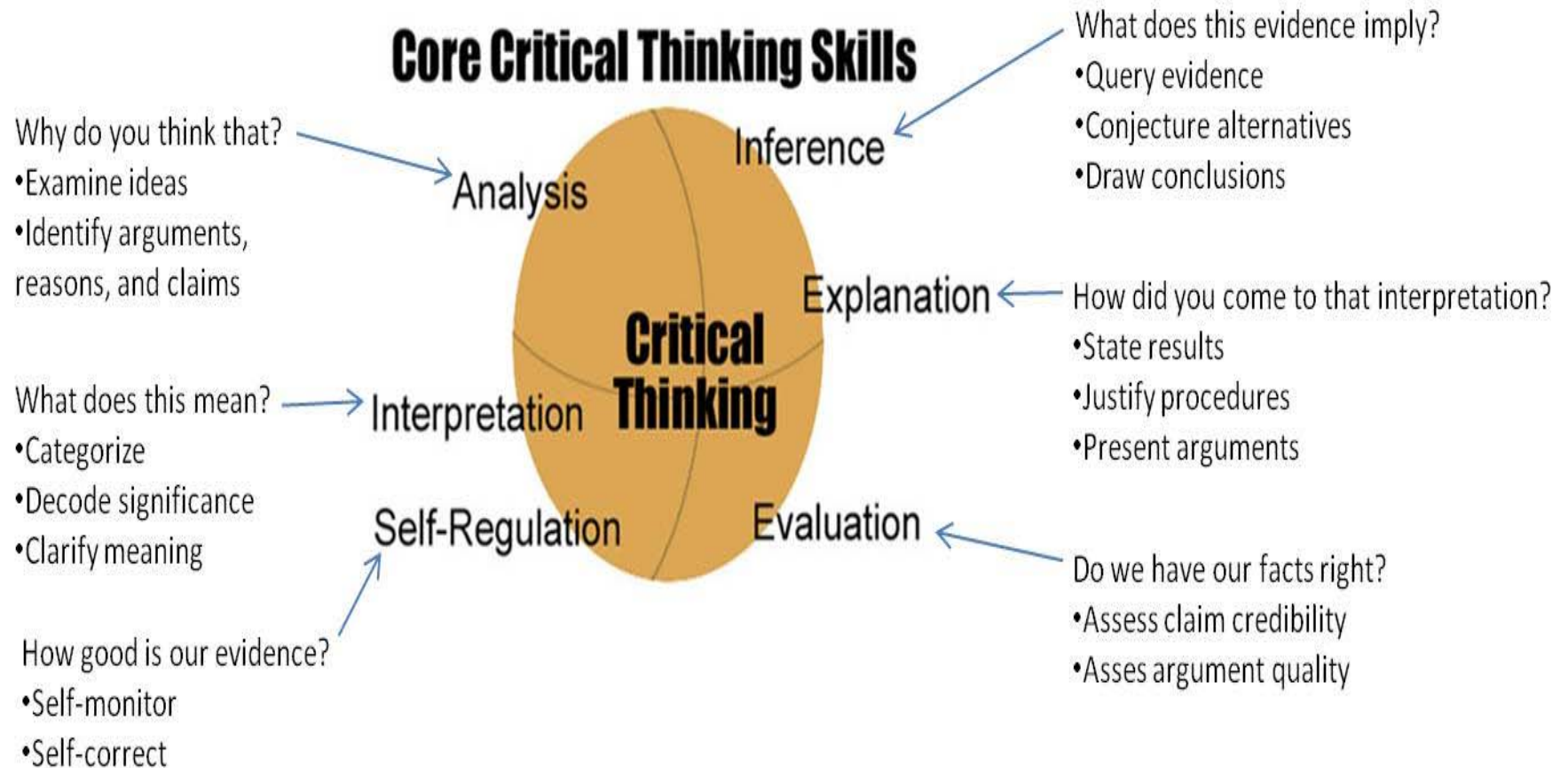
- Identifying a pattern within a set of data, interpreting or explaining that pattern, and arguing why that interpretation is significant.
- Engaging knowledge and understanding to solve a problem, apply principles, generate goals, evaluate outcomes, create options.

(Thomas Gardner as paraphrased by Paul Heilker, Virginia Tech, 2014; Leyva, 2014)

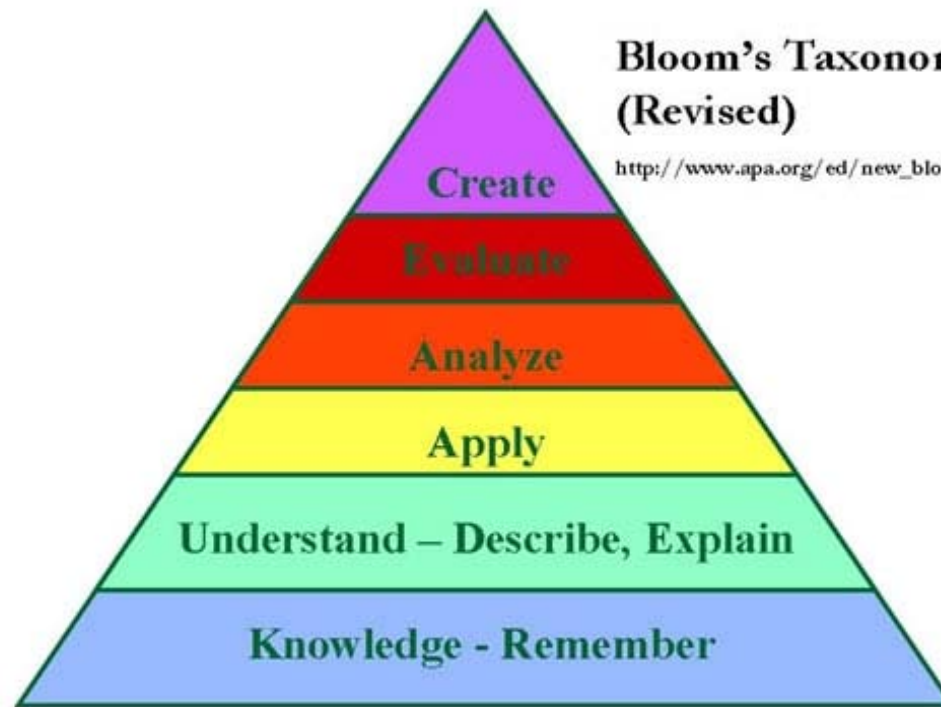
What does critical thinking mean
when you are in college and
deciding on a career?



Critical Thinking Involves Many Skills



Critical Thinking Skills

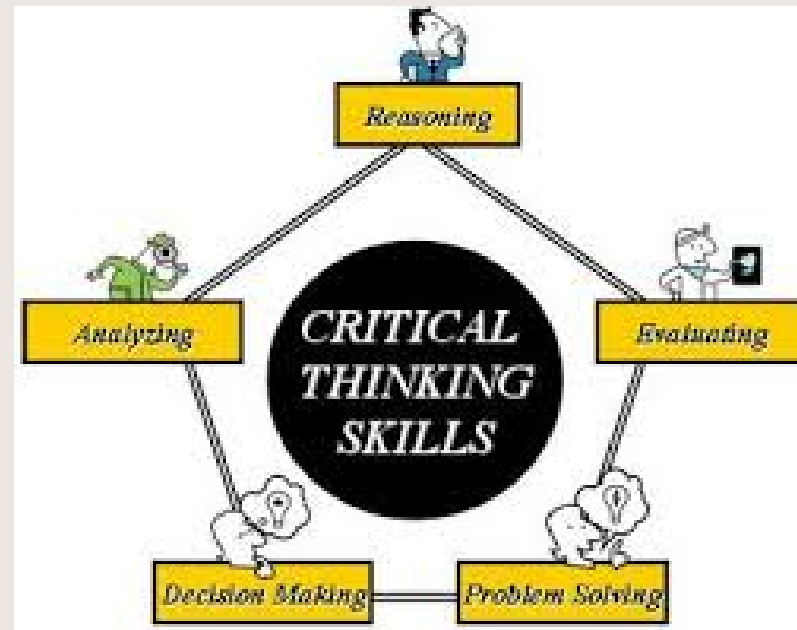



Bloom's Taxonomy (Revised)

http://www.apa.org/ed/new_blooms.html

Based on an APA adaptation of Anderson, L.W. & Krathwohl, D.R. (Eds.) (2001)

Elements of Critical Thinking





As we review the profession of Occupational Therapy and the role of the Occupational Therapy Assistant, please consider

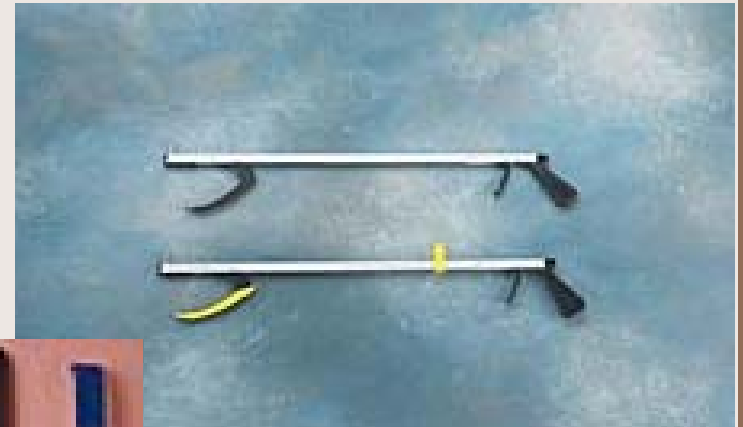
- How is critical thinking involved in this profession?
- What are some examples of critical thinking that are used by the occupational therapy practitioner?



Skills for the Job of Living

Occupational Therapy

If you have seen any of these familiar items, you probably already know something about occupational therapy....



Or maybe you know someone who has benefited from occupational therapy services following an illness or disabling condition...





What is occupational therapy?

Skilled treatment that helps individuals achieve independence in all facets of their lives. It gives people the "skills for the job of living" necessary for independent and satisfying lives.

A graphic of a spiral-bound notebook with a brown cover and a light beige page. The spiral binding is on the left side. The text is written in a black, cursive-style font.

Services typically include

Customized treatment programs to improve one's ability to perform daily activities such as...

Self Care



Home & Community Management




Ability to participate in one's work roles



A graphic of a spiral-bound notebook with a brown cover and a light beige page. The spiral binding is on the left side. The page has a horizontal line near the top. The text "How is this done?" is written in the center, and "Through..." is written below it.

How is this done?

Through...



Comprehensive home and job site evaluations with adaptation recommendations

- Provide special equipment and instructions to enable a homemaker with a stroke to safely cook
- Instruct someone with low vision about new ways to independently manage self-maintenance tasks
- Collaborate with an employer to make reasonable accommodations for an employee with a disability

Training Eye-Hand-Brain Coordination



Performance Skills Assessments & Treatment

- Evaluate movement, problem-solving & communication/interactions abilities that interfere with any of a person's daily occupations – and tasks.
- Teach individuals ways to compensate for functional loss & impairments in order to accomplish daily occupations

Practicing Movement Control for Reaching and Holding Objects



Recommend Adaptive Equipment and Provide Training

- Select aids to enhance daily occupational performance
- Design specialized training strategies that consider the individual's remaining strengths and functional losses
- Provide consumers with links to vendors who can support them in ongoing use of needed equipment





Provide Guidance to Family Members & Caregivers

- Teach a parent successful ways to feed and care for a child with physical disabilities
- Consult to a classroom teacher on how to support successful learning for a child with learning challenges
- Educate a family about the process of stroke recovery




So Who Benefits from Occupational Therapy? People with...

- Work-related injuries including lower back problems or repetitive injuries
- Limitations following a stroke or heart attack
- Mental health or behavioral problems related to Alzheimer's, schizophrenia, and post-traumatic stress
- Burns, spinal cord injuries, amputations
- Vision or cognitive problems that threaten independence in mobility and driving
- Birth injuries, learning problems or developmental disabilities

Who is an occupational therapy practitioner?

A skilled professional whose education includes the study of:

- ❖ Human growth and development
- ❖ Specialized emphasis on the social, emotional and physiological effects of illness and injury



How does one become an occupational therapy practitioner?

Enter the profession with either a masters degree as an occupational therapist

Or

Enter the profession with an associates degree as an occupational therapy assistant

Both must complete supervised clinical internships in a variety of healthcare settings and pass a national certification exam

The Wright College Occupational Therapy Assistant Program



Who are we?

- One of the oldest OTA programs in the country!
- Began in 1976—over 90% exam pass rate
- Have graduated over 650 certified occupational therapy assistants
- A program with a cutting edge curriculum to meet the demands of today's healthcare environments

How do we educate a competent occupational therapy assistant?

Foundational coursework in:

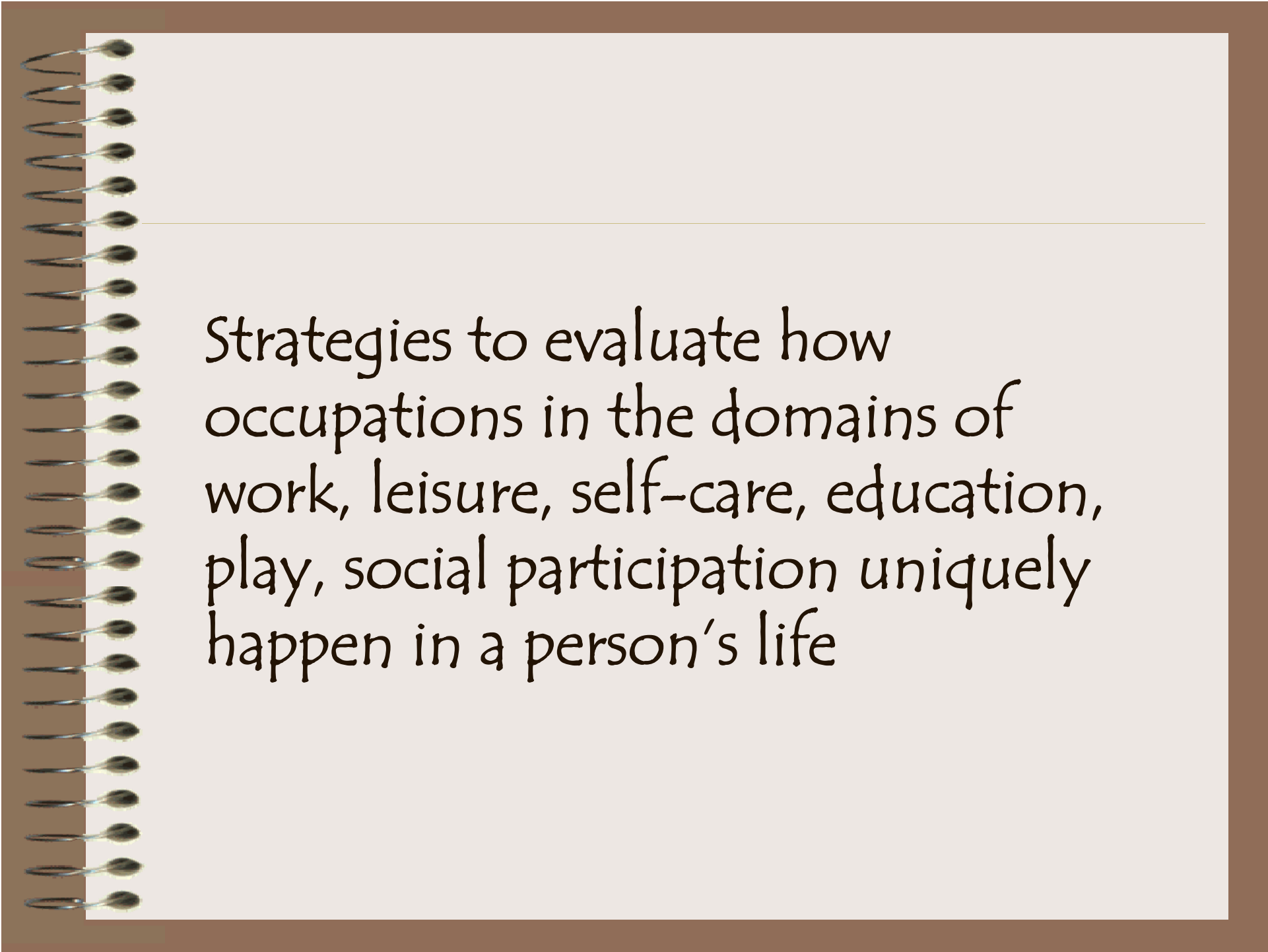
- Anatomy & Physiology
- Psychology of human development
- Sociology
- Oral & written communication skills
- Information technology skills

And Occupational Therapy coursework?


- ◇ Typical occupations of children and adults throughout the lifespan
- ◇ Understand conditions, prevention and wellness impacting individuals
- ◇ The many ways culture and context shape occupation in a person's life
- ◇ Skill building for specialty treatment

Teaching adaptive strategies to an individual who had a stroke.



A graphic of a spiral-bound notebook with a brown cover and a silver spiral binding on the left side. The notebook is open to a light beige page. The text is written in a black, cursive-style font. A thin horizontal line is drawn across the page, positioned above the text.

Strategies to evaluate how
occupations in the domains of
work, leisure, self-care, education,
play, social participation uniquely
happen in a person's life

A graphic of a spiral-bound notebook with a brown cover and a light beige page. The spiral binding is on the left side. The text is written in a black, cursive-style font on the page.

Strategies to plan and implement therapeutic activities that can improve or compensate for the abilities and strategies needed to engage in meaningful daily activities – occupations.

Specialized adjustable seating equipment




Practicing equipment adjustments



Exploring special therapy equipment



A graphic of a spiral-bound notebook with a brown cover and a white page. The spiral binding is on the left side. The text is written in a black, cursive-style font on the page.

Oral & written communication skills needed to collaborate as an effective team member, engage in supervision with the occupational therapist and document services to meet the demands of multiple service reimbursement resources

Observing role playing and practicing documentation skills





Where are our graduates employed?

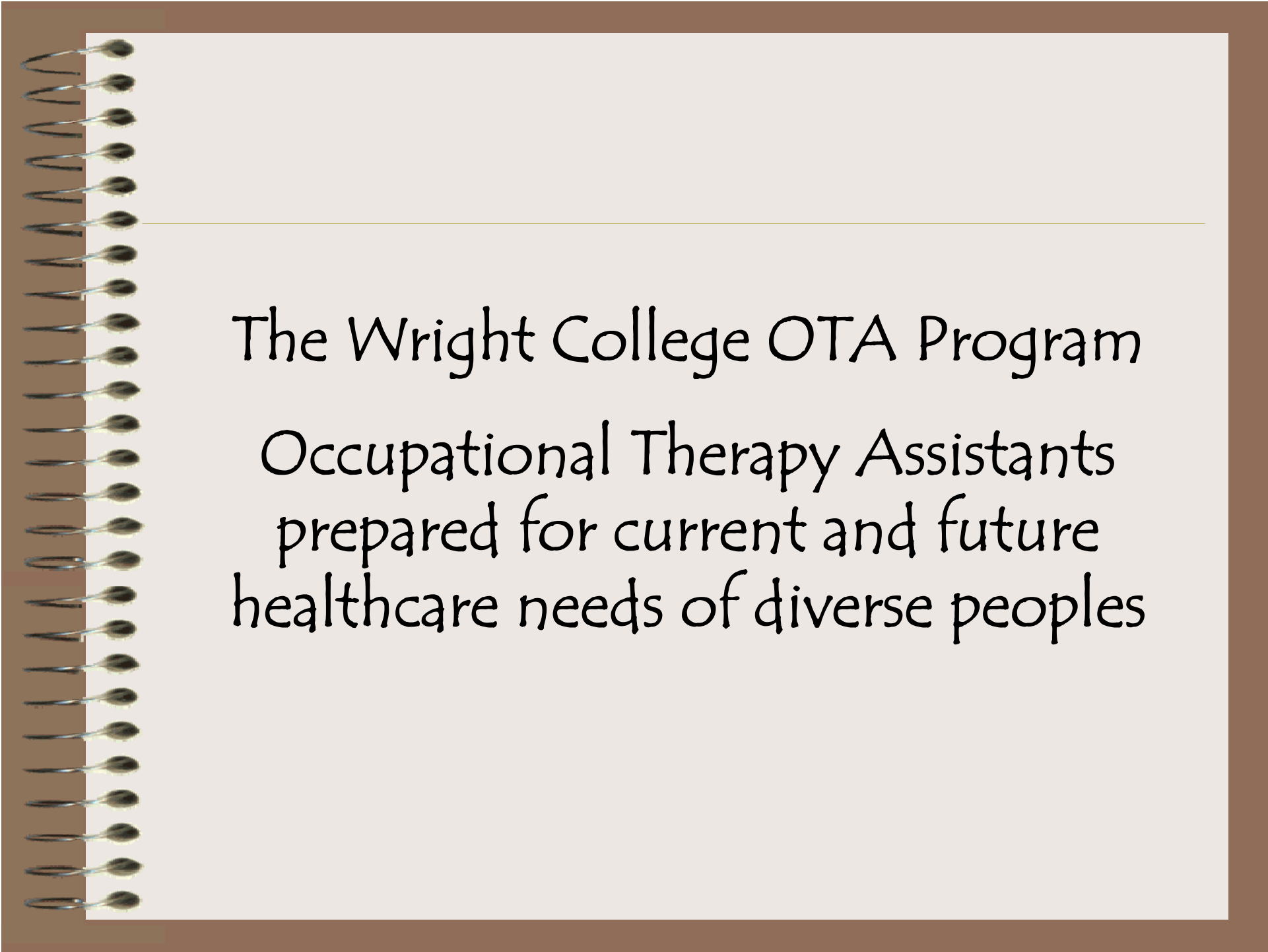
- Hospitals & medical centers
- Skilled nursing care facilities
- Special education schools & programs
- Community integration programs
- Behavioral health programs
- Alcohol & substance abuse programs
- Specialized programs such as low vision, driver re-education

The Employment Outlook?

FANTASTIC!

The demand for skilled occupational therapy assistants will more than triple in the next twenty years



A graphic of a spiral-bound notebook with a brown cover and a white page. The spiral binding is on the left side. The text is written in a black, cursive-style font on the white page.

The Wright College OTA Program
Occupational Therapy Assistants
prepared for current and future
healthcare needs of diverse peoples

Class Discussion

- Questions ????
- How is critical thinking involved in this profession?
- What are some examples of critical thinking that are used by the occupational therapy practitioner?



Examples of OTA Critical Thinking

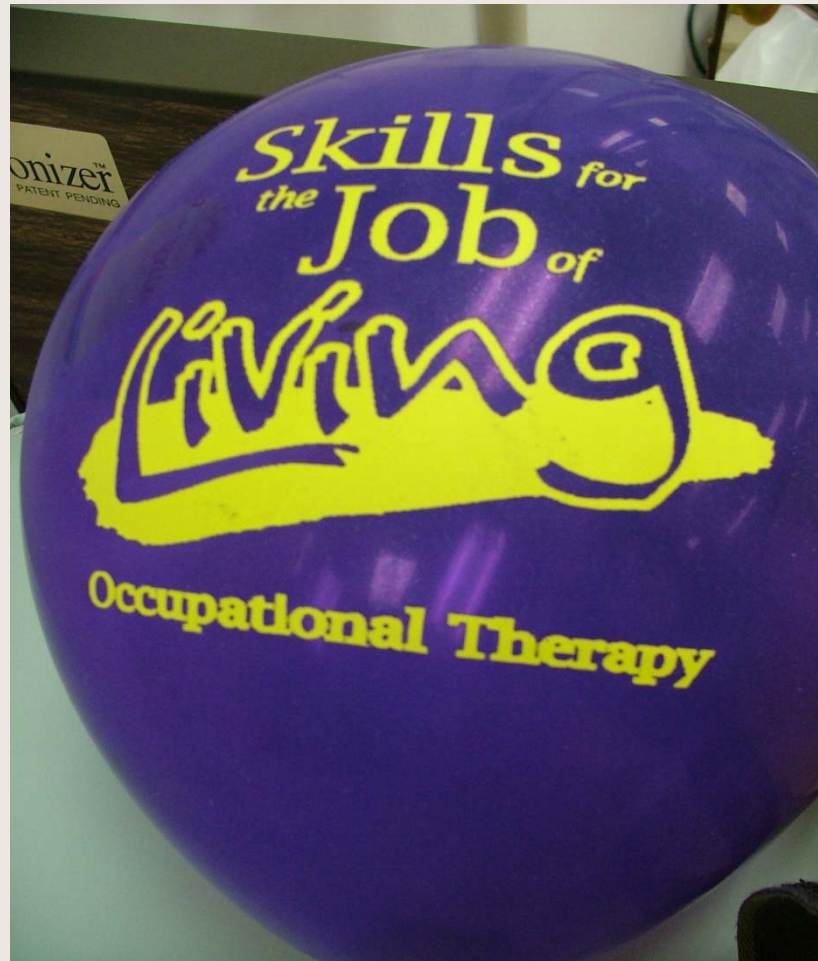
You are in an outpatient clinic working with Sam, who has injured his back at work. He has not been able to put on his pants, socks or shoes because of this injury and severe pain. Sam lives with his wife who has been helping him but he wants to be able to dress himself. The doctor has stated that in order for Sam to heal, he must avoid all bending and twisting motions.

What are some ways for Sam to be able to get dressed in light of these limitations?

Answers for Sam

- Use adaptive equipment and techniques to assist with dressing.
- Instruct Sam in using adaptive strategies for dressing and have him decide what works for him.
- Have Sam practice these strategies, having the OTA modify the use of the techniques to reduce pain and limitation.

Invest in a rewarding career! Help others achieve.....



Summary of Results and Implications for Improvement for the OTA Program Assessment Projects Fall 2014/Spring 2015:

First Pursuit: Unified Definition of Critical Thinking in Occupational Therapy

1A. A unifying definition of critical thinking for the OTA Program was achieved. The implications for improvement assisted with identifying future coursework to support critical thinking.

1B. An instructional unit of critical thinking was created for OTA and other interested students. The implications for improvement involve using this instructional unit with OTA-106 students considering OTA as a profession.

1C. OTA Program students identified the same components to critical thinking as the OTA program's definition. OTA program students identified the areas where critical thinking is used in the OTA program. The implications for improvement involve keeping the assignments that involve the highest demand for critical thinking skills (Fieldwork, practicum, treatment planning, Labs-Role Play from Scenarios). A second implication involves enhancing the critical thinking needed for exams by exploring in-class presentation and discussion of critical thinking questions for each content area for the second year of the program.

1D. The OTA Program third year students will be surveyed for a definition of critical thinking following the Level II Fieldwork experience and the results will be analyzed for content. The implications for improvement will be sought following the collection and analysis of this data to see if the components of critical thinking have changed with enhanced use of these skills during clinical coursework.

Second Pursuit: Evaluating OTA Students' Use of Critical Thinking Skills and Facilitation of the Development of These Skills

2A. The student performance on the exit practicum and Level II Fieldwork courses were examined. Each of these experiences requires effective use of critical thinking skills. The implications for improvement relate that continued use of the exit practicum supports successful completion of Level II Fieldwork.

2B. Student perceptions of the exit practicum offered continued support for its importance in preparing for the critical thinking needed for Level II Fieldwork. Both quantitative and qualitative data were derived from this survey. The implications for improvement were related. The qualitative data identified the need for more space to prepare for and record the practicums (i.e. nursing classroom was useful for this purpose) and that more assessment equipment would be helpful so that home practice could occur with study groups.

2C. The final aspect of this assessment project for the OTA Program related the support to facilitate critical thinking in terms of supplemental skill building sessions. Students valued this practice and related that it was important to the success of passing the practicum and preparing them for Level II Fieldwork. Implications for Improvement relate that continued supplemental skill building session will be offered to OTA students in preparation for these critical thinking experiences.



Wright College Occupational Therapy Assistant Program Assessment Project Fall 2014/Spring 2015

WHAT?

Describe the purpose of this assessment project.

The Occupational Therapy Assistant (OTA) Program's Assessment Project for Fall 2014/Spring 2015 involves two pursuits to address critical thinking Student Learning Outcomes-(SLO's for both OTA Program and City Colleges of Chicago).

City College of Chicago – SLO –

1 – Think and read critically so that students can solve problems using appropriate information resources and reasoning processes.

OTA Program – SLO's –

5 Engage in the safe and effective application of OT process to OT consumers and special populations.

7 Possess the knowledge and skills needed to practice as an Occupational Therapy Assistant in a variety of health care delivery models, systems and settings.

The First Pursuit

1. Examine intra - and inter - disciplinary definitions of “critical thinking” for analysis to unify the concept of critical thinking for OTA Program instruction.
 - A. Research definitions of critical thinking from OTA and other disciplines, engaging in collaborative discussion with OTA program faculty.
 - B. Based on research, create an instructional unit of critical thinking and occupational therapy for student groups.
 - C. Gather data from OTA program students regarding their definition of critical thinking prior to the Level II Fieldwork experience.
 - D. Survey students following Level II Fieldwork experience for definitions of critical thinking (analyze for change), presenting the instructional unit and engaging in a focused discussion of their critical thinking experiences at Fieldwork II.

Purpose: The purpose of these efforts at examining critical thinking is to ensure these constructs are congruent in all aspects of the OTA program, beginning with faculty and then progressing to our students' understanding of this vital aspect of professional performance.

The Second Pursuit

2. Evaluation of the effectiveness of the OTA student's critical thinking skills in relation to clinical competence as they enter Fieldwork II (capstone clinical education).

- A. Analysis of grades from exit practicum completers and clinical courses (OTA-215 & 216).
- B. Feedback from students following the completion of two capstone clinical courses (OTA-215 & 216).
- C. Analysis of supplemental and remedial skill building effects on exit practicum performance.

Purpose: The purpose of these efforts at examining critical thinking is to validate the exit practicum as a means of “guaranteeing” the program’s clinical training partners specific competency levels (critical thinking) for students entering Level II Fieldwork (capstone clinical education). The purpose of gaining feedback from students ensures more qualitative understanding of the use of critical thinking skills from the students’ experience and guiding faculty in understanding the supports that may be required to facilitate the development of critical thinking skills.

WHY?

Describe your department/program’s reasons for taking on this project and the areas of your department/program that are involved.

The reasons for pursuing these assessment projects involve:

- A. Ensuring that the construct of critical thinking is understood by those in charge of disseminating this the information (OTA Program Faculty) and facilitating this understanding among OTA and other interested student groups. – By having a unified understanding of critical thinking, it can be more easily appreciated, clearly recognized in actual performance. As instructors, having a basic definition of critical thinking will also enable us to integrate more formative assignments and lab experiences to reinforce the emergence of this skill. The results of the project’s first pursuit may guide us in creating further opportunities to facilitate these skills in the classroom. (The first pursuit for this assessment project 1. A, B, C, D).

The direct measure of success for this portion of the assessment project:

- The completion of a unified definition of critical thinking for the OTA program.
 - The creation of a critical thinking instructional unit for the OTA and other interested students.
 - OTA student definitions of critical thinking will evidence the components of the OTA program definition.
- B. Ensuring that critical thinking skills are developed in OTA students prior to their performance at clinical sites during their Level II Fieldwork. - Since students need these skills with every patient/client they encounter, it is imperative that they leave the academic portion of this program with a strong foundation in using these skills effectively. The exit practicum is an opportunity to evidence these skills at the end of the academic portion of the program. We would expect to see evidence of critical thinking used

during this practicum, enhancing confidence in fieldwork with clinical populations. Results from evaluating the exit practicum and Level II Fieldwork success may assist program faculty in designing other learning experiences in the future to better prepare students in the use of these skills. (The second pursuit for this assessment project – 2. A)

The direct measures of success for this portion of the assessment project:

- All student who successfully complete the exit practicum (using their critical thinking skills to achieve success in this practicum) on their first attempt will achieve an average of 80% or greater on their physical disabilities clinical education course - OTA-215-216- (where critical thinking skills are used routinely to solve problems for patients/clients).
- All students who successfully complete the exit practicum following remediation(using their enhanced critical thinking skills to achieve success in this practicum), will achieve an average 80% or greater on their physical disabilities clinical education course - OTA-215-216 (where critical thinking skills are used routinely to solve problems for patients/clients).

- C. Examining the students' perspectives of critical thinking for occupational therapy and their impression of growth toward this skill's acquisition following clinical education is another way to evaluate the use of this skill. Following practical, real life experience in the use of critical thinking skills, it is important to recognize the limits or ease in solving complex problems for patients/clients/individuals. We feel it is very important for the students' to recognize this professional growth and welcome their perspectives. From these opinions, we can then also adapt further learning experiences to meet the needs of students better in acquiring critical thinking skills. (The second pursuit for this assessment project –2. B)

The indirect measures of student success in critical thinking related to the practicum:

- Eighty per cent (80%) or more of students who have completed physical disabilities clinical coursework OTA-215 or OTA-216 will rate the exit practicum as a contributor to success of the use of their critical thinking skills and for the success in the clinical education experience where these skills are expected and used with every patient/client interaction.
- D. For those students who require extra time and practice for critical thinking skills to be developed, remediation sessions or supplemental practice sessions are offered. Students are offered bi-monthly support labs on Friday mornings and/or before or after class sessions. Additionally, should students want to pursue individualized support sessions, the instructor's office hours are also available for practice sessions. It is hoped that the students who use these support sessions will find greater ease in using critical thinking skills, and greater confidence in clinical education. (The second pursuit for this assessment project 2. C)

Analysis of students' participation in remediation or supplemental skill building for enhanced critical thinking:

- Students who participate in remediation sessions or supplemental skill building sessions for skill development will evidence a score of 80% or greater on both the exit practicum (using their enhanced critical thinking skills to achieve success in this practicum) and the physical disabilities clinical course - OTA-215- 216 - (where critical thinking skills are used routinely to solve problems for patients/clients).

HOW?

Describe the participants, methods, and the timeline for this project.

First Pursuit: Unified Definition of Critical Thinking in Occupational Therapy

1. Determine a unified definition of critical thinking for the Occupational Therapy Assistant Program
 - A. Research from the field of Occupational Therapy and other disciplines will be performed to gain a better understanding of this construct.
 - i. This research will be initiated by Adrienne Leyva (OTA Program instructor and assessment coordinator for the program). The timeline will be by midterm of the Fall semester 2014.
 - ii. Sharing this information with OTA Faculty for discussion will be performed during the department meetings just after Fall semester midterms.
 - B. Creation of an instructional unit for critical thinking and occupational therapy for student groups will be implemented as a tool for learning the construct from a professional perspective.
 - i. This instructional unit will be initiated and completed by Adrienne Leyva (OTA Program instructor) before the end of the Fall semester 2014.
 - ii. This instructional unit will be reviewed by OTA Program faculty during department meetings prior to the end of the Fall term, 2014.
 - iii. This instructional unit may be offered to interested student groups by Adrienne Leyva (OTA Program Instructor) prior to the end of Fall term, 2014
 - C. Survey the OTA Program students for their definition of critical thinking in occupational therapy will be obtained by the end of Spring semester 2015, prior to Level II Fieldwork. This survey will be performed by Adrienne Leyva (OTA Program instructor).
 - D. Survey students following Level II Fieldwork experience for definitions of critical thinking (analyze for change), presenting the instructional unit and engaging in a focused discussion of their critical thinking experiences at Fieldwork II will occur at the Level II Fieldwork seminar by Adrienne Leyva (OTA Program instructor).

Second Pursuit: Evaluating OTA Students' Use of Critical Thinking Skills and Facilitation of the Development of These Skills

- A. Analysis of grades from exit practicum completers and clinical courses (OTA-215 & 216) will be performed by Adrienne Leyva at the completion of the Level II Fieldwork experience, January 2015.
- B. Feedback from students following the completion of two capstone clinical courses (OTA-215 & 216). A survey will be developed and distributed to the OTA 3rd year students during the Level II Fieldwork seminar. The qualitative information will be analyzed. A report of the findings from the OTA student survey will then be created to examine the students' perception of critical thinking skills used during fieldwork.
- C. Analysis of supplemental and remedial skill building effects on exit practicum performance. Students' participation in supplemental skill building sessions will be tracked and correlated with the performance on the exit practicum. Information from this analysis will assist with planning further supplemental skill building labs in the future. Adrienne Leyva will be collecting, analyzing and reporting the results of this data by the end of Spring semester, 2015.

WHAT WE FOUND

- 1. Describe the way in which your department/program will collect results. 2. Provide the results. 3. Describe how these results will be used for improvements.**

The OTA Program department is a small department of three individuals who each have identified roles to facilitate the students' learning experiences. Adrienne Leyva is the OTA Program second year instructor and assessment coordinator. All work on this project is the responsibility of this coordinator including the collection of data, analysis of the results and writing of the report summary. In collaboration with the other members of the OTA program faculty, the process will be open for review, the data will be made available for any revision or amendment and the results and recommended improvements will be equitably shared. All assessment project information will be shared with OTA Program faculty during the department meetings and at any other time that is indicated.

Results and Implications for Improvements (2. & 3.):

First Pursuit -

Unified Definition of Critical Thinking in Occupational Therapy

1A. Results: Research was performed and a unifying definition of critical thinking for OTA was developed. The work of many other disciplines was reviewed and analyzed to examine similar and complimentary components to this definition. The OTA Program faculty engaged in collaborative discussion and review of these

constructs to create a unifying definition for the OTA Program. Program SLO's were reviewed to evidence the places in the curriculum where these skills were emphasized.

OTA definition of critical thinking: Engaging knowledge and understanding to solve a problem, apply principles, generate goals, evaluate outcomes, and create options.

Implications for Improvements: The OTA Program faculty have a clear understanding of critical thinking to facilitate these skills in students of the program. The research process to develop this definition engaged meaningful discussion of this construct and review of program curriculum. This process assisted faculty in identifying the individual class SLO's for critical thinking, identified lecture, assignments, labs and other learning experiences where critical thinking may be discussed and enhanced.

B. Results: Based on this research, an instructional unit of critical thinking and occupational therapy for student groups was created, reviewed by program faculty and then offered to student groups (see attached power point presentation). This instructional unit examined the definitions of critical thinking from OT and other disciplines, explained the process and product of critical thinking, examined OT and the OTA program preparation and use of critical thinking skills. A lab component was offered as well to solidify the application of critical thinking in the OTA Program.

Implications for Improvements: The creation of the critical thinking instructional unit for OTA and other interested students offers these individuals insight into the construct, how it may be viewed by others and how the process of developing critical thinking skills can occur with OT. Practical application of this skill in the instructional unit offers experience in using these skills to approach complex problems. This instructional unit can now be utilized in OTA-106, Foundations of Occupation. This class is an introduction to OT and highlights many aspects of the profession. Using this instruction formatively may enhance the understanding of critical thinking in the immediate and potential future as these students enter the OTA program.

C. Results: OTA Program students were surveyed for their definitions of critical thinking. Answers to two questions were sought to examine the congruence of the students' perceptions with the OTA Program's definition. This survey of information was offered at the end of the didactic portion of this program in Spring semester, 2015 to 24 students. The two questions were (A) What is your definition of critical thinking in Occupational Therapy? (B) How have you used critical thinking in the OTA Program? Give three examples. This data was analyzed and the following information was brought to light.

100% of the students (24/24) related that critical thinking in OT involved using knowledge, to analyze a situation and create options to solve the problem at hand. These results demonstrate a unified understanding of how

critical thinking is involved in the occupational therapy program. Other unique features of these definitions from OTA students included acknowledgement of OT constructs such as “therapeutic use of self”, “reflection in action”, and “individualized problem solving to connect the person to their desired occupations”. These results demonstrate that we met the direct measure for success with this aspect of the project.

With regard to the second question – “Three examples of critical thinking used in the OTA Program”, we found many affirming answers. The following list describes the examples of critical thinking in the OTA Program from the students’ perspective.

Critical Thinking Used in the OTA Program:

Fieldwork - 67%

Practicum – 63%

Treatment Planning – 58%

Labs -Role Play from Scenarios – 33%

Test Taking – 29%

Lab Presentation – 25%

Managing Life as an OTA Student – 21%

Critiques of Self and Classmates – 4%

Spinal Cord Injury Environment Adaptation Assignment – 4%

Implications for Improvements: In examining the results of having the OTA student definitions of critical thinking aligned with the OTA program’s definition, we are recognizing that our efforts at facilitating critical thinking are on target. With regard to defining critical thinking, our efforts in coursework continue to produce expected outcomes.

In terms of examining where critical thinking is evidenced within the curriculum, it is clear that Fieldwork and Practicum experiences have students utilizing these skills and acknowledging their importance. Other activities within the program that student’s identified using their critical thinking skills involve treatment planning, labs/role play and test taking. What we were surprised to learn is that even from a personal perspective, critical thinking is linked to life management as an OTA student where these skill are recognized as important to success within the program.

With regard to improvements to the program, we will continue to have an emphasis on the projects that facilitate the development of critical thinking and these include Fieldwork, Practicums, treatment planning and role playing labs. We have also reviewed the program’s exams for critical thinking content. To facilitate ease with addressing the critical thinking questions, we are introducing examples of these questions for in-class review for each content area covered in class for the second year of the program. We feel that having students understand the processes involved in answering these type of questions, can also enhance critical thinking in test taking. The OTA program students will be taking a registration exam/national boards at the end of all coursework in the program and we feel that this process may also

enhance the outcomes of that exam as well.

D. Results: Survey students following Level II Fieldwork experience for definitions of critical thinking (analyze for change), presenting the instructional unit and engaging in a focused discussion of their critical thinking experiences at Fieldwork II. This aspect of the assessment project on critical thinking has been postponed until Fall, 2015/Spring, 2016. No data was collected as the OTA Program students who completed the initial definitions of critical thinking are still completing Level II Fieldwork.

Implications for Improvement: Will continue to collect data for future OTA Program assessment projects.

Second Pursuit –

Evaluating OTA Students' Use of Critical Thinking Skills and Facilitation of the Development of These Skills

2A. Results: Evaluation of the effectiveness of the OTA student's critical thinking skills in relation to clinical competence as they enter Fieldwork II (capstone clinical education) was initiated through examining the scores on the exit practicum. Following the completion of clinical coursework (Level II Fieldwork – OTA-215 – 216) the grades for their clinical performance inclusive of critical thinking components were also collected and analyzed. It was believed that all student who successfully complete the exit practicum (using their critical thinking skills to achieve success in this practicum) on their first attempt would achieve an average of 80% or greater on their physical disabilities clinical education course - OTA-215-216- (where critical thinking skills are used routinely to solve problems for patients/clients). This objective was partially met. These are the following results.

- 100% of the students completed the exit practicum on their first attempt. This is something that has not happened since the practicum has been initiated. This means that no students required remediation for critical thinking skills to successfully pass the exit practicum.
- The average score of the practicum was a 91%. Students must pass their practicum at an 80% to be able to go onto Level II Fieldwork.
- In terms of fieldwork performance, 92% of the OTA Program students passed fieldwork on their first attempt. The average score of fieldwork for these students was an 86%.
- 8% or two students did not pass Fieldwork on their first attempt for reasons of professional behavior/stress management and documentation expectations. Following remediation, these two students successfully passed fieldwork to complete the program with an average score of 92%.

Implications for Improvements: We were happily surprised with the practicum results for this OTA student cohort. With all students passing the practicum, we reviewed the supports and their progress through the OTA program. We recognize that a 100% pass rate on an exit practicum is an exceptional outcome. Our outcome for fieldwork was positive, but not unanimous. The two students who did not pass fieldwork despite an 80% or greater pass rate on the exit practicum relate more to professional behaviors than to critical thinking upon review. Suggestions from previous student cohorts related that the practicum experience should be used every semester to build skills and confidence for fieldwork. This group of students did benefit from having a more comprehensive practicum each semester. This group of students also participated in supplemental practice sessions that were held to facilitate critical thinking during the practicums. In examining the results of this aspect of the assessment project, we will continue offering formative practicums each semester and will offer additional practice sessions for building critical thinking skills.

2B. Results: Feedback from students following the completion of two capstone clinical courses (OTA-215 & 216) were sought with the creation of a survey of the practicum experience (see supplemental handout). It was predicted that eighty per cent (80%) or more of students who have completed physical disabilities clinical coursework OTA-215 or OTA-216 will rate the exit competency process as a contributor to success of the use of their critical thinking skills and for the success in the clinical education experience where these skills are expected and used with every patient/client interaction. The results indicate that we have met our benchmarks. The following values reflect this indicator.

- 83% of the students (20/24) related that the experience of the exit practicum assist them with the critical thinking skills needed to successfully complete their Level II Fieldwork (OTA-215-216). The rating they offered was a 5/5 on the Likert scale survey indicating highest value in the use of this practicum.
- 17% of the students (4/24) rated the practicum as helpful to their success in building critical thinking skills needed to succeed at Level II Fieldwork. The rating they offered was a 4/5 on the Likert scale survey indicating an above average rating in the use of this practicum.
- There were no ratings offered for “average” (3/5), “below average” (2/5) or “no value” (1/5) for the use of this practicum in facilitating critical thinking skills. In other words, all results indicated a positive value in enhancing critical thinking skills needed for successful completion of Level II Fieldwork.
- Students offered many positive and helpful comments about the experience in the open comment section. “I believe the skills we learned will stay with us forever as we enter the profession.” “The practicum is very useful for level II fieldwork preparation.” “Great experience, as it gave me the ability; to be a better OTA.” “It was challenging and hard work but well worth all the time I invested in the project.” “The staff at my fieldwork said that I was academically and clinically well prepared for critical thinking at their facility.” “I especially liked working in the nursing classroom as it gave us a feel for the hospital setting and more room to work in than the OTA classroom.” “It was a great experience but it would be

nice to have more evaluation tools available for students to practice with at home.”

Implications for Improvements: The results of this aspect of this assessment project are very important to us, in that the students’ perception of the experience give it greater value in their professional development. The OTA program will continue to use the exit and other formative practicums to advance critical thinking skills for clinical education and the future as a well-prepared OTA. At this time we will also consider continuing to survey the students’ opinions of the experience. We learn much from their perspectives. Additionally, we will seek support for obtaining more assessment tools so that students can borrow these for practice at home and will work with the nursing program at Wright College to respectfully use their lab classroom for practicum taping and practice sessions.

2C. Results: The final section of this assessment project is the analysis of supplemental and remedial skill building effects on exit practicum performance. It is believed that students who participate in remediation sessions or supplemental skill building sessions for skill development will evidence a score of 80% or greater on both the exit practicum (using their enhanced critical thinking skills to achieve success in this practicum) and the physical disabilities clinical course - OTA-215-216 - (where critical thinking skills are used routinely to solve problems for patients/clients). This aspect of assessment was difficult to fully track and correlate to both practicum and fieldwork success. However, we did track the attendance at the five supplemental sessions and student perceptions of these additional supports.

- 92% of OTA students participated in at least one supplemental session.
- 33% - participated in at least 2 supplemental sessions.
- 13% - participated in at least 3 supplemental sessions.
- 25% - participated in at all 5 supplemental sessions.
- 2/24 students did not participate in supplemental sessions and of these two one did not pass Level II Fieldwork but did pass the exit practicum.
- 1/24 students participated in all 5 supplemental sessions but did not pass Level II Fieldwork but did pass the exit practicum.
- Students did identify the different methods of practicing for practicum in the survey (group, classroom supplemental sessions, individual session supports, etc.) and all (24/24) students related that practice was important to the success of passing the practicum.

Implications for Improvements: It is difficult to precisely correlate participation in supplemental skill building sessions and success in practicum and fieldwork but what is recognized by the results is that the students value practice as a path to success. It is an intuitive and practical consideration. In an effort to maintain the success of passing the practicum, supplemental skill building sessions will continue to be offered to OTA students in the second year of the program as they progress to Level II Fieldwork. Tracking of these efforts will continue as well.

Summary of Results and Implications for Improvement for the OTA Program Assessment Projects:

First Pursuit: Unified Definition of Critical Thinking in Occupational Therapy

1A. A unifying definition of critical thinking for the OTA Program was achieved. The implications for improvement assisted with identifying future coursework to support critical thinking.

1B. An instructional unit of critical thinking was created for OTA and other interested students. The implications for improvement involve using this instructional unit with OTA-106 students considering OTA as a profession.

1C. OTA Program students identified the same components to critical thinking as the OTA program's definition. OTA program students identified the areas where critical thinking is used in the OTA program. The implications for improvement involve keeping the assignments that involve the highest demand for critical thinking skills (Fieldwork, practicum, treatment planning, Labs-Role Play from Scenarios). A second implication involves enhancing the critical thinking needed for exams by exploring in-class presentation and discussion of critical thinking questions for each content area for the second year of the program.

1D. The OTA Program third year students will be surveyed for a definition of critical thinking following the Level II Fieldwork experience and the results will be analyzed for content. The implications for improvement will be sought following the collection and analysis of this data to see if the components of critical thinking have changed with enhanced use of these skills during clinical coursework.

Second Pursuit: Evaluating OTA Students' Use of Critical Thinking Skills and Facilitation of the Development of These Skills

2A. The student performance on the exit practicum and Level II Fieldwork courses were examined. Each of these experiences requires effective use of critical thinking skills. The implications for improvement relate that continued use of the exit practicum supports successful completion of Level II Fieldwork.

2B. Student perceptions of the exit practicum offered continued support for its importance in preparing for the critical thinking needed for Level II Fieldwork. Both quantitative and qualitative data were derived from this survey. The implications for improvement were related. The qualitative data identified the need for more space to prepare for and record the practicums (i.e. nursing classroom was useful for this purpose) and that more assessment equipment would be helpful so that home practice could occur with study groups.

2C. The final aspect of this assessment project for the OTA Program related the support to facilitate critical thinking in terms of supplemental skill building sessions. Students valued this practice and related that it was important to the success of passing the practicum and preparing them for Level II Fieldwork. Implications for Improvement relate that continued supplemental skill building session will be offered to OTA students in preparation for these critical thinking experiences.



FIELDWORK I SEMINAR – 4/21/15

Instructions: Part 1 - Students will be given 30 minutes to create/describe/list **three** different treatment activities for the following diagnoses. Activities should be basic but not something seen in class (with the exception of ADL techniques) or used in treatment planning to this point in the OTA program – Be Creative. The activities should reflect the top 3 concerns for each diagnosis and may include performance areas (ADL or IADL), performance skills and/or client factors.

Part 2 – Assigned student pairs will then present their activities to the class accommodating an identified secondary diagnosis. Students will submit their written work at the end of the class for grading.

Diagnoses and Treatment Activities:

LE Amputation (AKA - pre-prosthetic) - _____

Back Disorder/Laminectomy - _____

Cardiac - CABG - _____

CVA – Stage I - _____

CVA – Stage III - _____

Dementia - _____

Knee Replacement - _____

Multiple Sclerosis - _____

Parkinson's Disease - _____

Total Hip Arthroplasty - _____

Burns - _____

Hip ORIF - _____

Student Pairs and Diagnoses:

Dorota & Susan – Amputation

Michelle & Julie – Back Disorders

Konrad & Angela – Total Knee Replacement

Agnes & Anna Maria – Cardiac – CABG

Michael & Joe – CVA stage I

Lisa & Nesli – Dementia

Laura & Lucy – Multiple Sclerosis

Rachel & Johnna – Parkinson's Disease

Majella & Sameeha – CVA stage III

Ania & Hector – THA

Kate & Krista – Burns

Jennifer & Jalena – Hip ORIF

Top Three Areas of Focus for Diagnoses:

Amputation (LE - AKA pre-prosthetic) = Desensitization - ADL – Standing Balance

Back Disorders/Laminectomy =

- Precautions Mgmt./body mechanics - ADL - Functional Mobility

Cardiac – CABG = Precautions Mgmt./cardiac II's - ADL - endurance

CVA – Stage I =

- Precautions Mgmt./subluxation, edema, decubiti, sensation - ADL - Functional Mobility -UE Motor

CVA – Stage III = -UE Motor Control, - ADL - Balance _____other

Dementia = Gross Motor Activities - Reminiscence - Familiar ADL/IADL tasks

Knee Replacement = Pain Management - ADL - Standing Balance -UE Strengthening

Multiple Sclerosis =

- DX Mgmt./fatigue - ADL - Functional Mobility&/or Balance -Coord. Comp./UE Motor control

Parkinson's Disease =

- DX Mgmt. -Movement Facilitation -ADL -Coord. Comp. –Mobility/Balance

Total Hip Arthroplasty =

- Precautions Mgmt. - ADL - Mobility/Balance - UE Muscle Strength

UE Burns – Rehabilitative Phase =

- Skin Conditioning (desensitization, deformity prevention, edema reduction) – ROM/MS, ADL-pressure garments

Hip ORIF = Precautions Mgmt. – UE MS – Mobility/Balance - ADL

Alternative/Additional Diagnoses

- Pneumonia
 - C-Diff
 - Depression
 - Diabetes Reactions Prominent
 - Reduced Vision
 - Hard of Hearing
 - MRSA
 - Paranoia
 - Manic Behavior
 - End Stage Renal Disease
 - Anxiety – with heart palpitations
 - Very Bad Gas/flatulence t/o treatment
-
- Heart Murmur
 - Rheumatoid Arthritis
 - Lymphedema – UE
 - Esophageal Reflux Disorder
 - Recurrent Nausea
 - Orthostatic Hypotension – chronic
 - Hemiplegia – previous CVA
 - Incontinence
 - G-Tube Placement for enteral feeding
 - Colostomy
 - Naso-gastric Tube
 - Urinary Catheter troubles

OTA SENIOR ADVANCED SKILLS PRACTICUM

The program requires your feedback about the exit competency practicum you completed in May 2015 prior to beginning Level II fieldwork. Your responses will help the OTA program determine the most effective way to use this tool as preparation for fieldwork success. Answer the questions below considering the value of the practicum in relation to fieldwork expectations. The practicum items can be considered as directly or indirectly relating to fieldwork performance expectations. The practicum included four components. For each, indicated its value in preparing you for Level II fieldwork:

Preparatory Phase:

Recognize key information, including cultural factors, in patient's occupational profile.

1 2 3 4 5

No Value

High Value

Relate *medical information* (Client Factors) to the patient's occupational performance deficits/needs.

1 2 3 4 5

Strategize appropriate/effective ways of interacting with patient (use of self).

1 2 3 4 5

Introduce self, OT and purpose of session to patient.

1 2 3 4 5

Assessment Phase:

Interview the patient using the interview guidelines/forms provided.

1 2 3 4 5

No Value

High Value

Identify appropriate evaluation methods to administer to patient.

1 2 3 4 5

Reinforce effective and comprehensive administration of evaluations with a patient.

1 2 3 4 5

Record/document evaluation results as obtained *during* each evaluation procedure.

1 2 3 4 5

Intervention Phase:

Identify/prepare for intervention before session (selecting equipment; selecting intervention strategies)

1 2 3 4 5

No Value

High Value

Explain purpose/rationale of intervention to the patient.

1 2 3 4 5

Provide patient with effective instructions.

1 2 3 4 5

Correctly set up therapeutic activity & position patient and self.

1 2 3 4 5

Identify and carry out safety precautions for patient and self.

1 2 3 4 5

Summarize therapy session for patient and provide meaningful closure, including future OT recommendations.

1 2 3 4 5

Documentation:

Meaningfully organize patient data for future use in OT Process.

1 2 3 4 5

No Value

High Value

Identify correct performance skills, translating pt. performance into accurate grading of pt. status.

1 2 3 4 5

Reinforce professional communication standards required for reimbursement.

1 2 3 4 5

Integrate OT consumer information in preparation for the creation of goals and intervention planning.

1 2 3 4 5

When preparing for the practicum the following evaluations/skills were included. Please indicate which ones you utilized during your Level II fieldwork for physical disabilities. Identify any additional evaluation and intervention methods you believe are important preparation for Level II fieldwork.

- | | |
|---|--|
| <input type="checkbox"/> Range of Motion | <input type="checkbox"/> Manual Muscle Testing |
| <input type="checkbox"/> Endurance | <input type="checkbox"/> Sensation |
| <input type="checkbox"/> Tone | <input type="checkbox"/> Fine Motor Coordination |
| <input type="checkbox"/> Gross Motor Coordination | <input type="checkbox"/> Bed Mobility |
| <input type="checkbox"/> Sitting Balance | <input type="checkbox"/> Standing Balance |
| <input type="checkbox"/> Pain Perception | <input type="checkbox"/> Cognition |
| <input type="checkbox"/> Edema | <input type="checkbox"/> Upper Body Self-Care (ADL) |
| <input type="checkbox"/> Lower Body Self-Care (ADL) | <input type="checkbox"/> Grooming/O/F Hygiene &/or Feeding (ADL) |
| <input type="checkbox"/> Transfers | <input type="checkbox"/> Grip and Pinch Strength |
| <input type="checkbox"/> Documentation | <input type="checkbox"/> IADL tasks of any kind |
| <hr/> | <hr/> |
| <hr/> | <hr/> |

1. Did you participate in practice sessions for this Practicum? Yes No

2.A. If so, please place an X next to the methods of practice that you engaged in. (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Practice with classmates in class | <input type="checkbox"/> Practice with classmates outside of class |
| <input type="checkbox"/> Practice with others outside of class | <input type="checkbox"/> Practice sessions with the instructor |
| <input type="checkbox"/> Professional development project focus/goal – skill building for clinical practice | |

B. If so, please describe how the practice assisted you with the completion of the senior practicum?
 C. If not, please explain how the lack of practice affected your performance on the senior practicum?

2. Please feel free to make any additional comments of evaluation methods and interventions for this practicum experience.

3. Please offer your personal reflections of this practicum experience:

OTA SENIOR ADVANCED SKILLS PRACTICUM – Spring 2015

OTAS performance of interview, evaluation and OT intervention for a given patient on video/DVD and completion of Documentation of the OT evaluation for the patient assigned.

PERFORMANCE OF OT SESSION INSTRUCTIONS:

1. Students will perform a 60 min. initial interview, assessment and intervention session for an assigned patient. Selection of the patient will be determined by the group prior to the practicum. Students will be assigned to role play the scenario patients, highlighting the various issues and concerns for each patient's daily occupations and diagnosis. **In assigned groups, each student must perform the role of the OTA, the patient and camera person with NO exceptions.**
2. Students will be graded on therapeutic use of self, patient interview and interaction, evaluation methods and treatment instruction. Rapport building and clear instruction are important to effective intervention and will be observed/graded during the practicum. It is expected that the OTAS will engage the patient in the OT session and will explain the purpose of the assessment, focus for the session as well as the rationale for the treatment that will be performed. The OTAS will select appropriate equipment, materials and techniques for this assessment and intervention session.
3. Interview: The OT session will begin with a brief interview (5 – 10 min. estimate). Students will be given interview guidelines/forms to complete this portion of the practicum but may develop an interview guideline that captures the needs and concerns of the given diagnosis. Prior to the practicum date, students will review the brief scenarios to determine the focus of the interview for each patient. It is expected that from the preparation information, the students will focus on appropriate concerns, precautions and interview questions that reveal on the unique occupations of the patient.
4. Assessment: The OT session will continue with an evaluation of the patient's skills. Students will be given assessment forms to complete this portion of the practicum. Prior to the practicum date, students will review the brief scenarios and assessment expectations to determine the focus of the assessment for each patient. It is expected that the OTAS will assess relevant performance areas and skills. Students will be graded on their technical ability to complete assessments in the appropriate manner, selecting, determining and documenting the appropriate grading for the patient's performance.
5. Intervention: Following the interview and assessment, the OTAS will offer a brief treatment activity specific for the patient's needs (10 – 15 min. estimate). It is important that the OTAS identify prior to the practicum, any equipment that will be necessary for completing the instruction. It will also be important to determine the intervention approach (compensatory or remedial) that will facilitate optimal performance for the patient. Equipment will be readily available and selected by the OTAS during the treatment session. Students may select from equipment and materials available in the classroom or may choose to bring activity/materials from home. The client will be informed of the rationale for this activity. It is expected that the OTAS will be aware of the activity set-up, patient positioning and level of instruction for the specific needs of the patient.
6. At the end of the treatment session, the patient will be informed of the assessment results and engaged in goal collaboration. Following goal collaboration the patient will be offered recommendations for the next treatment session. The timelines will be strictly enforced. The session will stop promptly when the 60 minutes has been completed.
7. Each student will submit documentation of the OT session from the evaluation and interview forms that have been distributed to each student. Evaluation and interview forms for this portion of the practicum will be fully and legibly completed for your assigned patient and will reflect actual performance grades observed during the session (including actual "S" statements, assist levels, etc.). You will be expected to adhere to all rules of OT documentation.
8. This documentation and the Video/DVD/Flash Drive record of this session will be submitted to the instructor with the Practicum Practice Lab (20 page completed handout) on the assigned due date. It is important to note that any video/DVD/Flash Drive production that does not show the needed graded components of this assignment (i.e. -

instructors cannot hear or see the performance of the OTA and patient –) or cannot be opened to view the session will need to be re-recorded and point deductions will be encountered for this limitation. This session is to be completed in entirety – meaning it should be an hour long session straight through, simulating actual OT clinical practice. **Stopping and re-starting of the recording of the OT session is not permitted and another practicum taping session will need to be performed with a deduction in points for any recording that exhibits this disruption.**

Patient role performance is expected to meet the specified occupational performance criteria as noted in each scenario. Students should review each scenario and the OTA program coursework for each diagnosis to meet the expectations for performance of the given diagnosis. Inadequate or inappropriate performance could result in a poorer outcome for the OTA student's role as the OT practitioner. Please use caution to **avoid being too easy or too difficult a patient** for each specific performance.

It is expected that the camera person offers a competent record of the planned session. This means that the camera may follow the OTAS or the patient as they go through the treatment session. It is expected that upon review of each video/DVD/Flash Drive, the OTA and the patient will be heard and pertinent assessment and intervention components will be easy to see and hear. Ineffective video reproduction may result in a repeat performance – delaying/reducing the grading of this practicum and delaying the fieldwork II eligibility for the OTA and camera person.

Each OTA student's OT session and accompanying documentation will be reviewed by course instructors to determine eligibility for fieldwork II placement. **You must pass this practicum at an 80% to proceed to fieldwork II.** You will be informed of the results of your practicum by course instructor. Those students whose practicums do not meet practice standards will require an advisement meeting with OTA faculty to discuss practicum results, performance skills and needs, followed by a remediation session and a second Practicum attempt (live performance) before fieldwork II placement occurs. There is a 3 practicum attempt maximum as students who cannot successfully complete demonstration of competency skills will require more academic and skill preparation to be successful at fieldwork in clinical practice. Advisement with the OTA program director is necessitated.

Because this is an evaluation of performance, all videos/DVD's/Flash Drives will remain in the OTA program on record. Students who are interested in having a video/DVD/Flash Drive record of this performance should make a copy of the video/DVD/Flash Drive prior to submitting to the OTA course instructor.

PATIENT SCENARIOS:

SCENARIO - TOTAL HIP ARTHROPLASTY – REHABILITATION UNIT

Medical Information: Mr. Higgins is a 67 y/o recent retiree who is one-week post Left THA. He was involved in an automobile accident (passenger) that severely fractured his hip requiring replacement. He is now in rehab and has an expected LOS of two weeks. Mr. Higgins has hip precautions for 11 more weeks. Mr. Higgins’ PMHx includes HTN (controlled with medication) and mild to moderate osteoarthritis in his knees. Prognosis for recovery is good. It is expected that Mr. Higgins will return to his home. Physical Therapy has prescribed a standard pick up walker for the patient. Patient does not have adaptive equipment in the home.

Assessments THA – Rehab

| | | |
|--|------------------------------|--|
| ROM – quick test & one side formal measurement | | MMT – group testing for prox/distal one side |
| Standing Balance/Tolerance | Cognition – orientation, STM | ADL’s – UE and LE dressing |
| Sitting Balance/Tolerance | Bed Mobility | Transfer |

SCENARIO – CARPAL TUNNEL SYNDROME – OUTPATIENT UNIT

Medical Information: Miss Salvio is a 59 year old woman who is 10 days post CTS release surgery. She had been having CTS symptoms for 3 years that limited her work and home performance at tasks. Her OT treatment precautions are typical for CTS. It is expected that she will have therapy for 6 weeks – 3x/wk. Miss Salvio expects to return to work at the completion of her therapy. PMHx includes ulcerative colitis, post-traumatic stress disorder, mild osteoarthritis presentation in bilateral hands. Patient has adequate functional mobility. Physical Therapy is not indicated for this patient. Prognosis for recovery is fair to good. No adaptive equipment has been issued.

Assessments PNI – Carpal Tunnel Syndrome – Outpatient

| | | |
|--|-----------------------|--|
| ROM – quick test & one side formal measurement | | MMT – group testing for prox/distal one side |
| Edema | Grip & Pinch strength | |
| FMC | Sensation | ADL’s – UE dressing, grooming |

SCENARIO – LAMINECTOMY – ACUTE CARE

Medical Information: Mr. Minetti is a 55 year old man who is 2 days post back surgery for L4/5 disc herniation. Mr. Minetti had been experiencing tingling and numbness down his legs for two months prior to the work incident that left him unable to move his back. Following admission to the emergency room and MRI results, surgical intervention was prescribed and performed. Patient does not have any other significant PMHx. Precautions – Back Precautions and TLSO when OOB. Physical Therapy has prescribed the use of crutches for mobility at discharge. Patient has been having difficulty with mobility and all functional tasks. Mr. Minetti was resistive to use of medication for pain prior to surgery but has agreed to and tolerated NSAIDS post-surgery. ELOS is 5 days. Patient will return to his home at discharge and will be followed with outpatient therapies for 6 to 8 weeks before returning to work. Patient has been resistive to adaptive equipment to this point – no adaptive equipment has been issued at this time. Prognosis for recovery is good.

Assessments Back – Laminectomy – Acute Care

| | | |
|--|------------------------------------|---------------------------|
| ROM – quick test & one side formal measurement | Standing Balance/Tolerance | Sitting Balance/Tolerance |
| Perception – pain | Endurance – general | Bed Mobility |
| Transfer | ADL’s – UE & LE dressing, grooming | |

SCENARIO – BILATERAL TOTAL KNEE REPLACEMENT – ACUTE CARE

Medical Information: Mrs. Magda is a 78 year old woman who is 3 days post Bilateral TKA. PMHx includes osteoarthritis (30 years), HTN, Laminectomy – L4/5 six months ago. Mrs. Magda has been having difficulty ambulating for 8 months and planned for surgery with pre-operative physical therapy visits. A standard pick-up walker has been prescribed for patient by PT when patient is able to ambulate. Patient has been limited by pain and LE edema issues since surgery. Precautions include falls, elastic stocking/edema control and WBAT. ELOS is one week. Discharge to home with support services is expected. Prognosis is good.

Assessments Bilateral Total Knee Replacement – Acute Care

| | | | |
|--|--|-------------------|--------------|
| ROM – quick test & one side formal measurement | MMT- group testing for prox/distal | | |
| Standing Balance/Tolerance | Transfer | Perception – pain | Bed Mobility |
| Endurance | ADL’s – LE dressing – pants, underpants, socks and shoes | | |

SCENARIO – CARDIAC ARTERIAL BYPASS GRAFT – REHAB UNIT

Medical Information: Mr. Cabal is a 64 year old man with a 5 year history of CAD and angina. 4xCABG was performed following a mild MI 1 week ago. Mr. Cabal spent 5 days in ICU following surgery because of moderate cardiac complications. This is patient's first day in rehab. Patient lives alone and leads an active life requiring an upgrade in functional status from current limitations. PMHx includes HTN & CAD. Prior to surgery patient was a 2 pack per day smoker and has been prescribed the nicotine patch since surgery. Mr. Cabal has Cardiac II precautions with ELOS one week. Patient plans to return to home for 4 to 6 week recovery with support services before going back to work. Mr. Cabal remains anxious (medication prescribed) and has difficulty sleeping. Patient has not been evaluated for a mobility device. Prognosis for recovery is good.

Assessments Cardiac – CABG – Rehabilitation

| | | |
|--|------------------------------|--------------|
| ROM – quick test & one side formal measurement | Cognition – orientation, STM | |
| Endurance – comprehensive | Sitting Balance/Tolerance | Bed Mobility |
| ADL – UE & LE dressing, grooming | Standing Balance/Tolerance | Transfers |

SCENARIO – GUILLIAN BARRE – REHABILITATION UNIT

Medical Information: Miss Kowasaki is a 57 year old woman who is 2 weeks post Guillain Barre Syndrome onset. Currently in rehabilitation, the past two weeks were spent in ICU and acute care to stabilize medical status. Patient has been relatively bed-bound since admission with limitations noted in mobility and functional status. Nasogastric tube was removed two days ago and patient is tolerating a soft diet. Precautions – all related to Guillain Barre – including OOB with assistance and falls. No mobility device has been prescribed at this time – Physical Therapy evaluation pending. ELOS is 4 weeks. Discharge plan is to be determined – patient's family does not live in the area – skilled nursing facility placement will be considered if necessary. Prognosis for recovery is Fair to Good.

Assessments Guillain Barre – Rehabilitation

| | | | | |
|--|------------------|---------------------------|------------------------|--------------|
| ROM – quick test & one side formal measurement | MMT for one side | Sitting Balance/Tolerance | | |
| Transfers | Endurance | Sensation | ADL – UE & LE dressing | Bed Mobility |

SCENARIO = PARKINSON'S DISEASE – REHABILITATION UNIT

Medical Information: Mrs. Peters is an 82 y/o woman with Parkinson's Disease (PD) who was admitted to acute care for a drug holiday following a week's bout with paranoia and hallucinations. She was brought to the hospital by her family. Mrs. Peters has had PD for 15 years and is on Sinamet every 4 hours for this condition. She is now in rehab with an ELOS of 2 weeks. No other significant PMHx at this time. She has precautions for falls and safety. A rolling walker has been issued by Physical Therapy when patient is able to ambulate. Prognosis for recovery is fair. It is expected that Mrs. Peters will return home with her family at Discharge.

Assessments Parkinson's Disease - Rehabilitation

| | | |
|--|----------------------------------|----------------------------------|
| ROM – quick test & one side formal measurement | Tone/functional use of UE | |
| GMC/FMC | Cognition – orientation, STM/LTM | |
| Bed Mobility | Transfers | ADL's UE & LE dressing, grooming |

SCENARIO – TBI - REHABILITATION

Medical Information: Mr. Anasti is a 66 y/o man who came to the ER 2 weeks ago following a fall down his front porch stairs because of ice. Mr. Anasti's closed head injury put him in a coma for the first 24 hours and now appears to be at level 5 Rancho Los Amigo Scale of Cognitive Functioning and is ready for the rehabilitation unit. He is deconditioned and experiencing the effects of pneumonia. A functional and cognitive assessment has been ordered for Mr. Anasti as he has been exhibiting cognitive and behavioral residual problems from his head injury. He is on 2 liters of oxygen via nasal cannula. PMHx includes CAD, HTN and osteoarthritis (medication controlled). Mr. Anasti has precautions for activity as tolerated as well as standard precautions for TBI. ELOS is expected to be 5 days. Discharge to a nursing care facility is pending medical status upgrades. Mobility device has not been prescribed for patient at this time. Prognosis is fair for recovery.

Assessments TBI – Rehabilitation Unit

| | | | |
|------------------------------------|---------------------------|-----------------|--------------------------|
| ROM – quick test & one side formal | Tone/functional use of UE | Sitting Balance | ADL's – UE & LE dressing |
| Cognition | Bed Mobility | Transfers | GMC |

SCENARIO – LE AMPUTATION – REHABILITATION UNIT

Medical Information: Mrs. Andrews is a 72 y/o woman who is 3 weeks post a right below knee amputation. She is currently in rehab for pre-prosthetic training. ELOS is 2 weeks. She has falls precautions and typical precautions for care of her residual limb. Her PMHx includes PVD and she has borderline type II diabetes, controlled with diet. Her wound is healed and the staples have been removed. Her residual limb is ultra-sensitive and she is currently experiencing moderate phantom limb pain that limits function. Her recovery to this point has progressed well. She will receive her prosthesis in one week. She is experiencing mild depression with bouts of tears noted occasionally. She will be discharged to a skilled nursing facility for one month to continue with prosthetic training. Prognosis is good.

Assessments Below Knee Amputation (pre-prosthetic phase) – Rehabilitation

| | | |
|--|----------------------------|-----------------|
| ROM – quick test and one side formal measurement | MMT – for one side | Transfers |
| Perception – pain | Standing Balance/Tolerance | Sitting Balance |
| Endurance | ADL’s – UE & LE dressing | |

SCENARIO – LE AMPUTATION - REHABILITATION UNIT

Medical Information: Mr. Herbert is a 55 y/o man who is one week post a left above knee amputation – revision from a BKA 2 months ago. Problems with healing of his first BKA required this second amputation. Staples are intact with typical drainage from his wound. He is currently in rehab for upgrading his functional status. ELOS is 2 weeks with D/C anticipated to a SNF. He has a S/C and no assistive device has been recommended at this time by Physical Therapy. He has falls precautions and typical precautions for care of his residual limb. His PMHx includes CAD, HTN, ESRD, IDDM, with low salt, low protein and low sugar diet. Mr. Herbert is experiencing severe pain issues. He is experiencing moderate depression for which he is receiving medication. Renal dialysis occurs every 3 days. He is not considered a good candidate for a prosthesis at this time. Prognosis is fair.

Assessments Above Knee Amputation – (just post-surgery) – Rehabilitation

| | | |
|--|---------------------------|--------------------------|
| ROM quick test and one side formal measurement | MMT | ADL’s – UE & LE dressing |
| Bed Mobility | Transfers | Pain Perception |
| Endurance | Sitting Balance/Tolerance | |

SCENARIO – ORIF OF RIGHT HIP – ACUTE CARE

Medical Information: Mr. Omar is a 76 year old man who fell at his skilled nursing facility 3 days ago. He fractured his right femur in several places requiring surgical ORIF procedure. He is currently on TDWB precautions and other precautions related to patient’s PMHx. ELOS is 1 week with D/C back to the skilled nursing facility. PMHx includes IDDM, HTN, ESRD, PVD, CAD and OA. Mr. Omar has kidney dialysis 3x/week. He was in skilled nursing one week for a 10 day course of IV antibiotics to treat bacterial pneumonia. Recovery from pneumonia is progressing well. Physical Therapy evaluation is pending. Mr. Omar has not been issued any equipment. Prognosis for recovery is fair to good.

Assessments Hip ORIF – Acute Care

| | | |
|--|---------------------------|----------------------------|
| ROM – quick test and one side formal measurement | MMT – one side | Standing Balance/Tolerance |
| Endurance – general | Bed Mobility | ADL’s – UE and LE dressing |
| Transfers | Sitting Balance/Tolerance | |

SCENARIO - RHEUMATOID ARTHRITIS – OUTPATIENT FACILITY

Medical Information: Mr. Reed is a 77-year-old man who has Rheumatoid Arthritis flare-up affecting all UE joints, hips, knees and metatarsals. Patient was referred by his rheumatologist for OT services to upgrade his functional status and evaluate for splints. He will be seen in outpatient 2x/week for 3 weeks. Mr. Reed does not have any adaptive equipment in the home. He uses a standard cane but requires Physical Therapy evaluation for an upgrade in his mobility device. Precautions include those for Stage II RA. PMHx includes RA for 30 years, hypothyroidism, GERD. Mr. Reed’s prognosis is good and it is expected that Mr. Reed will return to his home and daily activities at discharge.

Assessments Rheumatoid Arthritis – Outpatient

| | | |
|--------------------------|-------------------------------|--------------|
| ROM – formal measurement | FMC/GMC | Tub Transfer |
| Sensation | Perception – pain | |
| Endurance | ADL’s – UE dressing, grooming | |

SCENARIO – LCVA – REHABILITATION UNIT

Medical Information: Ms. Terrace is a 68 y/o woman who is 2 weeks s/p LCVA and has R. hemiplegia – Beginning Stage 4 Brunnstrom. She is experiencing expressive aphasia, but has 90% accuracy with yes/no questions – per speech therapy. PMHx includes HTN and CAD. Patient was referred to rehab to upgrade functional status. She has aspiration precautions but does not have a special diet. She has not been issued adaptive equipment at this point and Physical Therapy evaluation for an assistive device is pending. ELOS is for 3 weeks with D/C to home with supports. Prognosis is good for functional improvements.

Assessments CVA – Rehabilitation Unit – LCVA

| | |
|---|---------------------------|
| ROM- quick test and one side formal measurement | Tone/functional use of UE |
| Bed Mobility | Cognition |
| Edema | Sit Balance/Tolerance |
| ADL's – UE and LE dressing | Transfers |

SCENARIO – RCVA – REHABILITATION UNIT

Medical Information: Mr. Harris is an 83 y/o man who is one week s/p RCVA and has left hemiplegia with unilateral neglect. Brunnstrom Stage 3. He is experiencing signs of perceptual dysfunction with evaluation pending. PMHx includes IDDM, HTN and CAD. Patient was referred to rehab to upgrade his functional status. He has falls and safety precautions and those for CVA and is on a diabetic diet. He has not been issued adaptive equipment and Physical therapy has issued a standard pick up walker for this patient. ELOS is for 4 weeks with D/C to assisted living, pending status upgrades. Prognosis is fair for functional improvement.

Assessments CVA – Rehabilitation Unit – RCVA

| | | |
|--|----------------------------|------------------------|
| ROM – quick test and one side formal measurement | Tone/functional use of UE | MMT - group |
| Sensation | Transfers | ADL's UE & LE dressing |
| Sit Balance/Tolerance | Standing Balance/Tolerance | |

SCENARIO – MULTIPLE SCLEROSIS – REHABILITATION UNIT

Medical Information: Ms. Tally is a 35 y/o woman who is in MS exacerbation with a 5 year history of the disease. Her last exacerbation was one year ago. She has R hemiplegia and is experiencing blurred vision. Nursing is working on bladder management with patient who wants to be as independent when she walks out of the hospital door at discharge. Patient is currently unable to bear weight through lower extremities and Physical Therapy is waiting to prescribe an assistive device for walking at this time. Patient does not have adaptive equipment within the home and patient has not been issued equipment during her 5 day stay in acute care for therapeutic doses of steroids. No other significant PMHx at this time. ELOS is for 3 weeks with D/C to home with supports. Prognosis is fair to good for functional improvement.

Assessments Multiple Sclerosis – Rehabilitation Unit

| | | |
|--|-------------------------------------|---------------------------|
| ROM – quick test and one side formal measurement | Tone/functional use of UE's | Sitting Balance/Tolerance |
| Endurance | Transfers | |
| FMC/GMC | ADL's – UE & LE dressing & grooming | |

SCENARIO – CARDIAC PACE MAKER PLACEMENT – ACUTE CARE UNIT

Medical Information: Mr. Labe is a 55 y/o man who has undergone cardiac surgery for a pacemaker. He was just released from the Cardiac Intensive Care Unit to the Acute Care floor of the hospital. He has Cardiac II and pacemaker precautions with good prognosis for functional improvement. He does not require an assistive device for ambulation at this time but is experiencing fatigue and weakness and has also been given falls precautions. PMHx includes CAD, OA, HTN. OT orders for evaluation and to upgrade functional status have been issued. Physical Therapy will be seeing Mr. Labe and will coordinate care planning within the week. It is anticipated that the patient will be in Acute care for 5 days and will be D/C'ed to home with supports. There are no other significant medical conditions for Mr. Labe at this time.

Assessments Cardiac – Pacemaker – Acute Care

| | | |
|--|------------------------------|--------------|
| ROM – quick test and one side formal measurement | Cognition – orientation, STM | Bed Mobility |
| Endurance – comprehensive | ADL – UE & LE dressing | Transfers |
| Standing Balance/Tolerance | Sitting Balance/Tolerance | |

SCENARIO – 3RD DEGREE BURNS – REHABILITATION UNIT

Medical Information: Mr. Jennings is a 47 y/o man who sustained 3rd degree burns to his chest and BUE's 10 days ago from a work accident. Mr. Jennings was seen in the emergency room where his burn was evaluated. Surgery for skin grafting occurred within 48 hours of ER admission. An autograft procedure was performed using skin from patient's thighs. There were no complications following surgery and the graft sites are progressing well. Pt.'s PMHx includes Asthma, BPH, GERD, HTN and hypercholesterolemia – all medication controlled. At time of work accident, patient was a 2 pack per day smoker. Noted Hx of ETOH issues. Precautions are typical for burns in this stage of recovery. No assistive device is required at this time. Pt. presents with severe fatigue, pain and mild/moderate depression. ELOS is for 2 weeks. OT orders to evaluate and upgrade functional status have been received. D/C expected to home with supports. Prognosis is good for positive functional outcomes.

Burn – 3rd degree to Chest and BUE's (post grafting phase) – Rehabilitation Unit

ROM – quick test and formal measurement for one side - MMT – group test for one side

Transfer Grip/Pinch for both sides

FMC Pain Perception

ADL's – UE and LE dressing

SCENARIO – THA REVISION – COMPLEX – SKILLED NURSING UNIT

Medical Information: Mrs. Hillose is an 87 y/o woman who has had a revision of her Right THA with abductor brace fabricated and issued, following dislocation a week ago. Pt. received original RTHA (posterior-lateral approach) 3 weeks ago following a fall within the family home. OT rehab initiated at that time. When patient did not make progress, SNF placement occurred. PMHx includes Alzheimer's dementia – Stage II, OA, osteoporosis, and stomach ulcers. OT orders for evaluating and upgrading functional status have been received. Precautions include hip precautions, TDWB, falls and safety precautions – no OOB without abductor brace. ELOS is 3 weeks with D/C to family home with supports. PT's dementia behaviors and cognitive impairment limit performance and safety. Prognosis is fair and family is involved in patient's care. Physical Therapy is evaluating the patient for the appropriate ambulation device – pending.

THA Revision – Complex – Skilled Nursing Unit

ROM - quick test and formal measurement for one side MMT – group for one side

Endurance Bed Mobility

Cognition Transfers

Standing Balance/Tolerance ADL's – UE and LE dressing

SCENARIO – TBI – OUT PATIENT UNIT – DAY TREATMENT FACILITY

Medical Information: Ms. Simms is a 52 y/o woman who sustained a closed head injury during an automobile accident 6 weeks ago. Ms. Simms was in a coma for 32 hours. She has progressed from level 3 Rancho Los Amigos Scale of Cognitive Function to her current status of Level 6 during her in-patient rehabilitation hospitalization and continues to have right hemiplegia – Brunstrom Stage 5. Pt. was discharged to home with assist from family and out-patient services have been ordered at this day treatment facility. Pt. worked full time PTA. At this time pt. continues to have functional and cognitive limitations. PMHx includes HTN, OA, R wrist Fx – 2 years ago. Pt. was issued a quad-based cane by Physical Therapy to assist with the Right hip Fracture that was sustained during the accident. For this injury, patient is now WBAT. Other precautions are typical for a closed head injury. Estimated treatment time – 2 months pending re-evaluation and functional status upgrades. Prognosis is good for upgrading of functional status.

TBI – Out Patient Unit

Cognition ROM – quick test and formal measurement for one side

Tone/functional use of UE's Standing Balance/Tolerance

GMC/FMC ADL's – UE & LE dressing with complex fasteners

Complex Transfers (tub – sofa ???)

SCENARIO - COPD – Acute Care Unit

Medical Information: Mr. Anasti is a 66 y/o man who came to the ER 3 days ago with a severe asthma attack. He was diagnosed with COPD 15 years ago. He is deconditioned and currently has pneumonia. A functional and cognitive assessment has been ordered for Mr. Anasti as he had initially been exhibiting problems with orientation. He is on 2 liters of oxygen via nasal cannula and receives breathing treatments 2x/day. PMHx includes CAD, HTN and osteoarthritis (medication controlled). Mr. Anasti has precautions for activity as tolerated as well as standard precautions for COPD. ELOS is expected to be 5 days. Discharge to home with support services is pending medical status upgrades. Mobility device has not been prescribed for patient at this time. Prognosis is fair for recovery.

Assessments COPD – Acute Care

| | |
|--------------------------|-----------------------------------|
| ROM – quick test | MMT - group |
| FMC | Endurance – comprehensive |
| Transfers | Standing Balance/Tolerance |
| ADL's – UE & LE dressing | Cognition – orientation, STM, LTM |

SCENARIO – BREAST CANCER – OUTPATIENT

Medical Information: Ms. Jones is a 75 year old woman who had a radical right mastectomy due to breast cancer two weeks ago. She has been referred for out-patient therapies to upgrade her UE functional status – 2x/week for 4 weeks. A prescription for a compression pump will be ordered pending OT evaluation and recommendations. PMHx includes chronic sinusitis, osteoarthritis of bilateral knees and HTN. Chemotherapy and radiation have been prescribed for Ms. Jones as follow up. Physical Therapy has issued a quad cane for Ms. Jones. Precautions follow standard breast cancer protocol. No adaptive equipment has been prescribed to this point. Support services for the home have been ordered. Prognosis for recovery is fair.

Assessments Breast Cancer – Outpatient

| | |
|--|--------------------------------|
| ROM - | MMT – group |
| GMC/FMC | Edema |
| Sensation – lt. touch, stereognosis, temp. | ADL's – UE dressing & grooming |
| Pain | |

SCENARIO – CVA – Lacunar Infarct – REHABILITATION UNIT

Medical Information: Mr. Maple is an 88 y/o man who is 3 days s/p CVA - lacunar infarct - and has moderate ataxia BLE and BUE that has affected balance and coordination and he presents with generalized weakness (no hemiplegia noted). He has demonstrated some mild confusion but follows simple commands and reminders for safety judgment. PMHx includes BPH, HTN and CAD and previous lacunar infarct 6 months ago. Patient was referred to rehab to upgrade functional status. He has falls precautions and no OOB without assistance. He has not been issued adaptive equipment at this point and Physical Therapy evaluation for an ambulatory device is pending. ELOS is for 2 weeks with D/C to home with supports. Prognosis is good for functional improvements.

Assessments CVA – Rehabilitation Unit – LCVA

| | |
|--|-----------------------------------|
| ROM – quick test and one side formal measurement | - Transfers |
| Bed Mobility | Cognition – Orientation, STM, LTM |
| GMC/FMC | Standing Balance/Tolerance |
| ADL's – UE and LE dressing | |

SCENARIO – CARDIAC – VALVE REPLACEMENT – REHABILITATION UNIT

Medical Information: Ms. Danworthy is a 35 y/o woman who underwent cardiac surgery for a mitral valve replacement 5 days ago and is presenting to the rehab unit for comprehensive therapies. During her stay in ICU, complications in stabilizing the heart rhythm was noted so all therapies were postponed. Pt. is presenting with noted limitations in sensation, affecting performance in FMC in bilateral hands as well as extreme fatigue issues. Mid-sternum sutures remain in place causing discomfort and limitations in ROM of UE’s. Patient had congenital deformity of this valve at birth and this is her 6th round of cardiac surgery. In addition to this, the patient’s PMHx includes PVD, Mitral Valve Prolapse (x3), HTN. Precautions include Cardiac II as well as no OOB without supervision & falls precautions. ELOS is for 10 days with D/C to her parent’s home with support services. Prognosis for recovery is good as is her rehab potential. No ambulatory device has been recommended by PT to this point – pending.

Assessments Cardiac Valve Replacement – Rehabilitation

ROM – quick test and formal measurement for one side Endurance
Sensation FMC
Sit Balance/Tolerance Standing Balance/Tolerance
Transfers ADL’s – UE & LE dressing

SCENARIO – SPINAL CORD INJURY – CENTRAL CORD SYNDROME – SKILLED NURSING FACILITY

Medical Information: Ms. Bender is a 70 y/o woman who underwent surgery 4 weeks ago for decompression of the cervical spine secondary to central cord syndrome. The patient was stabilized and introduced to comprehensive rehab at the hospital but was demonstrating slow progress and was transferred to this skilled nursing facility for less aggressive therapies as she continues to recover. Patient continues to have major limitations in BUE function – ROM, MS, sensation – as well as continued issues with functional mobility although LE function has returned. PMHx includes Severe RA with joint deformities, GERD, IBS and HTN. Precautions include those for SCI, RA, & GERD. Patient is expected to recover slowly as ELOS is for 8 weeks with D/C to her home with support from family she lives with.

Assessments SCI – Central Cord Syndrome – SNF Unit

ROM – quick test and formal measurement for one side Bed Mobility Sensation
MMT - group Grip Strength ADL’s – UE and LE dressing
Sit Balance/Tolerance Transfers

SCENARIO – CVA – ANEURYSM CLIPPING – SKILLED NURSING FACILITY

Medical Information: Mr. Gorski is a 66 y/o man who experienced a CVA from an Aneurysm (MCA infarct) affecting both sides of the body 3 weeks ago. Following a short stay in ICU, the patient participated in rehab where minimal gains were noted in functioning. Patient was admitted to SNF to continue with therapies at a less aggressive pace as recovery continues. Right hemiplegia was at a stage I Brunnstrom and Left UE was experiencing motor return at a Stage 5 Brunnstrom – re-evaluation for the initial assessment of SNF has been ordered. Cognitive functioning appears impaired but further evaluation is needed. PMHx includes IDDM, HTN, CAD, MI one year ago with CABG placement. Precautions include those for CVA including Aspiration/Swallowing precautions – honey thick liquids and puree diet(also sugar and salt controlled), Cardiac III. ELOS is for 90 days with fair rehab potential. D/C plans pending as patient lives with 87 y/o mother who is unable to provide care.

Assessments for CVA – Aneurysm - SNF Unit

ROM- quick test and one side formal measurement - Tone
Bed Mobility Edema
Cognition Sit Balance
Transfers ADL’s – UE and LE dressing

SCENARIO – PROSTATE CANCER – SKILLED NURSING FACILITY

Medical Information: Mr. Jasper is an 82 y/o man with stage 3 prostate cancer currently in radiation therapies. Patient has been battling his cancer for the past 2 years although it appears that the cancer may have metastasized to the brain as patient’s cognitive functioning has changed with appreciated limitations. The course of radiation has left the patient weak and with limitations in functioning. PMHx includes CHF, HTN, MI (5 yrs. Ago with CABG x3), and OA. Patient has supportive family that he lives with and D/C plans include home placement with support services following the outcome of radiation treatment. ELOS is for 8 weeks. Precautions include those for Prostate Cancer, no OOB without assistance, falls precautions, Cardiac III, and safety. Patient has fair rehab potential.

Assessments for Prostate Cancer – SNF Unit

ROM MMT
Sitting Balance/Tolerance Standing Balance/Tolerance
Transfers Cognition
Bed Mobility ADL’s – UE and LE dressing

OTA Program
Time started _____ Finished _____

NAME: _____

Patient Name: _____

DX: _____

FINAL PRACTICUM GRADING CRITERIA

General Criteria: - (20 points)

___/5 Introduction to TX session

- introduced self
- introduced OT
- explained TX session goals/focus to patient. (what you will be doing)
- explained rationale for assessment, activities. (why you will be doing it)
- offered information in terms that were understood by patient

___/5 Therapeutic Use of Self evidenced

- Adjusted personal style to meet the needs of the patient
- Responded to patient needs in a timely manner
- Listened to patient in conversation
- Friendly and conversational throughout the session
- Observed patient response to intervention throughout the session

___/5 Summarized information with the patient at the end of session

- checked patient's perspective
- offered clarification of patient's performance
- discussed what would be addressed next session

___/5 Completed all in the assigned time (interview, assessment, treatment)

___/20 Interview Criteria – Information Gathering:

- ___ - Obtained pertinent information regarding previous functioning
- ___ - Obtained pertinent information regarding current functioning
- ___ - Obtained pertinent information regarding occupational profile
- ___ - Obtained pertinent questions for diagnoses considerations
- ___ - Asked pertinent questions for assessment protocol
- ___ - Questions offered a coherent and organized compliment of information
- ___ - Appropriate pace of interview – did not rush or belabor questions
- ___ - Stayed on pertinent topic – line of questions
- ___ - Used appropriate terminology – understood by patient
- ___ - Explained the rationale for various questions.

Comments:

ASSESSMENT OF RANGE OF MOTION – (30 points)

- ___/4 Accurate performance of the quick test
 - Correct demonstration
 - Correct sequence
 - Covered all movements
 - Correct position of OTAS and patient
- ___/22 Formal measurement –accuracy - procedure - handling
 - Shoulder ___/2 flexion ___/2 abduction
 - ___/2 internal rot. ___/2 external rot.
 - Elbow ___/2 flexion
 - Forearm ___/2 supination ___/2 pronation
 - Wrist ___/2 flexion ___/2 extension
 - ___/2 ulnar dev. ___/2 radial dev.
- ___/3 Explanation of assessment prior to performance
 - ___/1 What you will be doing
 - ___/2 Why you will be doing it

___/25 **Transfers Performed**

- ___/4 Explained/Demonstrated transfer procedures to patient prior to starting
- ___/1 Performed type of transfer required for patient’s level of ability
 - ___ SPT ___ Transfer w/AD ___ Lateral transfer ___ sliding board transfer
- ___/1 Selected appropriate equipment for the transfer
- ___/1 Effectively used equipment for transfer
- ___/2 Positioned W/C correctly for patient’s abilities
 - ___ Angle of W/C ___ side to be transferred to
- ___/1 Used gait belt effectively
- ___/1 Locked or secured all surfaces
- ___/1 Removed foot rests
- ___/4 Used proper body mechanics throughout the transfer
- ___/1 Instructed and/or assisted patient to move forward in chair
- ___/1 Positioned patient effectively for the transfer – extremities
- ___/1 Patient movements during transfer are smooth
- ___/1 Offered appropriate assistance with transfer
- ___/1 Completed assessment safely with observation of precautions
- ___/1 Repositioned patient for comfort following completion of transfer
- ___/2 Accurately discussed the results of the transfer with patient

Comments:

____/25 **ADL Task Evaluation**

- ____/1 Evaluated ADL task most needed for client's limitations
 - ____ UE Dressing ____ Pants ____ Shoes ____ Socks ____ Grooming
- ____/6 Explained ADL evaluation/technique to patient
 - Described steps correctly
 - Organized manner of explanation
 - Asked appropriate questions regarding prior ADL performance
 - Described in terms understood by patient
 - Demonstrated the technique prior to having patient perform – when precautions involved
 - Precautions verbalized/utilized during demonstration
 - Proceeded/Demonstrated slowly and calmly
 - Demonstrated precautions technique correctly
- ____/2 Technique and/or equipment chosen was effective for the pt's limitations
- ____/1 Positioned patient effectively for ADL task
- ____/1 Positioned clothing/equipment effectively for ADL task
- ____/1 OTS positioned effectively during ADL task
- ____/1 ADL task for patient proceeded in an organized manner
- ____/1 Patient was actively engaged in ADL task
- ____/1 Assisted patient in following precautions during ADL task
- ____/2 Offered appropriate level of assistance during ADL task
- ____/3 Demonstrated professional behaviors during pt's performing ADL task
 - ____ Patience, ____ Confidence,
 - ____ Accurate assessment verbalized for pt.'s performance
 - Encouragement or Re-direction Offered
- ____/2 Discussed ADL performance results with patient
- ____/3 Determined correct grade of assistance for patient's performance verbally

Comments:

____/25 **Treatment Activity Performed**

- ____/1 Selected skill to be addressed
- ____/2 Performance skill identified is appropriate for patient's needs
- ____/2 Rationale for addressing performance skill is offered
- ____/3 Rationale for addressing performance skill is correct
- ____/3 Explains treatment activity to patient
 - What problem will be addressed
 - What the activity will be
 - Rationale for skill and activity
- ____/1 Set up/selection of materials and equipment is effective
- ____/2 Positioning of patient and activity is effective for addressing skill
- ____/1 Activity performed in an organized manner
- ____/2 Activity choice is accurate for identified skill area
- ____/2 Activity adheres to patient's precautions
- ____/2 Activity choice is appropriate for patient's contextual information
- ____/2 Precautions/Safety is followed during the activity
- ____/1 Positioning of OTS is effective
- ____/1 Patient was actively engaged in the activity

Comments:

____/30 **Documentation of OT Session – Initial Evaluation**

- ____/2 All required information for accurate documentation listed
- ____/1 Subjective (“S”) section of Initial Evaluation completed and accurate
- ____/2 Objective (“O”) section of Evaluation form is completed for all components
- ____/1 Evaluation is legible
- ____/1 Evaluation used standard terminology in description of patient performance
- ____/4 Correct Grading System was offered for components tested
- ____/4 Grading criteria included all needed descriptors
 - norms
 - other needed qualifiers
- ____/4 Grading was accurate
- ____/4 Assessment (“A”) section of Initial Evaluation was accurately completed
- ____/1 Plan (“P”) section of Initial Evaluation includes all required information
- ____/3 LTG’s are accurate (3 required)
- ____/3 STG’s are accurate (3 required)

Comments:

____/15 **Assessment of Performance Skills** - (criteria reflects previous practicum requirements) _____

- ____/10 performed the evaluation in the correct manner
 - ____ adequate/correct procedure followed
 - ____ adequate/correct sequence of the evaluation
 - ____ adequate/correct handling of the patient/equipment during evaluation
 - ____ adequate safety precautions observed
 - ____ adequate/correct method of assessment
- ____/2 explained the purpose and procedure of the evaluation prior to starting
- ____/1 correct explanation of purpose and procedure of the evaluation
- ____/1 explained the results of the assessment to the patient
- ____/1 results were correctly/accurately explained to the patient

____/15 **Assessment of Performance Skills** - (criteria reflects previous practicum requirements) _____

- ____/10 performed the evaluation in the correct manner
 - ____ adequate/correct procedure followed
 - ____ adequate/correct sequence of the evaluation
 - ____ adequate/correct handling of the patient/equipment during evaluation
 - ____ adequate safety precautions observed
 - ____ adequate/correct method of assessment
- ____/2 explained the purpose and procedure of the evaluation prior to starting
- ____/1 correct explanation of purpose and procedure of the evaluation
- ____/1 explained the results of the assessment to the patient
- ____/1 results were correctly/accurately explained to the patient

____/15 **Assessment of Performance Skills** - (criteria reflects previous practicum requirements) _____

- ____/10 performed the evaluation in the correct manner
 - ____ adequate/correct procedure followed
 - ____ adequate/correct sequence of the evaluation
 - ____ adequate/correct handling of the patient/equipment during evaluation
 - ____ adequate safety precautions observed
 - ____ adequate/correct method of assessment
- ____/2 explained the purpose and procedure of the evaluation prior to starting
- ____/1 correct explanation of purpose and procedure of the evaluation
- ____/1 explained the results of the assessment to the patient
- ____/1 results were correctly/accurately explained to the patient

____/15 **Assessment of Performance Skills** - (criteria reflects previous practicum requirements) _____

- ____/10 performed the evaluation in the correct manner
 - ____ adequate/correct procedure followed
 - ____ adequate/correct sequence of the evaluation
 - ____ adequate/correct handling of the patient/equipment during evaluation
 - ____ adequate safety precautions observed
 - ____ adequate/correct method of assessment
- ____/2 explained the purpose and procedure of the evaluation prior to starting
- ____/1 correct explanation of purpose and procedure of the evaluation
- ____/1 explained the results of the assessment to the patient
- ____/1 results were correctly/accurately explained to the patient

____/15 **Assessment of Performance Skills** - (criteria reflects previous practicum requirements) _____
____/10 performed the evaluation in the correct manner
____ adequate/correct procedure followed
____ adequate/correct sequence of the evaluation
____ adequate/correct handling of the patient/equipment during evaluation
____ adequate safety precautions observed
____ adequate/correct method of assessment
____/2 explained the purpose and procedure of the evaluation prior to starting
____/1 correct explanation of purpose and procedure of the evaluation
____/1 explained the results of the assessment to the patient
____/1 results were correctly/accurately explained to the patient

____/15 **Assessment of Performance Skills** - (criteria reflects previous practicum requirements) _____
____/10 performed the evaluation in the correct manner
____ adequate/correct procedure followed
____ adequate/correct sequence of the evaluation
____ adequate/correct handling of the patient/equipment during evaluation
____ adequate safety precautions observed
____ adequate/correct method of assessment
____/2 explained the purpose and procedure of the evaluation prior to starting
____/1 correct explanation of purpose and procedure of the evaluation
____/1 explained the results of the assessment to the patient
____/1 results were correctly/accurately explained to the patient

____/15 **Assessment of Performance Skills** - (criteria reflects previous practicum requirements) _____
____/10 performed the evaluation in the correct manner
____ adequate/correct procedure followed
____ adequate/correct sequence of the evaluation
____ adequate/correct handling of the patient/equipment during evaluation
____ adequate safety precautions observed
____ adequate/correct method of assessment
____/2 explained the purpose and procedure of the evaluation prior to starting
____/1 correct explanation of purpose and procedure of the evaluation
____/1 explained the results of the assessment to the patient
____/1 results were correctly/accurately explained to the patient

____/15 **Assessment of Performance Skills** - (criteria reflects previous practicum requirements) _____
____/10 performed the evaluation in the correct manner
____ adequate/correct procedure followed
____ adequate/correct sequence of the evaluation
____ adequate/correct handling of the patient/equipment during evaluation
____ adequate safety precautions observed
____ adequate/correct method of assessment
____/2 explained the purpose and procedure of the evaluation prior to starting
____/1 correct explanation of purpose and procedure of the evaluation
____/1 explained the results of the assessment to the patient
____/1 results were correctly/accurately explained to the patient

Summary of Scores for Senior Advanced Skills Practicum

| | | | | |
|---------------------------|--------------------------|---------------------------|--------------------------|------------------------------|
| _____/30 ROM | _____/15 MMT | _____/15 Endurance | _____/15 Bed Mobility | _____/15 Edema |
| _____/15 Pain | _____/15 FMC | _____/15 GMC | _____/15 TONE | _____/15 Sensation |
| _____/15 Cognition | _____/15 Sitting Bal. | _____/15 Standing Bal. | _____/15 Grip | _____/15 Pinch |
| _____/25 Transfers | _____/25 ADL Eval. | _____/25 Intervention | _____/20 Interview | _____/20 General Criteria |
| _____/30 Documentation | | | | |

Total Score _____/_____

Grade for Practicum _____

_____ Pass

_____ Remediation Required – Re-take Practicum

Occupational Therapy Initial Evaluation

Name: _____ ID# _____ DOB: _____ Dx: _____ Doctor: _____

Date: _____ Time: _____

Subjective: _____

| | | | | | | | |
|--|-----------------------------------|-----|-----|-------------------|-----|-----|----------|
| Objective: Mental Functions | Adequate <input type="checkbox"/> | | | | | | |
| | Impaired <input type="checkbox"/> | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Behavior/ Adaptation | Adequate <input type="checkbox"/> | | | | | | |
| | Impaired <input type="checkbox"/> | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Sensation | L Upper Extremity | | | R Upper Extremity | | | Comments |
| | INT | IMP | ABS | INT | IMP | ABS | |
| | <i>Stereognosis</i> | | | | | | |
| | <i>Temperature</i> | | | | | | |
| | <i>Sharp/Dull</i> | | | | | | |
| | <i>Light Touch</i> | | | | | | |
| | <i>Proprioception</i> | | | | | | |
| Perception | Adequate <input type="checkbox"/> | | | | | | |
| | Impaired <input type="checkbox"/> | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Communication | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Motor Skills | L Upper Extremity | | | R Upper Extremity | | | |
| | | | | | | | |
| ROM | L Upper Extremity | | | R Upper Extremity | | | |
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| | | | | | | | |
| | | | | | | | |
| Muscle Strength | L Upper Extremity | | | R Upper Extremity | | | |
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| | | | | | | |
|---|--|-----|-----|-----|-----|----------|
| Objective: | | | | | | |
| Tone/Synergy | | | | | | |
| Grasp | | | | | | |
| Coordination | | | | | | |
| Dominance | Right <input type="checkbox"/> Left <input type="checkbox"/> | | | | | |
| Mobility | Max | Mod | Min | Sup | Ind | Comments |
| Transfers | | | | | | |
| Bed Mobility | | | | | | |
| W/C Propulsion | | | | | | |
| W/C Accessories | | | | | | |
| Sitting - Posture | | | | | | |
| - Balance | | | | | | |
| - | | | | | | |
| Tolerance | | | | | | |
| Standing - Posture | | | | | | |
| - Balance | | | | | | |
| - | | | | | | |
| Tolerance | | | | | | |
| Self-Care | Max | Mod | Min | Sup | Ind | Comments |
| Hygiene | | | | | | |
| Grooming | | | | | | |
| Dressing UE | | | | | | |
| Dressing LE | | | | | | |
| Bathing | | | | | | |
| Toileting | | | | | | |
| Feeding | | | | | | |
| Swallowing | | | | | | |
| Endurance | | | | | | |
| <i>Living Arrangements/ Additional Comments</i> | Home Management, Homemaking, Shopping: | | | | | |
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| <u>Plan:</u> <i>Short Term Goals</i> | |
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| <i>Long Term Goals</i> | |
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| <i>Equipment</i> | |
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| <i>Follow Up Recommendations</i> | |
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| <i>Precautions</i> | |
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| BUS111 | Aug-14 | %correct | Dec-14 | %correct | improve |
|--------|-------------|----------|-------------|----------|---------|
| Q1 | 40 | 65.6% | 39 | 70.9% | 5.3% |
| Q2 | 37 | 60.7% | 35 | 63.6% | 3.0% |
| Q3 | 13 | 21.3% | 23 | 41.8% | 20.5% |
| Q4 | 45 | 73.8% | 37 | 67.3% | -6.5% |
| Q5 | 39 | 63.9% | 37 | 67.3% | 3.3% |
| Q6 | 9 | 14.8% | 20 | 36.4% | 21.6% |
| Q7 | 17 | 27.9% | 22 | 40.0% | 12.1% |
| Q8 | 26 | 42.6% | 26 | 47.3% | 4.6% |
| Q9 | 15 | 24.6% | 14 | 25.5% | 0.9% |
| Q10 | 35 | 57.4% | 39 | 70.9% | 13.5% |
| | 61 students | | 55 students | | |
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| BUS181 | Aug-14 | %correct | Dec-14 | %correct | improve |
| Q1 | 30 | 48.4% | 29 | 59.2% | 10.8% |
| Q2 | 29 | 46.8% | 37 | 75.5% | 28.7% |
| Q3 | 22 | 35.5% | 35 | 71.4% | 35.9% |
| Q4 | 14 | 22.6% | 12 | 24.5% | 1.9% |
| Q5 | 5 | 8.1% | 30 | 61.2% | 53.2% |
| Q6 | 46 | 74.2% | 41 | 83.7% | 9.5% |
| | 62 students | | 49 students | | |

1. Why should a company act in an ethical manner?
 - a. The government will take action if a firm fails to act ethically.
 - b. Acting ethically always maximizes profits in the short run.
 - c. Acting ethically will help a company to prosper in the long run.
 - d. The right thing to do is always the least expensive alternative.

2. Businesses should _____.
 - a. do what is right regardless of profits.
 - b. find the balance between doing what is right and what is profitable.
 - c. do whatever is profitable.
 - d. do whatever is in the company's best interests.

3. Greta has been analyzing the competitive standings of one of her products. Since she began her operation, 20 similar products have appeared, forcing her to change distribution strategies. Greta has also needed to change pricing strategies in order to remain competitive. Sales volume has dipped, and she suspects sales of her product have reached a saturation level. At what stage of the product life cycle is this item?
 - a. Introductory stage
 - b. Maturity stage
 - c. Decline stage
 - d. Growth stage

4. Pak is the financial manager for ABC Graphics and has developed a financial control system for the company. An effective financial control system must enable Pak to _____.
 - a. reveal significant differences between actual results and forecast results as early as possible
 - b. eliminate performance monitoring
 - c. correct problems automatically
 - d. rely on electronic monitoring to detect variations

5. Indira is considering investing in a mutual fund. Which of the following is a good reason for her to consider this alternative?
 - a. She considers herself to be an expert in analyzing the stock market.
 - b. She wishes to actively manage her own investments.
 - c. She wants to devote substantial amounts of time to her investments.
 - d. She wants to buy into a well-diversified portfolio of securities with a small investment.

6. Which of the following manufacturers and products would likely spend more on personal selling than on non-personal selling?
 - a. Johnson & Johnson, Band-Aids
 - b. Gateway Computers, consumer personal computers
 - c. Boeing, 737 jetliners
 - d. Toshiba, DVD players

7. When the Federal Reserve sells government securities, banks have _____ money to lend and economic growth _____.
- less; will slow
 - less; will accelerate
 - more; will slow
 - more; will accelerate
8. Devon and Keith opened a restaurant. A few years into the business partnership, Keith left the restaurant, and Devon discovered that Keith had charged numerous expenses to their account, which resulted in thousands of dollars of debt. What option does Devon have in this situation?
- He doesn't have to worry because, according to law, everyone is responsible for their own debts.
 - Business creditors will pursue Keith alone since his signature authorized payments.
 - Business creditors will expect Devon to pay at least half the debt since he owns 50 percent of the business.
 - Business creditors will expect full payment from Devon.
9. All of the following statements concerning team size are correct EXCEPT:
- Small teams make the most demands on team leaders.
 - Large teams often suffer from disagreements, absenteeism, and membership turnover.
 - Small teams may lack sufficient diversity.
 - Large teams tend to work slower than small teams.
10. Sofia is an investment advisor and wants to recommend a stock she happens to own. How should Sofia best deal with this potential conflict of interest?
- She should not make the recommendation.
 - She should make a negative recommendation.
 - She should disclose the fact that she owns the stock while making the recommendation.
 - She should make a positive recommendation and then sell the stock.

Use the following facts for Questions #1 and #2:

| | |
|--------------------------|-----------|
| Cost of Merchandise Sold | \$320,000 |
| Sales Returns | \$50,000 |
| Sales | \$500,000 |
| Sales Discounts | \$10,000 |

1. The Net Sales for the merchandising business is:
 - a. \$180,000
 - b. \$260,000
 - c. \$440,000
 - d. \$450,000
 - e. \$550,000

2. The Gross Profit for the business is:
 - a. \$120,000
 - b. \$180,000
 - c. \$240,000
 - d. \$440,000
 - e. \$560,000

Use the following facts for Questions #3 and #4:

Equipment was acquired on the January 1st of the current year for \$200,000. The equipment is expected to last 8 years or 10,000 hours. The equipment is estimated to have a value of \$25,000 after 8 years.

3. If the equipment was used 2,400 hours during the current year, the depreciation expense for the current year for the equipment using the units-of-production method is:
 - a. \$40,000
 - b. \$42,000
 - c. \$45,600
 - d. \$48,000
 - e. \$50,200

4. The depreciation expense for the current year for the equipment using the declining-balance method at twice the straight-line rate is:
 - a. \$21,875
 - b. \$25,000
 - c. \$30,000
 - d. \$43,750
 - e. \$50,000

5. What is the maturity value of a \$10,000, 6%, 60-day loan?
- a. \$10,100
 - b. \$10,200
 - c. \$10,300
 - d. \$10,500
 - e. \$10,600
6. An employee receives a regular hourly rate of \$24, with time-and-a-half for all hours worked in excess of 40 during a week. If the employee worked 52 hours during the current week, what would be her gross pay?
- a. \$1,248
 - b. \$1,275
 - c. \$1,392
 - d. \$1,634
 - e. \$1,872