OTHA 1162
Clinical Occupational Therapy Assistant (Psychosocial Dysfunction)
Master Syllabus
First Semester
CRN: 34390 – Fall 2014
Coleman College for Health Sciences

Instructor: Gibson P. Gelladuga, OTR

How to Reach the Instructor

Office Hours and Location:
Mondays thru Fridays from 8am to 4pm.
HCC Coleman College for Health Sciences. 1300 Pressler St., Room 385, Houston, TX, 77030
Phone: (713) 718-7283
Email: gibson.gelladuga@hccs.edu

Course Description:
A health-related work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts. Direct supervision is provided by the clinical professional.

Prerequisites:
Successful completion of all first semester courses and enrollment in all second semester courses.

Credit hours:
1 semester hour/ unit: 40 hours.

Course location:
Clinical Sites

Class day/time:
Monday- Friday

End of Course Objectives:
Upon completion of this course, the student will be able to:
1. Display professionalism in establishing rapport.
2. Demonstrate good communication skills (written, verbal and non-verbal).
3. Demonstrate therapeutic interaction with consumers and families.
4. Utilize appropriate and professional dress.
5. Utilize professional behavior.
6. Use observational skills and compile data related to functional performance.
7. Understand the impact of psychosocial dysfunction on clients, family and society.
8. Identify psychosocial behaviors including signs, symptoms.
10. Identify the application of Practice Framework throughout OT process.
11. Discuss the performance components involved while analyzing a therapeutic activity.
12. Establish and write measurable mock objectives and goals.
13. Acknowledge consumer and family education regarding performance areas.
14. Prepare treatment area by positioning the needed activities and materials.
15. Demonstrate appropriate cognitive skills to support clinical reasoning, i.e. critical thinking, sound judgment, problem solving, decision making, attention to detail.
16. Demonstrate safety precautions to protect consumer, family, peers and self.
17. Recognize the indicators and outcomes to facilitate discharge planning.
18. Locate informational sources appropriate to the setting.
19. Read and analyze professional literature in support of evidence based practices.
21. Submit a minimum of two practice notes.
22. Recognize and document the affects that culture has throughout the OT process.
23. Identify ethical issues in the clinical setting.
24. Identify, explore and demonstrate effective time management skills, appropriate to clinical setting.

To master this course, students are expected to perform on assignments, assessments and class activities to a minimum of 85% mastery. By ACOTE standards, the student will be able to:

B.1.3 Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral and social sciences (e.g., principles of psychology, sociology, abnormal psychology) and occupational science.

B.1.4 Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society (e.g., principles of psychology, sociology, and abnormal psychology).

B.1.6 Demonstrate knowledge of global social issues and prevailing health and welfare needs of populations with or at risk for disabilities and chronic health conditions.

B.2.5 Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.
B.2.8 Use sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice.

B.4.1. Gather and share data for the purpose of screening and evaluation using methods including, but not limited to, specified screening tools; assessments; skilled observations; histories; consultations with other professionals; and interviews with the client, family, and significant others.

B.4.2. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.

B.4.4. Gather and share data for the purpose of evaluating client(s)’ occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance includes:

- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
- Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
- Performance patterns (e.g., habits, routines, roles).
- Context (e.g., Cultural, personal, temporal, virtual) and environmental (e.g. physical, social).
- Performance skills, including motor and praxis skills, sensory-perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.

B.4.5. Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.

B.4.9. Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.

B.4.10. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must the requirements of applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.

B.5.1. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational
therapy practice, and based on available evidence. Interventions address the following components:

- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
- Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).
- Performance patterns (e.g., habits, routines, rituals and roles).
- Context (e.g. cultural, personal, temporal, and virtual) and environmental (e.g. physical, social).
- Performance skills, including motor and praxis skills, sensory-perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.

B.5.2. Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, rest, sleep, leisure, and social participation.

B.5.3. Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods).

B.5.4. Implement group interventions based on principles of group development and group dynamics across the lifespan.

B.5.5. Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration.

B.5.6. Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g. vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception).

B.5.7. Demonstrate therapeutic use of self, including one’s personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.

B.5.8. Implement intervention strategies to remediate and/or compensate for cognitive deficits that affect occupational performance.

B.5.17. Promote the use of appropriate home and community programming to support performance in the client’s natural environment and participation in all contexts relevant to the client.

B.5.18. Demonstrate an understanding of health literacy and the ability to educate and train the client, caregiver, and family and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, health promotion, and safety.
B.5.19. Use the teaching–learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.

B.5.20. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.

B.5.21. Effectively communicate and work interprofessionally with those who provided services to individuals and groups in order to clarify each member's responsibility in executing an intervention plan.

B.5.22. Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.

B.5.23. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.

B.5.24. Teach compensatory strategies, such as use of technology and adaptations to the environment, that support performance participation and well-being.

B.5.25. Demonstrate skills of collaboration with occupational therapists and other professionals on therapeutic interventions.

B.5.26. Understand when and how to use the consultative process with specific consumers or consumer groups as directed by an occupational therapist.

B.5.27. Describe the role of the occupational therapy assistant in care coordination, case management, and transition services in traditional and emerging practice environments.

B.5.28. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.

B.5.29. Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This process includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.

B.5.30. Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of client outcomes.

B.5.31. Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they
cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.

B.5.32. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.

B.7.6. Participate in the documentation of ongoing processes for quality improvement and implement program changes as needed to ensure quality of services.

B.7.7. Identify strategies for effective, competency-based legal and ethical supervision of non–professional personnel.

B.8.3. Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist.

Required texts:


Requirements for Each Grading Source Follows:

Grading System:

<table>
<thead>
<tr>
<th>GRADE</th>
<th>PERCENTILE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93.0-100</td>
</tr>
<tr>
<td>B</td>
<td>85.0-92.9</td>
</tr>
<tr>
<td>F</td>
<td>84.9-0</td>
</tr>
</tbody>
</table>

Grades will not be rounded. In order to pass a course, a student must have an 85 (or above) average at the time of completion. If the average is below 85%, the student will not pass the course.

A final course grade will not be assigned until all course work has been completed. Student will be assigned an incomplete until all work is submitted within the timeframe outlined by the
instructor of record. If all assignments are not completed within the allotted time frame, and in accordance with HCC policy, the incomplete will convert to an F and student will have to withdraw from the program.

A grade of zero will be given for late assignments in this course. Extenuating circumstances should be discussed with the course instructor prior to the assignments due date.

THE GRADE OF “D” IS NOT GIVEN IN THE HEALTH CAREERS DIVISION - OTHA PROGRAM.

Any student receiving an F must withdraw from the OTA program, but may reapply for readmission the following year by following the outlined procedures in this handbook.

Students should refer to the health Sciences Division Policies and Procedures in this handbook for questions related to the assignment of grades, grade change policy, and grade appeals.

SCANS/ Tejas Skills:
The Secretary's Commission on Achieving Necessary Skills (SCANS) identified Competencies in the areas of Resources, Interpersonal, Information, Systems, and Technology; and foundation skills in the areas of Basic Skills, Thinking Skills, and Personal Qualities. This course is part of a program in which each of these Competencies and Skills are integrated.

Reading and writing skills will be graded as components within the communication section of the Fieldwork Performance Evaluation; speaking and listening will be graded as a component of oral reporting; thinking skills will be graded as a component of the required analysis of case studies; personal qualities and work place competencies will include respect of others and attendance including punctuality and will be a component of personal counseling sessions as needed.

Policies:
All policies as noted in the OTHA Student Handbook must be followed. See Student Handbook for extensive listing of all policies presented within this syllabus.

Attendance, Exam, and Assignments.
Regular and punctual class and laboratory attendance is expected of all students. If attendance or compliance with other course policies is unsatisfactory, the instructor may withdraw students from the class. Refer to the OTHA Handbook for further details.

Withdrawal.
It is the responsibility of each student to ensure that his or her name is removed from the roll should he or she decides to withdraw from the class. The instructor does, however reserve the right to drop a student should he or she feel it is necessary. If a student decides to withdraw, he or she should also verify that the withdrawal is submitted before the FINAL WITHDRAWAL DATE. The student is also strongly encouraged to retain their copy of the withdrawal form for their records.

State law permits students to withdraw from no more than six courses during their entire undergraduate career at Texas public colleges or universities. With certain exceptions, all course withdrawal automatically counts towards this limit. Details regarding this policy can be found in the HCC college catalog.

_Scholastic Honesty._
A student attending HCC assumes responsibility for conduct compatible with the mission of the college as an educational institution. Students have the responsibility to submit coursework that is the result of their own thought, research or self-expression. Students must follow all instructions given by faculty or designated college representatives when taking examinations, placement assessments, tests, quizzes, and evaluations. Actions constituting scholastic dishonesty include, but are not limited to, plagiarism, cheating, fabrication, collusion, and falsifying documents. Penalties for scholastic dishonesty will depend upon the nature of the violation and may range from lowering a grade on one assignment to an F in the course and/or expulsion from the college.

_Student Discipline._
The policy as followed by Health Sciences Division and outlined in the HCC Student Handbook will be followed.

_ADA Statement._
Any student with documented disability (e.g. physical, learning, psychiatric, vision, hearing, etc.) who needs to arrange reasonable accommodations must contact the Disability Service Office at the respective college at the beginning of each semester. Faculty is authorized to provide only the accommodations requested by the Disability Support Office. If you have any questions, please contact the disability counselor at Coleman College at (713) 718-7082.

_Safety Statement._
Houston Community College is committed to providing a safe and healthy environment for study and work. You are expected to learn and comply with HCC environmental, health and safety
procedures and agree to follow HCC safety policies. Because some health and safety circumstances are beyond our control, we ask that you become familiar with the emergency procedures and campus safety plan map in each classroom.

Please note, you are expected to conduct yourself professionally with respect and courtesy to all. Anyone who thoughtlessly or intentionally jeopardizes the health or safety of another individual will be immediately dismissed from the day’s activity may be withdrawn from the class, and/or barred from attending future activities.