

The University of Texas at El Paso
College of Health Sciences
Department of Rehabilitation Sciences
Occupational Therapy Program

OT 5629: Occupational Performance in Adults II
Syllabus
MOT Class of Spring 2019

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	Or by Appointment	

Lecture: Room 202 Tuesday 8am-11:50am

Lab: Room B-30/B-31/Sim Lab Tuesday 1:00pm-5:00pm

Course Description: This course links the basic and the clinical sciences in occupational therapy. Students will integrate their foundational knowledge of neurosciences as it pertains to sensorimotor theories and cognitive neurosciences with clinical applications. Special emphasis will be given to constructs in Neurodevelopment, Sensorimotor, and Dynamic Action Theories for evaluation and intervention with adults with neurological dysfunction. The use of the occupational Therapy Practice Framework II, outcomes tools, and evidence-based practice will be emphasized. The laboratory will concentrate on hands-on management (evaluation and treatment) of the adult with neurological conditions.

General Course Objectives:

(ACOTE standard) [Assessment Measures 1:Assignment; 2:Lab Test; 3: Objective Test; 4: Essay Test; 5: Project; 6: Presentation; 7: Demonstration, 8: Other]

1. Demonstrate 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. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention. (ACOTE: B.3.7) [7]

2. Demonstrate clinical reasoning to evaluate, analyze, diagnose, and provide occupation-based interventions to address client factors, performance patterns, and performance skills. (ACOTE: B.4.2) [7]
3. Demonstrate knowledge of the use of technology in practice, which must include: (ACOTE: B.4.15) [1, 7]
 - Electronic documentation systems
 - Virtual environments
 - Telehealth technology
4. Apply, analyze, and evaluate scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments. (ACOTE: B.2.1) [1, 7]
5. Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment methods must take into consideration cultural and contextual factors of the client. Interpret evaluation findings of occupational performance and participation deficits to develop occupation-based intervention plans and strategies. Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence. (ACOTE: B.4.4) [1, 2, 3, 7]
6. Select and apply assessment tools considering client needs, and cultural and contextual factors. Administer selected standardized and nonstandardized assessments using appropriate procedures and protocols. Interpret the results based on psychometric properties of tests considering factors that might bias assessment results (e.g., culture and disability status related to the person and context). (ACOTE: B.4.5) [2, 7]
7. Collect, analyze, and report data in a systematic manner for evaluation of client and practice outcomes. Report evaluation results and modify practice as needed. (ACOTE: B.4.6) [2, 7]
8. Interpret the evaluation data in relation to accepted terminology of the profession and explain the findings to the interprofessional team. (ACOTE: B.4.8) [1, 7]
9. Design and implement intervention strategies to remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance. (ACOTE: B.4.9) [1,7]
10. Recommend and provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations. This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy. (ACOTE: B.4.10) [1, 6, 7]
11. Assess the need for and demonstrate the ability to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being. (ACOTE: B.4.11) [3,7]
12. Assess the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and

- participation. Train in the safe and effective use of prosthetic devices. (ACOTE: B.4.12) [3,7]
13. Provide recommendations and training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices. (ACOTE: B.4.13) [2, 3, 7]
 14. Evaluate the needs of persons, groups, and populations to design programs that enhance community mobility, and implement transportation transitions, including driver rehabilitation and community access.(ACOTE: B.4.14) [3, 6]
 15. Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors. (ACOTE: B.4.15) [3, 7]
 16. Demonstrate knowledge and use of the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions. (ACOTE:B.4.17) [2,3,7]
 17. Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances. (ACOTE: B. 4.18) [3, 7]
 18. Demonstrate, evaluate, and plan the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues. (ACOTE: B.4.19) [1, 7]
 19. Demonstrate, evaluate, and plan care coordination, case management, and transition services in traditional and emerging practice environments.(ACOTE: B.4.20) [1, 7]
 20. Demonstrate, evaluate, and utilize the principles of the teaching–learning process using educational methods and health literacy education approaches:
 - To design activities and clinical training for persons, groups, and populations.
 - To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience. (ACOTE: B.4.21) [6, 7]
 21. 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. (ACOTE: B.4.22) [1,3]
 22. Identify occupational needs through effective communication with patients, families, communities, and members of the interprofessional team in a responsive and responsible manner that supports a team approach to the promotion of health and wellness. (ACOTE: B.4.23) [1,7]
 23. Evaluate and discuss mechanisms for referring clients to specialists both internal and external to the profession, including community agencies. (ACOTE: B.4.26) [1, 6]
 24. Evaluate access to community resources, and design community or primary care programs to support occupational performance for persons, groups, and populations. (ACOTE: B.4.27) [1,6]

25. Develop a plan for discharge from occupational therapy services in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. (ACOTE: B.4.28) [1,7]
26. Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), appeals mechanisms, treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and coding and documentation requirements that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services. (1)
27. 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. (ACOTE: B4.1) [7]

Topics covered in the course include but are not limited to the following: neurological diagnosis commonly seen by OT, Bobath approach, Brunnstrom Movement Therapy approach, Rood techniques, proprioceptive neuromuscular facilitation techniques, sensory abilities and capacities, vision, visual perception, cognitive abilities, restoring mobility, stroke, traumatic brain injury, spinal cord injury, dysphagia

Required Text Books:

Radomski M.V. & Latham, C.A.T (2014). *Occupational Therapy for Physical Dysfunction* (7th ed.) Philadelphia: Lippincott Williams & Wilkins.

Gutman, S.A. & Schonfeld, A.B. (2009). *Screening adult Neurological Populations* (2nd ed.) Bethesda, MD: AOTA Press.

Pendleton, H.M. & Schulz-Krohn, W. (2018). *Pedretti's occupational therapy practice skills for physical dysfunction* (8th ed.) St. Louis: Mosby Elsevier.

Optional Text Books:

Gillen, G. (2011). *Stroke rehabilitation: a function-based approach* (3rd ed.) St. Louis: Mosby Elsevier.

Reed, K. (2014) *Quick Reference to Occupational Therapy*. Austin, TX: Pro-Ed

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

Learning Experiences:

Discussion	Demonstrations
Written Assignments	Assigned readings

Self-assessment	Laboratory sessions
Peer assessment	Guest speakers
Personal reflections	Final Examination
Blackboard posting	Simulation Activities
Service Learning	Field Observations

Course Grading:

Quizzes	10%
Exam 1 Written	10%
Exam 1 Verbal	10%
Exam 2 Written	10%
Exam 2 Demonstration	10%
Final Exam Written	10%
Assignments	20%
Presentations	10%
Service Learning	5%
Participation/Attendance	5%

Letter Grade Equivalents:

A=90-100

B=80-89

F=<80

Academic Integrity: Students are expected to be above reproach in all scholastic activities. Students who engage in scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and dismissal from the university. "Scholastic dishonesty includes but is not limited to cheating, plagiarism, collusion, and the submission of credit of any work or materials that are attributed in whole or in part to another person, taking an examination for another person, any act designed to give unfair advantage to a student or the attempt to commit such acts." Regents Rules and Regulations, Part One, Chapter VI, Section 3.22. Since scholastic dishonesty hard the individual, all students and the integrity of the university, policies on scholastic dishonesty will be strictly enforced.

Special Needs: If you have or suspect a disability and need accommodations, you should contact the Center for Accommodations and Support Services (CASS) at 747-5148." You can also e-mail the office at cass@utep.edu or go by their office in Union Building East. For additional information, visit the CASS website at <http://sa.utep.edu/cass/>

The Occupational Therapy Program is committed to assisting students with disabilities in accomplishing the academic requirements. Students who believe they are entitled to accommodations under the Americans with Disabilities Act.

Student responsibilities:

1. Regular class attendance and participation.
2. All information presented in all learning activities.
3. Prior approval from instructor for any excused absence.
4. Completion of all reading materials before attending class.
5. All assignments are due as indicated on the course outline. Assignments turned in late on the same day will result in a 10 point deduction. Late assignments will result in a 10 point deduction for each day it is late.
6. Professional preparation of entry-level clinicians requires students master the skill of active participation with team members; therefore, students are expected to participate in classroom and lab activities and discussions. Lack of consistent participation will result in a non-negotiable deduction of 2% off the final class grade.
7. There is no opportunity to make up a quiz or exam if you are late or absent.

8. Safety and comfort is a must during laboratory time, thus appropriate attire for laboratories is expected.
9. For service learning, presentations, and guest speaker, please refrain from wearing shorts, spaghetti straps, t-shirts, clothes that allow others to see your abdomen, low back, or chest, etc. Also, no jeans or denim material, no sweat pants no sweat shirts, no open-toed shoes, no high heels. Avoid using long finger nails or synthetic finger nails due to the risk for infection and to protect the clients' (and colleagues) skin integrity. Also avoid wearing long earrings, necklaces, or bracelets that could get tangled up or could cause harm when working with your clients (and colleagues). Strong aroma lotions and/or perfumes must also be avoided.
10. It is recommended you wear pants (twill or chinos) or below the knee Capri's, closed-toe, non-skid shoes, and polo or button-up shirts.

Professional Behaviors:

The following professional behaviors necessary for course completion include:

- A. *Punctuality: Tardiness* without prior approval from instructor will result in one point off the **computed final grade percentage per incident**.
- B. *Attendance:* Attendance is mandatory for each lecture and lab. **Each excused absence, student will receive a 5 point deduction from the computed final grade percentage per incident. An unexcused absence will result in dismissal from the course.**
- C. *Class Participation:* Any student not prepared for class can be asked to leave the class at any time. If asked to leave the class, the student will result in a **1 point deduction from the computed final grade percentage per incident**.
- D. *Time Management:* **Late assignments will have a 10 point per day deduction.** Each assignment is due prior to the beginning of class on the due date. All assignments turned in after class has started will be considered late.
- E. *Adhering to safety precautions:* Negligence and/or unsafe behavior in the lab will result in dismissal from the course.
- F. *Acceptance of and participation in giving and receiving constructive criticism:* Students will be responsible for assessing fellow students' performance and modifying performance based on feedback.
- G. *Attendance and participation in Fieldwork observations and service learning:* Outside class and lab time will be expected including clinic observations hours as well as service learning projects. Total time expectations are a minimum of 8 hours. Time will be returned during regularly scheduled course time.
- H. *No Electronic Devices to be used use during class:* the use of any mobile device during class is prohibited and student will be asked to leave if such use occurs. Use of any electronic device during class will result in a **1 point deduction from the computed final grade percentage per incident**. The use of any device will need prior approval by the both instructors.

Disclaimer: Due to the content of this course, there will be physical contact with other classmates and instructors in order to fully comprehend and correctly

perform specific evaluation and intervention techniques. By reading and signing this statement, you agree to fully participate and accept the necessity for physical contact by instructors, guest speakers, and other classmates for professional and educational purposes. Please sign and date below and return this form to your instructors on the first day of class.

Signature: _____ date: _____