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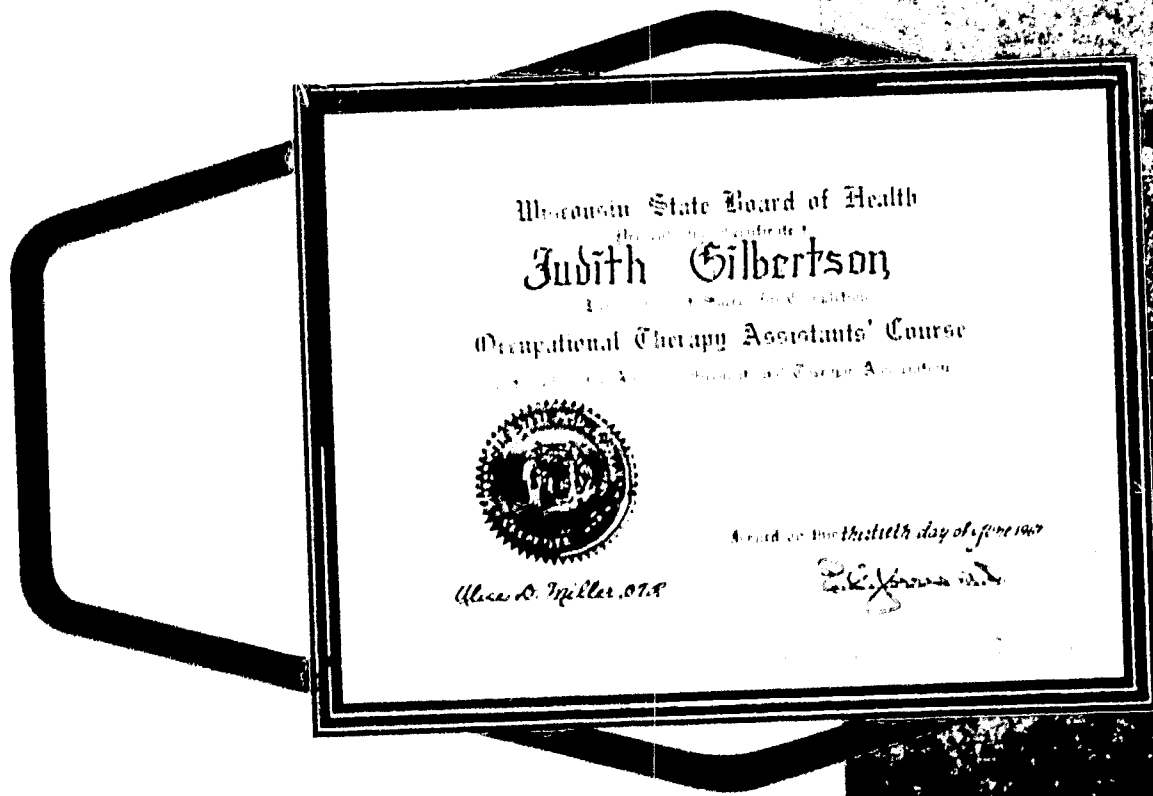
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Between November 1964 and June 1967, 85 women and five men completed a 4-month course held in several Wisconsin locations to prepare them as Certified Occupational Therapy Assistants to (1) plan and direct a general activity or supportive program of occupational therapy, (2) train individual patients in independent performance of activities of daily living, and (3) assist the Registered Occupational Therapist in carrying out a specific treatment program designed to correct or improve specific pathology. The average age of trainees was 37; 12 had not completed the 12th grade while 53 listed some post-secondary education. The curriculum, developed by a committee of Registered Occupational Therapists in the field of geriatrics and chronic illness, state board of health occupational therapy consultants, and selected advisory committee members, consisted of 369 hours of academic work and 160 hours of practical experience. Topics included an introduction to the training program and the occupational field, personality development, physical development, skills, relationships with other services, personnel policies, and mental terminology. Eighty-two graduates were employed. (JK)

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WISCONSIN
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→
OCCUPATIONAL THERAPY
ASSISTANTS PROGRAM



VT007675

DEMONSTRATION PROJECT

OCCUPATIONAL THERAPY ASSISTANTS PROGRAM,

Research and Evaluation Project

SPONSORED BY

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P R E F A C E

In 1964 the Wisconsin State Board of Health¹ received a grant to develop and conduct a training program to train personnel to direct activity programs in nursing homes. The three major aspects of the program were the development of a curriculum for a four-month training course, the conducting of the course at several different locations to meet the state-wide needs and the provision for follow-up guidance for graduates of the course. This report, written in fulfillment of the grant, describes the development of the program during the conduct of six courses in the period from October 1, 1964 through July 1, 1967.

The information in the report is organized into four chapters, each with an appendix of related materials. Included in Chapter I is information about the planning aspects, the objectives and the evaluation procedures for the project and the development of the mobile education unit. The student selection process, a summary of the characteristics of all of the applicants and a description of several investigative studies may be found in Chapter II. Chapter III contains a description of the development of the curriculum, the planning process for a course and a compilation of

¹ The Wisconsin State Board of Health became the Division of Health in the Department of Health and Social Services effective July 1, 1967, Chapter 75, Laws of 1967.

content from the six courses. Chapter IV provides information about the location of the graduates of the course, on-the-job performance, activity programs developed and guidance and consultation provided to the graduates. A resume of salient points is provided at the end of each chapter.

The demonstration project was a time of challenge and an opportunity for creative and imaginative approaches to the training of Occupational Therapy Assistants. In this report an attempt has been made to reflect some of the content and experiences which resulted from this opportunity.

Information about methods and procedures used, content and materials developed as well as the results of studies conducted is included in this final report of the three-year DEMONSTRATION PROJECT. The report was written with the intent of making available the information from the project for those who are concerned with the training of Occupational Therapy Assistants. Perhaps the report will be most useful and of greatest value for those who are course directors or those who are interested in developing a course.

ACKNOWLEDGMENTS

A three year demonstration and training project such as the one described in this book is a very big undertaking requiring the efforts of a large number of people. One of the greatest rewards in working as part of this kind of a project is one's association with so many capable and dedicated people.

Understandably, one would fail in any attempt to give full and proper recognition to each individual who contributed to the success of the project and to each agency which gave its support. But not to have made the effort would be unforgiveable.

During the early planning of this project, the late Dr. Milton Feig, Director, Section on Preventable Diseases, served as the Project Director and offered assistance and support as well as enthusiasm for the project. Without his leadership and consultation this project might have continued to be only an idea.

Dr. R. Frank Reider, successor to Dr. Feig as Director, Section on Preventable Diseases, gave continuing support for the project through his interest and participation.

Credit must go to Miss Marilyn Hennessy for having defined and articulated the need which gave rise to this project; for visualizing the method for meeting that need; for marshaling the support necessary for implementing the plan; and for so ably providing guidance and inspiration as the Project Coordinator during the first two years of the project.

The complete responsibility for the organization and administration of the six courses, for teaching parts of the curriculum, and for writing the major portion of this book was in the unusually capable hands of the Course Director, Miss Alice Miller. The success of the project reflects her skill, her dedication, and her untiring efforts; and to her goes the appreciation and admiration of the project staff, those who were her students, and the many others who were associated in one way or another with the training program.

The three Assistant Course Directors were indispensable to the success of the project. Particular recognition is given to the work of Miss Lois Pochert, who served in four of the six courses, participated in compiling and analyzing data, and wrote part of this book. Her innovations in approaching the teaching-learning situation and her sensitivity to her students contributed in large measure to the project.

The project was fortunate to have had associated with it seven very capable secretaries whose interest and enthusiasm was often sustaining.

The Occupational Therapy Consultants with the State Board of Health gave of their time, experience and advice in establishing the curriculum; teaching in the course; serving as local liaison, interpreters and promoters; and collecting data as part of the follow-up phase of the project. These people were Agatha Armstrong, Laura Braunel, Marilyn Hennessy, Martha Huffmaster, Virginia Reeves, and Ruth Ward.

The various sections and divisions of the State Board of Health, both in the central and in the district offices, provided support and internal services which were most helpful and necessary. The project could not have been accomplished without their cooperation and interest.

Members of the Advisory Committee, the Curriculum Committee and the Admissions Committee (their names are listed elsewhere in the book) gave freely of their time and counsel. To them goes our gratitude.

The Wisconsin Council of Homes for the Aged and the Wisconsin Association of Nursing Homes, which represent most of the nursing homes in Wisconsin, gave full support to the project with representatives on the three committees and through publicity in their publications. Our appreciation for these important functions is well deserved.

Many other agencies, organizations, and individuals made contributions to the project and are cited in various places in the book. These include the Test Development Staff of the Wisconsin State Employment Service, the facilities which made space and other services available for the courses, the remotivation team, the agencies which provided the practical experience for the students, the part-time instructors, the guest lecturers, and the third person interviewers.

Invaluable to the overall success of the project was the interest, support, consultation and guidance received from the American Occupational Therapy Association and the Wisconsin Occupational Therapy Association. Our thanks to these professional organizations.

To each of you who was a student, thank you. To members of families, who made adjustments in home life so that someone could take advantage of the opportunity for training, a word of commendation is appropriate.

The successful development of this project, which at one time was just an idea, reflects the interest, cooperation and contributions of many individuals and organizations. To all who were a part of this, our thanks.

Paul F. Fleeer
Project Director

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C H A P T E R I

O R G A N I Z A T I O N

A N D

A D M I N I S T R A T I O N

ORGANIZATION AND ADMINISTRATION

BACKGROUND

In order for a project such as the one described in this report to take place, a climate must exist within the sponsoring agency which is supportive and nurturing. The Wisconsin State Board of Health, whose purpose is to prevent disease, prolong life and enhance physical and mental health, provided such a climate.

In 1957, the Wisconsin State Board of Health established the Division of Chronic Disease and Aging in recognition of the growing importance of chronic disease as a cause of death and disability. Not only were the physical aspects of chronic disease perceived as a part of its concern, but it also recognized the social and emotional concomitants of chronic disease and disability. The Division's mission, then, was viewed broadly in terms of primary as well as secondary prevention, case-finding as well as rehabilitation, institutional as well as home settings, social and emotional as well as the physical well-being of people.

One of the primary needs which was defined was for meaningful activity in nursing homes which would provide residents with opportunities for meeting their continuing need for personal fulfillment and social interaction. The value of activity programs and their contribution to the total care of long-term patients had been well demonstrated as reported in published articles by Bengson,¹ Rusk,² and

¹Evelyn Bengson, "Nursing Homes Want Activity Programs," American Journal of Occupational Therapy, Volume XV:4, 1961.

²Howard Rusk, "Therapeutic Recreation," Hospital Management, 89:4, 1960.

others. Yet too often, it was observed, nursing homes in Wisconsin lacked both adequate activity programs and personnel trained to provide leadership for such programs.

The Chronic Disease and Aging Division assisted nursing homes in this area by including orientation to activity programs in its rehabilitative nursing inservice education institutes and by providing consultation to individual agencies through four district occupational therapy consultants. In addition, one day seminars for nursing home administrators and activity personnel were held in four locations in the state during 1962-63, focusing on the value of activity programs and identifying resources available to help in their development.

Analysis of the effect of these activities and of previously reported studies of geriatric patients, by Blustein,³ Hill⁴ and others provided evidence that the success of activity programs is due in large measure to effective planning and organization carried out by competent leaders. It soon became clear that to produce a cadre of competent personnel it would be necessary to go beyond the inservice education institutes, the consultative visits, and the seminars which were then being conducted by the Division. After exploring various ways of accomplishing

³H. Blustein, "A Rehabilitation Program for Geriatric Patients," Journal of American Geriatrics Society, 7:3, 1960.

⁴Beatrice Hill, "Connecticut's Program for Improved Care in Nursing Homes," Nursing Home Administrator, 13:26, 1959.

⁴Beatrice Hill, "Here's What Recreation Can do for Geriatric Patients," Geriatrics, 16:11, 1961.

this goal, it was decided that the most effective alternative would be to establish an Occupational Therapy Assistants training course.

After achieving the necessary support within the Board of Health, a series of actions was undertaken which led to the occurrence of a number of events which resulted in the successful development and conduct of the Occupational Therapy Assistants training course. These actions and events are described in the section which follows in order to highlight the developmental process and provide basic information and a chronology of the three-year demonstration project. A chronology of the main events occurring during the three-year period is shown on pages 6 and 7 and can serve as a point of reference for the discussion in the next section.

ADVISORY COMMITTEE

Early in the planning stage, personal contact was made with individuals and organizations in the state to assess their interest in the project and enlist their support. Some of those individuals and organizations were subsequently represented on the 17 man advisory committee which first met in December, 1963 (Exhibit A, page 31). This committee was active throughout the project serving as a planning, consulting, reviewing and evaluating body.

STATEWIDE SURVEY

As one of its first actions the advisory committee recommended that all private, non-profit and governmental nursing homes in Wisconsin be surveyed for the purpose of ascertaining interest in, need for, and the possible number of applicants for an Occupational Therapy Assistants training course. In January, 1964, a mail survey of 558 nursing homes in Wisconsin was conducted. The survey clearly

DEMONSTRATION PROJECT

CHRONOLOGY OF EVENTS

November	1963	United States Public Health Service Consultation
December	1963	First Advisory Committee meeting
January	1964	Nursing Home Survey
January	1964	U. S. P. H. S. Consultation
January through May	1964	Preparation and submission of project grant request to U. S. P. H. S.
March through September	1964	Two Advisory Committee meetings Eight Curriculum Committee meetings Three Admissions Committee meetings
May	1964	Consultation visit by American Occupational Therapy Association
June	1964	Recruitment of Course Director
August	1964	U. S. P. H. S. Consultation
August	1964	Project funded
October	1964	Course Director joined staff
October	1964	Selection of students for first class
November through March	1964 1965	First course - Milwaukee
January	1965	U. S. P. H. S. site visit
January	1965	Survey of course American Occupational Therapy Association

(continued - next page)

DEMONSTRATION PROJECT

CHRONOLOGY OF EVENTS

March through July	1965	Second course - Milwaukee
March		Advisory Committee meeting
April	1965	Endorsement of course by American Occupational Therapy Association
October through February	1965 1966	Third course - Madison
March through July	1966	Fourth course - Eau Claire
May	1966	U.S.P.H.S. site visit
October through February	1966 1967	Fifth course - Green Bay
November	1966	Advisory Committee Meeting
March through June	1967	Sixth course - Madison
July	1967	U.S.P.H.S. site visit
July through May	1967 1968	Preparation of final report

documented both the need for the training program and a high level of support for such a program from nursing home administrators. (See Exhibit B, page 33 for details of the survey method and findings.) Suffice it to say that on the basis of a 74 percent return, a significant lack of trained leadership for activity programs in nursing homes was demonstrated. A substantial number of administrators said that they would employ a Certified Occupational Therapy Assistant if one were available and/or indicated that there was a person in their homes whom they would send to such a course. Also, many said that they would contribute financially toward the person's salary and/or expenses. Finally, there was a clear indication that in order to meet the statewide need for competent activity personnel, it would be necessary to conduct the program in more than one geographic area of the state.

PROJECT OBJECTIVES

During the first five months of 1964, a project grant request was prepared and submitted to the United States Public Health Service. Notification that the project had been funded was received in August, 1964. Four objectives were defined for the demonstration project:

1. To develop effective activity programs in nursing homes and other long-term care facilities and agencies by training Certified Occupational Therapy Assistants as activity directors.
2. To develop course content in geriatrics and long-term illness within guidelines established by the American Occupational Therapy Association.

3. To conduct a course in rural areas as well as in metropolitan areas of the state and so determine the practicality and effectiveness of statewide planning for this purpose.
4. To provide Certified Occupational Therapy Assistants with periodic consultation, training, supervision and evaluation from the Occupational Therapy Consultants located in the Wisconsin State Board of Health District Offices.

These objectives served as a focus around which the total program was developed.

EVALUATION

In planning for evaluation, investigation disclosed that there were few previously designed evaluation tools suitable for use in this demonstration project. The development of evaluation procedures by the project staff involved the identification of data to be collected, the development of methods of recording data and the establishment of procedures for collecting data.

Consultation to the project on evaluation was provided by Lawrence Fisher, Ph.D., Office of Research in Medical Education, College of Medicine, University of Illinois and by Richard Whitehill, Ph.D., Department of Educational Psychology, University of Wisconsin. These consultants provided guidance in the establishment of procedures for evaluation as well as assistance in the development of a few of the forms. A number of other forms appearing throughout the report were developed by the course staff for the purpose of recording data.

The complete "Project Evaluation Plan" appears in Exhibit C, Page 46. Throughout the report, as reference is made to the various evaluation tools, the process of development, the procedures for use and a summary of the data collected will be reported.

ADMISSIONS AND CURRICULUM COMMITTEE

During the early months of 1964 prior to the initiation of the project (October 1, 1964), two committees were hard at work. These committees, made up of advisory committee members as well as some additional knowledgeable persons, were the Committee on Admissions and the Committee on Curriculum. The Committee on Admissions developed criteria and procedures for selection of students and, during the project, selected students for each of the courses. More detailed information regarding the work of this committee appears in Chapter II.

CONSULTATION

Contact was initiated at an early stage with the United States Public Health Service in order to determine the availability of funds for supporting this kind of training activity. Consultants from the Regional and Central offices of the United States Public Health Service provided valuable assistance in clarifying objectives and making suggestions on the project grant request. Three site visits during the conduct of the courses were of additional help.

Essential liaison was established during the early planning stage with the American Occupational Therapy Association. Subsequent visits by the Technical Educational Director and the survey team were opportunities for sharing information

and ideas. The course was endorsed by the American Occupational Therapy Association after a survey during the first of the six courses.

PERSONNEL

Over-all responsibility for the administration of the project was carried by the administrator of the Division of Chronic Disease and Aging. In addition, one of the Occupational Therapy Consultants from the Board of Health served as the project coordinator, carrying primary responsibility for the development of the project, chairing the curriculum and admissions committees until the Course Director joined the staff, and provided liaison between other Board of Health units and course staff. In addition, the four district Occupational Therapy Consultants of the State Board of Health contributed time and effort to both the development and implementation of the project. They were, to a large extent, responsible for meeting the fourth objective of the project.

To teach and conduct the program, two full-time Registered Occupational Therapists were recruited and employed. The Course Director was employed on October 1, 1964 and assumed responsibility for course growth and development.

The scope of this responsibility included:

- Administration and implementation of the Occupational Therapy Assistants course at four different locations in the state.
- Chairmanship of the Curriculum and Admission Committees.
- Coordination of the student selection process.
- Planning and coordinating class schedules and teaching classes in the course.

- Planning and conducting follow-up institutes for graduates of the course.
- Carrying out project evaluation procedures.

Initially, planning called for the employment of a second Registered Occupational Therapist in each location at which the course was to be held. This person would function as the Assistant Course Director. During the first two courses two different therapists served as assistant director. This procedure prevented the development of continuity in teaching and administration and created an extremely heavy workload for the Course Director. In addition, considerable time was used in locating and recruiting a qualified assistant.

For these reasons, beginning with Course III, a full-time Assistant Course Director was employed to travel with the course. This allowed the Course Director to permanently assign responsibilities, both administrative and educational, to the assistant and ultimately it resulted in a more creative and continuing program. The responsibilities of the Assistant Course Director included:

- Working with the Course Director in all aspects of administration and implementation of the course at the different locations.
- Planning and coordinating class work with the part-time instructor and guest lecturers.
- Teaching classes, auditing classes and preparing classroom materials.
- Coordinating the practical experience month of the course.
- Participating in the follow-up institutes and evaluation aspects of the project.

Beginning with Course III, a third Registered Occupational Therapist was employed for each course as a part-time instructor. This part-time person was employed in each location to teach selected classes, prepare classroom materials and tests and audit selected lectures. This additional person released the other staff for class preparation and the myriad of administrative duties which attend such a project.

A full-time secretary was employed in each location. Though there would have been merit in having continuity in this position (recruitment and training was time consuming) this arrangement did not produce undue difficulty.

In each course a variety of guest lecturers was used to teach selected parts of the curriculum as recommended by the American Occupational Therapy Association. Details of the participation of the guest lecturers are included in the chapter on Curriculum.

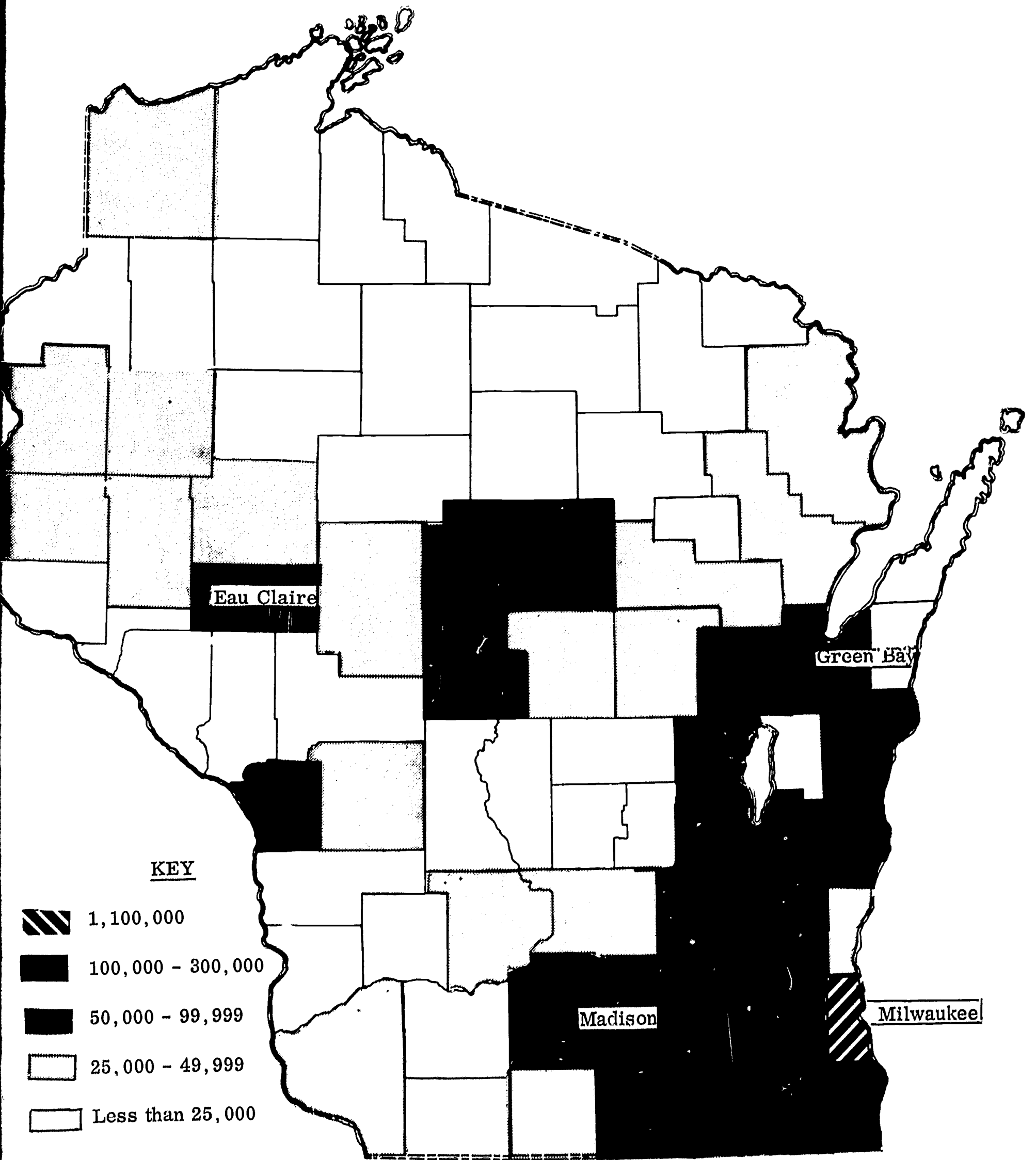
COURSE LOCATIONS

In keeping with the findings of the initial survey, the advisory committee recommended that the course be conducted in four different locations in the state beginning in Milwaukee. The four locations shown on the map, page 14, were Milwaukee, Madison, Eau Claire and Green Bay. Milwaukee was selected for the first two courses because Milwaukee and the southeastern corner of the state contain over one-third of the state's population. The third course was held in Madison, the fourth course in Eau Claire and the fifth course in Green Bay. The sixth and final course was held in Madison because it is the headquarters city for the State Board of Health and because enrollment for the sixth course was opened to persons from all






FIGURE 1

POPULATION DISTRIBUTION IN WISCONSIN

1965



KEY

-  1,100,000
-  100,000 - 300,000
-  50,000 - 99,999
-  25,000 - 49,999
-  Less than 25,000

parts of the state. It will be noted from the map found on page 14 that Madison, Eau Claire and Green Bay are population centers for the southwestern, northwestern and northeastern parts of the state.

MOVING COURSE LOCATION

A number of factors had to be taken into consideration as a result of moving the course from place to place. These factors are divided into five major categories for presentation in this section of the report:

1. A suitable course site in each community.
2. The development of a mobile education unit.
3. Staff to travel with the course.
4. Qualified personnel in each community to assist with the teaching.
5. A sufficient number of agencies to provide one month of supervised practical experience for the students.

SUITABLE COURSE SITES

Members of the project staff contacted health agencies and hospitals in the community to locate possible available facilities for a course site. When potential facilities had been located, visits were made to the agencies to determine the suitability of the space for teaching the course. Consideration was given to:

1. Size of space. Sufficient amount for classroom, workshop and office.
2. Adequacy of space. Lights, heat, water, telephone. Availability of janitorial services.

3. Accessibility of space. Located in an agency in the community so that it was accessible by automobile or public transportation for guest lecturers and students. Also considered was the proximity to facilities for meals and rooms for students.

Although it was not a major problem, the locating of suitable space for a course site in each community necessitated spending time to examine the facilities available in the various agencies. The amount of space obtained varied from 2,300 square feet to 2,800 square feet. In two locations the space was one large room with temporary partitions for office, classroom and workshop. In three locations separate rooms were available for the various activities. In some instances utilities and janitor services were provided by the agency while at other locations the services were purchased. The space for three of the courses was donated.

The first two courses were held at the Milwaukee County Institutions in a building housing a long-term care unit and a rehabilitation center. The third course was held at Madison General Hospital, the fourth at Sacred Heart Hospital in Eau Claire, the fifth in Green Bay at the United Community Service Center and the sixth at a separate building in Madison.

All course sites were readily accessible by public transportation or automobile and adequate free parking was available at each location. During the four courses housed in hospitals, students and staff were able to obtain meals at minimal cost in the hospital cafeteria. Public eating facilities were patronized for the other two courses.

Although the course staff was available for resource information, students living away from home assumed full responsibility for locating and making their own arrangements for living quarters. The students experienced only minor

difficulties in making such living arrangements at location within reasonable proximity of the course site.

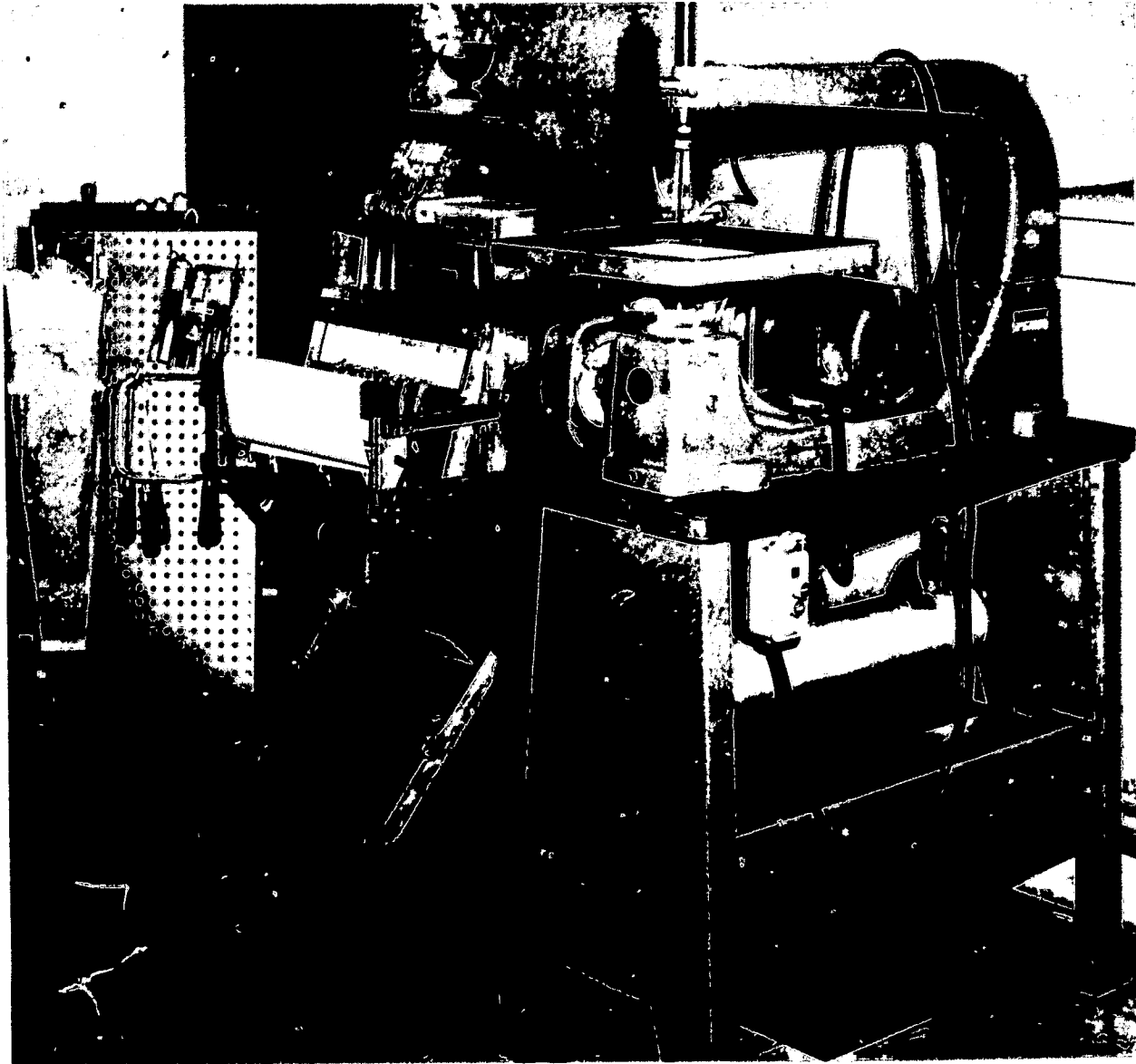


FIGURE 5

SOME OF THE EQUIPMENT IN THE MOBILE EDUCATION UNIT

MOBILE EDUCATION UNIT

To conduct the training course at different geographical locations in the state, it was necessary to plan:

1. An education unit with portable equipment that could be easily moved.
2. A method of moving the unit from location to location.

The education unit was designed to include all items necessary for teaching the four-month course. This included classroom furniture, library books, audio-visual equipment, storage cabinets, workshop equipment and supplies and office equipment. Portability, or a means of making an item portable, was considered in the selection of equipment. As an example, portable standards were purchased for those items normally attached to the wall such as the bulletin board and the chalk board. Shown in Figure 5 are the jig saw, which was one of the heaviest pieces of equipment, the portable tool rack, and a loom with a portable stand. A list of the essential equipment and supplies for a mobile education unit are included in Exhibit D, planning a mobile unit for a class of 16 students.

The complete education unit weighed approximately 10,000 pounds. The moves were accomplished via commercial moving van, loading one day and unloading at the new location the next. The arrangements for and the multitude of details involved in each move were accomplished with little difficulty but each move necessitated an equal amount of planning and organizing since there were always the same number of details to attend.

STAFF

The two permanent full-time employees of the project were the Course Director and Assistant Course Director. In recruitment for these positions, it was essential that the individuals understand the transient nature of the work. The individual had to be willing to travel and to establish a residence in a community for approximately six months. Perhaps two observations about travel and housing are pertinent. First,

the two staff members who traveled with the course found it necessary to spend considerably more time in travel from home base to the course locations than had originally been planned. Second, perhaps the greatest difficulty encountered was that of obtaining suitable living quarters, since the majority of apartment managers were reluctant to lease on a less than one year basis. In one community where there was a housing shortage, suitable quarters were not available and the staff found it necessary to reside in a motel.

QUALIFIED PERSONNEL IN EACH COMMUNITY

As the course moved to the different areas in the state, one of the major responsibilities of the course staff was that of finding qualified personnel to assist with the teaching. In addition to a Registered Occupational Therapist for the position of part-time instructor, this included guest lecturers in the various specialty areas. Considerably more time was needed to locate these personnel than had originally been planned. Time seemed to be the important factor:

1. It took time in each community for the staff to become acquainted with who the qualified personnel might be.
2. It took time to contact and interpret the Occupational Therapy Assistants course to prospective guest lecturers.
3. Once the lecturers had agreed to teach, it took time to plan curriculum content with them.

In order to become acquainted with who and what kinds of guest lecturers might be available in the community, course staff members made personal contacts with health and welfare agencies, community service organizations as well as individuals in the community.

Various methods were used to contact individuals and interpret the training course. Telephone calls were made, letters were written explaining the course and, on several occasions, a staff member attended agency staff meetings to present a brief explanation. While all of these methods were time consuming, they all proved to be very effective in explaining the objectives of the course and the functions of an Occupational Therapy Assistant. It was felt that this type of interpretation was directly reflected in the lecture outlines submitted by the guest lecturers as well as in the lecture content presented in the classroom.

The membership roster of the state Occupational Therapy Association served as the primary source of information for recruitment of a part-time instructor. For three of the courses the part-time instructor was recruited from the "retired ranks," that is, therapists married with young children and not presently employed. Teaching schedules for the part-time instructor were planned, as much as possible, to coordinate with family responsibilities. Locating a Registered Occupational Therapist for the part-time position proved to be almost impossible at two of the course locations. There just were not any therapists in the community. For one course, a therapist employed by a county institution was able to arrange to teach twenty hours, but a therapist for the full one-hundred-sixty hours was not located. For this course additional hours of teaching were assumed by the Course Director and Assistant Course Director.

In each of the four areas of the state in which the course was presented, qualified guest lecturers in the various specialties were obtained. The greatest difficulty was the time involved in locating them and in interpreting the purpose of

the course. In one location, some difficulty was encountered in obtaining physicians to teach since many of them seemed to be more "practice oriented" rather than "education oriented."

AGENCIES FOR PRACTICAL EXPERIENCE

In the four-month Occupational Therapy Assistants Course, one month was devoted to practical experience under the supervision of a Registered Occupational Therapist in a nursing home or long-term care facility. In the Milwaukee area for Courses I and II there was a sufficient number of agencies available to provide facilities for the month of training. When the course location was moved away from the metropolitan Milwaukee area, it became apparent that there were few nursing homes or long-term care facilities employing a Registered Occupational Therapist full time. For this reason, beginning with Course III and continuing through Course VI, it was necessary to make a major change in the course plan. Students were asked to travel beyond commuting distance and to live away from home for their month of practical experience. Careful and complete interpretation of this point was made by the interviewers at the time of interview for the course. A word of commendation is appropriate for the course graduates and their families. For each of the six courses, the course staff was cognizant of the special arrangements and sacrifices that were made by families so that the "student member" could complete this phase of training. It is a real tribute to all of them that, even though many difficulties were encountered, all students who found it necessary to be away from home for the month of training were able to make satisfactory personal and family arrangements. Additional information regarding the number of students commuting daily and the number living away from home may be found in the chapter on Student Selection.

CONTINUING ACTIVITIES FOLLOWING COMPLETION OF PROJECT

At the beginning of the third year discussions were held and plans were initiated for finding ways to continue training Certified Occupational Therapy Assistants for nursing home and hospital settings in Wisconsin following termination of the federally funded demonstration project.

In order to determine whether a continuing need existed for training Occupational Therapy Assistants, a second survey of nursing homes was conducted in the fall of 1966 (Exhibit E, page 54). As a result, the project advisory committee recommended that plans be initiated to incorporate the curriculum into the state's vocational, technical and adult school system. The Madison Area Technical College, Madison, Wisconsin, agreed to incorporate an Occupational Therapy Assistants Course as a part of its cluster of health occupations. Materials and experience from the demonstration project were made available to the Madison Area Technical College. Its first course, which began in February, 1968, was completed six months later. Beginning in September, 1968, the course will become two semesters in length. Liaison has been maintained between the State Board of Health and the Technical College and the Occupational Therapy consultation services from the State Board of Health have been made available to the graduates of the recently completed course. The same availability of consultation will hold true for graduates of all future courses conducted as a part of the state's vocational, technical and adult school system.

The various activities of the State Board of Health continue to provide several kinds of services for Certified Occupational Therapy Assistants. Graduates of the

courses conducted during the three-year project continue to receive consultation free of charge from the state Occupational Therapy Consultants as a part of their normal job responsibilities. The majority of the graduates have participated in one day institutes or seminars on activity sponsored by the State Board of Health and coordinated by the Occupational Therapy Consultants. At several district locations in the state, these have become organized special interest groups meeting regularly for a planned program of continuing education.

Interest and participation in the activities of the professional organization by the Certified Occupational Therapy Assistants continues to increase. As members of the association many of the Certified Occupational Therapy Assistants attend meetings regularly, some have been speakers or members of a panel for a district or state meeting, others have been participants in workshops and a number have accepted appointments to committees. Several are members of an Ad Hoc Committee of the Wisconsin Occupational Therapy Association appointed in 1967 and composed of Registered Occupational Therapists and Certified Occupational Therapy Assistants. The charge to the committee was to explore ways and make recommendations for how the association could serve the needs of the Certified Occupational Therapy Assistant. Following a first year report at the annual meeting of the Wisconsin Occupational Therapy Association, the committee was reappointed and continues to function for a second year.

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CHAPTER I

RESUME OF SALIENT POINTS

BACKGROUND

The Wisconsin State Board of Health, Division of Chronic Disease and Aging, was the sponsoring agency for this project. Through the activities of the Division of Chronic Disease and Aging the need became apparent for finding a way to produce a cadre of competent personnel who could provide leadership for activity programs in nursing homes. After achieving the necessary support within the Board of Health, a series of actions was taken which led to the occurrence of a number of events which resulted in the successful development and conduct of the Occupational Therapy Assistants training program.

CHRONOLOGY OF EVENTS

Planning for the project began in November, 1963. The project grant was received from the United States Public Health Service, August, 1964. The first course began in November, 1964. The sixth and final course was completed June, 1967. The final report was prepared July, 1967 through May, 1968.

ADVISORY COMMITTEE

The Advisory Committee which first met in December, 1963, was active throughout the project, serving as a planning, consulting, reviewing and evaluating body.

STATE-WIDE SURVEY

A state-wide survey of all private, non-profit and governmental nursing homes in Wisconsin documented both the need for the training program and a high level of support for such a program from nursing home administrators. The survey also clearly indicated that in order to meet the state-wide need for competent activity personnel, it would be necessary to conduct the program in more than one geographic area of the state.

PROJECT OBJECTIVES

Four major objectives, page 8 and 9, served as the focus around which the demonstration project was developed.

EVALUATION

Because there were few previously designed tools suitable for use in a project such as this the development of evaluation procedures involved the identification of data to be collected, the development of methods of recording data, and the establishment of procedures for collecting data.

CONSULTATION

During the planning phase and throughout the project, valuable assistance and consultation was provided by representatives from the Regional and Central offices of the United States Public Health Service.

Essential liaison was established during the early planning phase of the project with the American Occupational Therapy Association. Subsequent visits by representatives of the organization provided opportunities for sharing information and ideas.

PROJECT PERSONNEL

Overall responsibility for the administration of the project was carried by the administrator of the Division of Chronic Disease and Aging. One of the Occupational Therapy Consultants from the Board of Health served as project coordinator. To teach and conduct the course, two full-time Registered Occupational Therapists were recruited and employed -- Course Director and Assistant Course Director. Beginning with Course III, a Registered Occupational Therapist was employed as part-time instructor to assist with the teaching. A full-time secretary was employed at each course location. Guest lecturers taught selected parts of the curriculum for each course.

MOVING COURSE LOCATION

In keeping with the findings of the initial state-wide survey, the course was conducted in four different geographical locations in the state. Five items were of major importance in arranging to move the course to different geographical locations. These were: finding a suitable course site in each community, the development of a mobile education unit, the employment of staff to travel with the course, the availability of qualified personnel in each community to assist with the teaching, and the locating of a sufficient number of agencies to provide one month of supervised practical experience for the students.

MAJOR CHANGE IN PLAN

When the project headquarters were moved away from the metropolitan area of the state during the second and third year, it was necessary to make one major change in the plan for the course. Students were asked to travel beyond commuting distance and to live away from home for their month of practical experience. This arrangement was necessary because there was an insufficient number of nursing homes and/or long term care facilities employing a Registered Occupational Therapist full-time to provide supervision for the students. Careful interpretation of this aspect of the course was made to each prospective student at the time of the personal interview.

CONTINUING ACTIVITIES

Several activities are continuing following completion of the project. A second survey of nursing homes in Wisconsin was conducted in the fall of 1966 to determine the continuing need for trained personnel. An Occupational Therapy Assistant's course has been incorporated as a part of the health occupations cluster in one of the state's vocational, technical and adult schools. The State Board of Health continues to provide several kinds of services for Certified Occupational Therapy Assistants. Many of the Certified Occupational Therapy Assistants are participating in the activities of the professional organization.

A P P E N D I X I

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Mr. Harold Frey, Administrator
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Miss Toni Merrill
Recreational Consultant
Division of Public Assistance
Wisconsin State Department of
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Madison, Wisconsin

Exhibit A. (Continued)

ADVISORY COMMITTEE

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C. Panagis, M.D.
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Miss Beatrice Palen, R. N.
 Wisconsin State Board of
 Vocational and Adult Education
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Mrs. Mildred Zimmermann
 Wisconsin State Commission on Aging
 Madison, Wisconsin

Mr. Orville Pick, Administrator
 Sauk-Prairie Memorial Hospital
 Prairie du Sac, Wisconsin

SURVEY OF WISCONSIN NURSING HOMES
Supporting Data and Other Information
January, 1964

In Wisconsin, in order to determine accurately the present state of activity program development in nursing homes, including the kind of leadership being employed, and to assess other factors pertinent to the proposed establishment of a course to train activity program directors, a mail survey was conducted by the Wisconsin State Board of Health. A questionnaire, a cover letter, and a stamped, addressed return envelope were sent to five hundred fifty-eight proprietary and governmental nursing homes in Wisconsin (see Exhibits A and B). Three weeks later, a second mailing enclosing another copy of the questionnaire, a cover letter, and a stamped, addressed return envelope, was sent to all of those homes which failed to respond to the initial mailing (see Exhibit C). Data from the returns of both mailings were tabulated and analyzed.

Table I. Number and Per Cent of Usable Survey Returns by Bed Capacity

Bed Capacity	Total Number Wisconsin Nursing Homes	1st Mailing		2nd Mailing		Total	
		No.	%	No.	%	No.	%
Under 10	66	12	18	40	61	52	79
11 to 25	236	62	26	81	34	143	60
26 to 50	129	40	31	68	53	108	84
51 to 100	76	33	43	31	41	64	84
Over 100	51	31	61	16	31	47	92
TOTAL	558	178	32	236	42	414	74

A total of 414 returns was used in the tabulation. An additional 14 were received late and not included, and an additional 16 were received with information too scanty or vague to allow tabulation.

The first mailing produced a 32 percent return (178) and the second an additional 42 percent (236) of the 558 homes surveyed. Combined returns (first and second mailing) of usable responses were 74 percent (414). It can be seen in Table I that a higher percent of returns were received from the larger homes than from the smaller with the exception of the homes with less than ten beds.

Exhibit B. (Continued)

Table II. Number and Percent of Usable Survey Returns Compared to the Total Number and Percent of Nursing Homes in Wisconsin by Bed Capacity

Bed Capacity	Survey Returns		Nursing Homes	
	No.	%	No.	%
Under 10	52	13	66	12
11 to 25	143	35	236	42
26 to 50	108	26	129	23
51 to 100	64	15	76	14
Over 100	47	11	51	9
TOTAL	414	100	558	100

The distribution of the survey response by bed capacity is very close to the distribution of the 558 nursing homes in the population by bed capacity (Table II). Homes in the 11 to 25 bed class varied the most from the population. Eleven to 25 bed homes make up 42 percent of the total licensed, but made up only 35 percent of the returns. This is a negligible error.

The survey results are included in the next five parts of this section.

PRESENT ACTIVITY PROGRAMS AND PERSONNEL

Response to question one on the survey indicated that 175 or 42.3 percent of the 414 homes which returned the questionnaire provide some kind of activity for their residents (see Table III, Page 3). In addition, there is a positive relationship between the size of the home (i. e. number of beds) and the provision of an activity program. The following can be seen from Table III:

33.3 percent of the homes with under 10 beds have an activity program

30.2 percent of the homes with 11 to 25 beds have an activity program

38.3 percent of the homes with 26 to 50 beds have an activity program

48.5 percent of the homes with 51 to 100 beds have an activity program

89.6 percent of the homes with 100 beds have an activity program

Since the term "planned activity program" was not defined in the survey, probably various levels of programming are indicated by the affirmative answers, ranging from a once monthly activity to a well-planned daily program designed to meet residents' needs.

Response to question one further revealed that of the responding homes which have an activity program, 107 or 23.1 percent have a specific person responsible for the activity program. This was more frequently true of the larger homes.

Exhibit B. (Continued)

The last part of question one sought to determine who is the activity program director: the home administrator (self), a volunteer, or an employee. Sixty-seven answered "self", 50 answered "volunteer", and 80 answered "employee." Seven checked both "self" and "volunteer," 6 checked both "self" and "employee," 3 checked both "volunteer" and "employee," and 7 checked all three choices.

The discrepancy between the number of homes with "a specific person responsible for the activity program" (107) and the total number of "specific" persons (197) arises from multiple answers to the last part of the question.

It can be seen from Table III that responsibility for the activity program is more frequently assumed by the home administrator in smaller nursing homes than in larger homes. Several of these administrators commented that they have insufficient time and skill for this activity, while others indicated the lack of an employee who could function in this capacity.

The frequency with which volunteers serve as activity program directors as shown in the survey might be misleading. There is some evidence to indicate that a considerable proportion of these responses probably includes groups of volunteers who visit the nursing homes. Experience has shown that this kind of arrangement is not too effective. Activities tend to be vicarious and narrow in scope rather than geared to meet individual patient's needs, infrequent and irregular, and lacking in continuity and variety. This, of course, does not detract from the value of volunteer services in nursing homes, but points out the limitations of untrained, voluntary leadership of activity programs.

According to Table III, employees are assigned responsibility for activity programs more frequently in larger homes than in smaller. Employees who are assigned responsibility for planned activity in nursing homes fall into one or two categories: professionally trained or untrained persons. Professional personnel presently employed to conduct activity programs in institutions and public health agencies in Wisconsin are extremely limited in number. On the basis of comments made on the returned questionnaires and of the knowledge of State Board of Health personnel, only about 18 registered occupational therapists and 2 trained recreation therapists are employed full-time or part-time in Wisconsin nursing homes. As might be expected, the majority of these (16) are employed by institutions with more than 100 beds. Currently, no public health agency has a professional occupational or recreation therapist on its staff. There are approximately 140 unemployed registered occupational therapists in Wisconsin who are a potential source of trained personnel for nursing homes. In a few instances such persons have been successfully encouraged to become so employed. However, the majority of these occupational therapists, and the few trained recreation therapists seem to have neither the time nor the interest to return to work. Their place of residence, which is most commonly in the southern third of the state, further restricts their potential use in meeting the need for trained activity program directors.

Exhibit B. (Continued)

Table IV. Number of Homes and Bed Capacities by Size

Size	Homes		Bed Capacities	
	Number	% of Total	Number	% of Total
Under 10	66	12	515	2
11 to 25	236	42	4,257	18
26 to 50	129	23	4,483	18
51 to 100	76	14	5,443	22
Over 100	51	9	9,693	40
Total	558	100	24,391	100

Table V. Homes by Type of Ownership

Ownership	Homes		Bed Capacities	
	Number	% of Total	Number	% of Total
GOVERNMENTAL:				
City	7	1	329	1
County <u>1/</u>	38	7	6,013	25
State <u>2/</u>	1	1	194	1
NONGOVERNMENTAL:				
Proprietary --				
Individual	253	45	5,011	20
Partnership	96	17	2,818	12
Corporation	52	9	2,453	10
Nonprofit Assn.	32	6	1,721	7
N. P. A. - Church	79	14	5,852	24
Total	558	100	24,391	100

1/ County operated homes are approved by the State Department of Public Welfare, Division of Public Assistance.

2/ The home for State Veterans is under the jurisdiction of the State Department of Veterans Affairs.

Note: All other types of ownership require licensure by the State Board of Health.

Exhibit B. (Continued)

It is evident, then, that most nursing home employees who function as activity program directors are essentially untrained. Furthermore, activity program direction is usually a part-time assignment. Comments appearing on many questionnaires evidenced a recognition of the need for better trained activity program directors and for more planned activity. At the present time in Wisconsin, there is no source of trained sub-professional persons who might serve as activity directors in nursing homes.

To summarize, at the present time in Wisconsin, leadership for planned activity programs is provided in various ways. In a relatively small number of institutions it is given by a registered occupational therapist or a trained recreation therapist. In other situations essentially untrained employees assume this role. Frequently in smaller institutions the owner or manager may function in this capacity. In most instances, however, there is little or no leadership. As a result, efforts to provide planned activity, however sincere, are irregular, involve little organization, planning and leadership, and thus meet with limited success.

POTENTIAL ACTIVITY PROGRAMS

According to the survey (question two), 99 homes are considering developing an activity program. Seventy-eight indicated when they intend to begin: 20 now, 20 in six months, and 38 in one year or more.

POTENTIAL FOR PLACEMENT OF PERSONNEL

There exists in Wisconsin a considerable potential for placement of Certified Occupational Therapy Assistants. There is a total of 558 governmental and non-governmental nursing homes with a total bed capacity of 24,391 (see Tables IV and V, Page 6). It may be significant to mention that 43 of these nursing homes are attached to hospitals, providing unique opportunities for the use of Certified Occupational Therapy Assistants in the care of acute and chronic patients functioning both in activity and rehabilitative programs.

Of the 414 homes responding to the survey, 168 or 40.6 percent indicated in response to question three that they would employ a Certified Occupational Therapy Assistant to direct their activity program if one were available. Nineteen indicated interest in a full-time person, while 150 indicated interest in a part-time person. Of the 150, 30 checked three or four days a week and 120 checked two days or less a week.

Also it is believed that selected official and voluntary public health agencies present potential locations in which activity programs might be developed for home-bound patients. At present four official and one voluntary agency (West Allis City Health Department, Marquette County Nursing Service, Price County Nursing Service, Door County Nursing Service, Madison Visiting Nurse Service) are known to have a

Exhibit B. (Continued)

total of 78 volunteers who provide activity and friendly visitor services to about 366 long-term patients in institutions and at home.

AVAILABILITY OF TRAINEES

The survey was helpful in estimating how many persons presently employed in nursing homes might be available or interested in taking an Occupational Therapy Assistants course. According to survey question four, 108 of the 414 responding nursing homes have an eligible person whom they would send to such a course.

Response to question five indicates that 114 eligible persons would attend only if the course were held within daily commuting distance, while 21 would attend even if the course were held beyond daily commuting distance. This gives a total of 135 persons representing about 33 percent of 414 homes.

In addition to affirming the fact that there are a substantial number of persons presently employed in nursing homes in Wisconsin who might attend the course, the response to these two questions gives evidence of administrators' support of the project. Because of the wording of question four, a number of administrators apparently felt "left out." Several commented that they would like to attend the course themselves if it were permissible. Others commented that they had no eligible person at present, but would send one if one were available. These factors probably largely account for the fact that there are more affirmative answers to question five than to question four.

It seemed of some value to know how many of those with an eligible person ("yes" to question four) indicated a need for only part-time help ("yes" to question three, last two sections). This correlation showed 16 needing a Certified Occupational Therapy Assistant three to four days a week, and 44 for two days or less per week. These 60 homes comprise 56 percent of those responding affirmatively to question four. Of the 16, 81 percent occurred in homes between 26 and 100 beds; and of the 44, 75 percent occurred in homes between 11 and 50 beds. One might surmise that the Certified Occupational Therapy Assistants employed in these 60 homes will carry responsibilities other than activity program direction, at least initially. This would seem to be particularly likely in the smaller homes.

The attached map of Wisconsin (Exhibit D) shows the location of the 135 persons (or homes) which responded affirmatively to question five. It is readily apparent that in order to meet the need of the largest number of homes by making the course available to the eligible persons, the course must be held in several convenient locations in the state. Milwaukee County, Dane County and Winnebago County all seem likely locations with the possibility later on of locating a course in the western or north-western part of the state.

Exhibit B. (Continued)

FINANCIAL SUPPORT OF TRAINEES BY NURSING HOME ADMINISTRATORS

The willingness of nursing home administrators to financially contribute to the training of one of their employees as a Certified Occupational Therapy Assistant is shown by the responses to survey question six.

Summary of Responses to Survey Question Six

6a. How much of the cost (for travel, tuition, room and board) would you be willing to assume in sending a person to the four-month course?

None	120
\$25 - 50	13
\$50 - 100	21
\$100 - 200	14
\$200 - 400	17
Over \$400	0

6b. How much of the person's salary would you continue while he is attending the course?

None	94	Partial	38	Full	25
----------------	----	-------------------	----	----------------	----

It can be seen from the responses to question six that 65 administrators (15.7 percent) would pay some cost for their employee's travel, tuition, room and board, et cetera, and 63 (15.2 percent) would continue to pay part or all of the employee's salary.

A cross tabulation of parts a and b of question six revealed that of those who did not respond to 6a or who checked "none", 15 would continue part or full salary. If these 15 are added to the 65 who responded affirmatively to 6a, there is a total of 80 (19.3 percent) administrators who would contribute financially by paying some of the cost and/or part or full salary.

SUMMARY

A mail survey was conducted by the Wisconsin State Board of Health of all 558 nursing homes and county homes in the state. The survey sought to elicit information to determine the need for a course to train activity program directors. The information from 414 usable replies has been reported and discussed.

The results of this survey show the number of activity programs in Wisconsin nursing homes and the kind of leadership being employed. There is evidence that a substantial number of nursing home administrators recognize the need for trained activity program directors and would actively support a course to train Certified Therapy Assistants.

Exhibit B. (Continued)

Exhibit A of Nursing Home Survey

January 3, 1964

Dear Administrator:

I am sure you are aware that in the past several years increasing emphasis has been placed on the provision of activity for the long-term patient. Nursing homes are recognizing the importance of developing planned activity programs which meet the physical, social and emotional needs of residents and thus improve or maintain physical and mental abilities. An activity program often includes participation in crafts, parties, games, discussions, outings and entertainment.

To achieve best results it is generally necessary to have one individual responsible for planning and conducting such a program. When professional occupational and recreational therapists are available, they can meet this need. However, this is frequently not the case.

In order to meet the need for trained personnel to conduct activity programs a few states have sponsored a course developed by the American Occupational Therapy Association for Certified Occupational Therapy Assistants in geriatrics and long-term illness. This course is relatively new and is receiving considerable attention. Here in Wisconsin there have been expressions of interest in this course. Regional activity program institutes which were held during the last eighteen months in Wisconsin focused on the need for a leader, as well as other essentials of activity programming. Consideration of the course is an outgrowth of these institutes. In order to determine if there is need and desire for a Certified Occupational Therapy Assistants Course, the Wisconsin State Board of Health is seeking the help of nursing home administrators by asking them to complete and return the enclosed questionnaire.

Now, a word about the course. The objective of the course for Certified Occupational Therapy Assistants is to train individuals to develop and conduct activity programs in long-term care facilities. The length of the course is full time for approximately four months and includes lectures, instruction in skills, and practical experience. Content would include description of diseases, understanding of patients, objectives of activity programs, and appropriate selection of activity. Requirements for admission to the course include age between 18 and 55, high school graduation, and good health. The applicant may or may not be employed presently in a nursing home. Upon successful completion of the course, the graduate is eligible for certification by the American Occupational Therapy Association and for membership in that organization.

The responsibilities of a Certified Occupational Therapy Assistant in a nursing home would include determination of individual patient interests; planning and conducting a comprehensive program to meet patient needs through individual and group activities;

Exhibit B. (Continued)

Exhibit A of Nursing Home Survey

and recruitment, training, and supervision of volunteers. An assistant could be employed full-time in one home or could be shared by several homes working part-time in each home. Individuals certified as Occupational Therapy Assistants are encouraged to seek supervision or consultation from a Registered Occupational Therapist. This consultation may be as frequent as the Certified Occupational Therapy Assistant and the institution feel advisable or as infrequent as once every four months. In Wisconsin this service would be provided at no cost to the institution by the occupational therapy consultants of the State Board of Health.

Your appraisal of the need for a Certified Occupational Therapy Assistant in your nursing home will help determine whether such a course should be held in Wisconsin. It is important to know if nursing home administrators would support this course by sending someone from their home or by employing a Certified Occupational Therapy Assistant on a part-time or full-time basis. Will you, therefore, complete the enclosed questionnaire and mail it in the stamped envelope by January 10, 1964.

Please understand that this does not obligate you in any way.

Thank you for your cooperation.

Sincerely yours,

Milton Feig, M.D.
Acting Director
Division of Chronic Disease and Aging

Enclosures

Exhibit B. (Continued)

Exhibit B of Nursing Home Survey
WISCONSIN STATE BOARD OF HEALTH
 Division of Chronic Disease and Aging
SURVEY OF NEED FOR CERTIFIED OCCUPATIONAL THERAPY ASSISTANTS

- | | | |
|--|--|---|
| 1. Do you now have a planned activity program?
If <u>yes</u> , do you have a specific person responsible for the activity program?
If <u>yes</u> , check one: | 1. <input type="checkbox"/> YES
<input type="checkbox"/> YES

<input type="checkbox"/> SELF
<input type="checkbox"/> EMPLOYEE | <input type="checkbox"/> NO
<input type="checkbox"/> NO

<input type="checkbox"/> VOLUNTEER
<input type="checkbox"/> EMPLOYEE |
| 2. If you do not presently have an activity program are you considering developing one?
If <u>yes</u> , when do you intend to begin? | 2. <input type="checkbox"/> YES

<input type="checkbox"/> NOW
<input type="checkbox"/> IN 1 YR. | <input type="checkbox"/> NO

<input type="checkbox"/> IN 6 MOS.
<input type="checkbox"/> IN 2 YRS. |
| 3. If one were available, would you employ a certified occupational therapy assistant (as described in the accompanying letter) to direct your activity program?
If <u>yes</u> , check one: | 3. <input type="checkbox"/> YES

<input type="checkbox"/> FULL TIME
<input type="checkbox"/> 3 OR 4 DAYS A WEEK
<input type="checkbox"/> 2 DAYS OR LESS A WEEK | <input type="checkbox"/> NO |
| 4. Would there be an eligible person (high school graduate, age 18-55) from your home whom you would send to a certified occupational therapy assistants course (of approximately 4 months)? | 4. <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Would this eligible person from your home attend the course----
a. if the course were held <u>within</u> daily commuting distance?
b. if the course were held <u>beyond</u> daily commuting distance? | 5a. <input type="checkbox"/> YES

5b. <input type="checkbox"/> YES | <input type="checkbox"/> NO

<input type="checkbox"/> NO |
| 6a. How much of the cost (for travel, tuition, room and board) would you be willing to assume in sending a person to the four-month course? | 6a. <input type="checkbox"/> NONE
<input type="checkbox"/> \$ 50 - 100
<input type="checkbox"/> \$200 - 400 | <input type="checkbox"/> \$ 25 - 50
<input type="checkbox"/> \$100 - 200
<input type="checkbox"/> OVER \$400 |
| 6b. How much of the person's salary would you continue while he is attending the course? | 6b. <input type="checkbox"/> NONE
<input type="checkbox"/> FULL | <input type="checkbox"/> PARTIAL |

COMMENTS:

Number of licensed beds: UNDER 10 BEDS
 26 TO 50 BEDS

11 TO 25 BEDS
 51 TO 100 BEDS

11 TO 25 BEDS
 OVER 100 BEDS

Nursing Home: _____

Signature: _____

Address: _____

Title: _____

"PLEASE MAIL IMMEDIATELY"

Exhibit B. (Continued)

Exhibit C of Nursing Home Survey

January 21, 1964

Dear Administrator:

Recently you received a letter and questionnaire seeking information about your need for Certified Occupational Therapy Assistants. The Wisconsin State Board of Health is considering development of a full-time, four-month course to train individuals to develop and conduct activity programs in long-term care facilities.

We are most interested in your appraisal of your need for Certified Occupational Therapy Assistants. As yet, we have not received your completed questionnaire. Would you please complete the enclosed questionnaire and return it as soon as possible? If you have already mailed your reply, please ignore this letter.

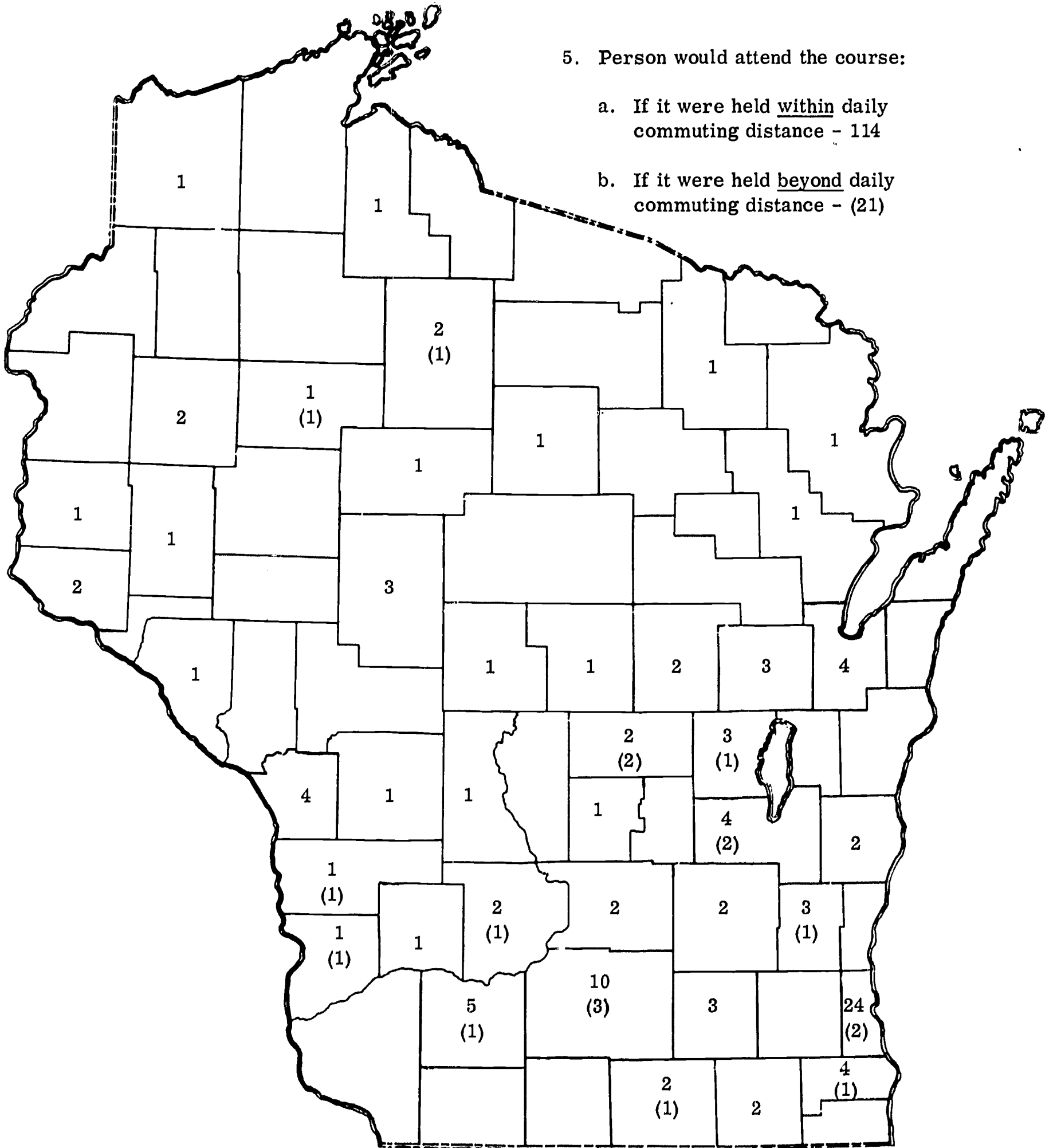
Again thank you for your cooperation.

Sincerely yours,

Milton Feig, M.D.
Acting Director
Division of Chronic Disease and Aging

Enclosures

Number and Location of Nursing Homes Which Responded Affirmatively to Survey Question Five



PROJECT EVALUATION PLAN

OBJECTIVE ONE:

To develop effective activity programs in nursing homes and other long-term care facilities and agencies by training Certified Occupational Therapy Assistants as activity directors.

Evaluation Methods:

To identify the change that occurs in an institution's activity program as a result of the employment of a Certified Occupational Therapy Assistant, the activity program will be evaluated before the employment of a Certified Occupational Therapy Assistant, and twelve months after employment. The evaluation will be accomplished by interviewing the administrator and/or other key personnel to seek answers to specific questions regarding patient census, activities, kinds of patient participation in programs, personnel, budget, records, area and equipment. Interviews will be conducted by disinterested third parties to assure collection of objective data.

OBJECTIVE TWO:

To develop course content in geriatrics and long-term illness within guidelines established by the American Occupational Therapy Association.

Evaluation Methods:

To measure the effectiveness of the course content, each student's knowledge, skill, attitudes and performance before and after the training course will be evaluated. The following procedure will be implemented:

- (1) Pre-testing of student's knowledge and skill will be done prior to the introduction of the curriculum unit. Post tests will be administered following the teaching of the unit and the results will be recorded.

Exhibit C. (Continued)

- (2) A performance rating form developed by the project staff will be used by students for self-evaluation and by the Course Director and Assistant Director to aid their evaluation of each student.
- (3) At the close of one month of practical experience, each student's performance will be evaluated by supervisors of practical experience using the performance rating form obtained from the American Occupational Therapy Association.
- (4) At the close of the four months training, a final examination will be administered covering two areas:
 - (a) Test of knowledge of the material taught.
 - (b) Test situation (oral problem-solving question).
- (5) Twelve months after completion of the course, a representative selection of questions from the course final examination will be given again to the Occupational Therapy Assistants. This will indicate the amount of information retained, provide information on the effectiveness of the curriculum and indicate areas needing change and revision.
- (6) The evaluation of the institution's activity program through an interview with the administrator (outlined in Objective One) will provide an indirect measure of the Occupational Therapy Assistant's performance.
- (7) A direct questionnaire to determine the Occupational Therapy Assistant's perception of his job will be administered at the beginning of the training course and twelve months after the course, to provide information on attitude change.

Exhibit C. (Continued)

- (8) Anecdotal records will be maintained by the Course Director to supplement the above information.

OBJECTIVE THREE:

To conduct the course in rural areas as well as in metropolitan areas of the state and so determine the practicality and effectiveness of statewide planning for this purpose.

Evaluation Methods:

For each course a narrative record will be kept of procedures followed and problems encountered in developing and conducting the course; the selection, training, placement and supervision of students, as well as other significant factors. At the end of the three-year project a comparative analysis will be completed.

OBJECTIVE FOUR:

To provide Certified Occupational Therapy Assistants with periodic consultation, training, supervision and evaluation from the Occupational Therapy Consultants located in the Wisconsin State Board of Health district offices.

Evaluation Methods:

- (1) Certified Occupational Therapy Assistants will receive periodic consultation from the State Board of Health's Occupational Therapy Consultants. Consultants will keep anecdotal records of consultative visits and will record the following information: date of consultation, from whom the request came, problems, recommended action and follow-up by Certified Occupational Therapy Assistants and additional interpretative comments. This information will be analyzed.
- (2) Improvement in job performance reflected in the activity program evaluation described previously may also provide a measure of the effective use of consultation when compared with the anecdotal material mentioned in item (1).

Exhibit C. (Continued)

- (3) One-day institutes will be conducted one year following the completion of each course to upgrade the skill and knowledge of the Certified Occupational Therapy Assistants. These institutes will be conducted by the Course Director and the district Occupational Therapy Consultants. At the same time, a representative selection of questions from the course final examination and the direct questionnaire to determine perception of the job will be administered to the Occupational Therapy Assistants. Anecdotal information will be recorded, and it will be analyzed at the end of the project.

IMPACT MEASUREMENT AND FACTOR CONTROLMethod:

To assure the objectivity and validity of the evaluation findings in relation to the achievement of the project objectives, it is necessary to measure other factors that may affect the results. Such factors are the attitudes of the administrators, the nursing directors and the immediate supervisors of the occupational therapy assistants, as well as the attitudes and personality structure of the assistants themselves. To measure these factors and their relationship to the attainment of the project objectives, the procedure outlined below has been developed:

- (1) Administrators, nursing directors and immediate supervisors will complete two questionnaires before, and twelve months after, employment of the Certified Occupational Therapy Assistant.
 - (a) A tested research questionnaire will provide information on the individual's ability to change.
 - (b) A direct questionnaire will provide information on the individual's perception of an activity program and the role of the Certified Occupational Therapy Assistant.

Exhibit C. (Continued)

- (2) Certified Occupational Therapy Assistants will complete two questionnaires during the first month of the training period and twelve months after the completion of training.
 - (a) A tested research questionnaire will provide information on individual's ability to change.
 - (b) A direct questionnaire will provide information on the individual's attitudes toward his job.
- (3) The Edwards Personal Preference Schedule will be administered to the students the first month of training to provide a personality profile.

MOBILE EDUCATION UNITBASIC OFFICE EQUIPMENT

<u>2</u> CHAIRS, executive swivel*	<u>1</u> POSTAL SCALE
<u>1</u> CHAIR, stenographer swivel*	<u>1</u> SPEED-O-SCOPE
<u>2</u> DESKS, executive*	<u>1</u> STENCIL PRINTER, manual
<u>1</u> DESK, stenographer*	<u>1</u> STENOCORD
<u>4</u> FILE CABINETS, four drawer*	<u>1</u> TYPEWRITER, electric
	<u>1</u> TYPEWRITER TABLE

Approximate Cost: \$1500.00

*Obtained from state surplus

Exhibit D. (Continued)

MOBILE EDUCATION UNITBASIC OFFICE SUPPLIES

BOOK ENDS	RUBBER CEMENT
DESK BLOTTERS	RULERS
DESK CALENDARS	SCISSORS
DICTIONARY	STAPLE REMOVER
ENVELOPES, several sizes	STAPLERS
FILE CARDS, 3 x 5, 4 x 6	STAPLES
FILE FOLDERS	STENCIL FILE BOXES
INK, MIMEOGRAPH	STENCIL MASTERS
MAGIC MARKERS	TAPE, scotch and masking
PAPER	TAPE DISPENSERS
Carbon Onion skin	TYPEWRITER RIBBON
Bond Scratch	TYPING ERASERS
Mimeograph	WASTE BASKETS
Writing pads	
PAPER CLIPS	
PAPER PUNCH, three hole	
PENCILS, black and red lead	
PENS	
POSTAGE STAMPS	
RUBBER BANDS	

Approximate Cost: \$300.00

Exhibit D. (Continued)

MOBILE EDUCATION UNITBASIC EQUIPMENT - CLASSROOM AND WORKSHOP

AUDIOVISUAL MATERIALS	<u>1</u> LECTURN
BOOKS, Reference	<u>1</u> MOVIE PROJECTOR, loan
<u>1</u> BOOK CASES	<u>1</u> PAPER CUTTER
<u>2</u> BULLETIN BOARDS, with easel	<u>2</u> PENCIL SHARPENERS
<u>18</u> CHAIRS, straight, armless*	<u>1</u> PHONOGRAPH
<u>17</u> CHAIRS, with table arms	<u>1</u> SCREEN, loan
<u>1</u> CHALK BOARD, reversible	<u>1</u> SLIDE PROJECTOR, loan
CLEANING EQUIPMENT	<u>1</u> STOCK CART
Broom	<u>6</u> STORAGE CABINETS, 36"x24"x78"
Brushes	<u>4</u> TABLES, folding
Dust pan	<u>1</u> TAPE RECORDER
<u>1</u> DYMO TAPE WRITER	<u>4</u> WASTE BASKETS
<u>1</u> COAT RACK	<u>2</u> WALL CLOCKS
<u>1</u> FLIP CHART EASEL	
Approximate Cost: \$2200.00	

BASIC SUPPLIES - CLASSROOM

BROWN WRAPPING PAPER, 24" roll	FLIP CHART PADS
CHALK	PHONOGRAPH RECORDS
ERASERS	RECORDING TAPE
FIRST AID KIT	TAPES, for dymo tape writer
Approximate Cost: \$ 75.00	

*Obtained from state surplus

SURVEY II OF ACTIVITY PROGRAMS IN WISCONSIN NURSING HOMES
OCTOBER 1966

BACKGROUND

In January of 1964 a mail survey was conducted by the Wisconsin State Board of Health in order to determine accurately the state of activity program development in nursing homes in Wisconsin, including the kind of leadership being employed, and to assess other factors pertinent to a proposed course to train activity program directors.

On the basis of response to the survey, an occupational therapy assistants training project was established by the State Board of Health under a three-year grant from the U.S. Public Health Service. The first of six four-month courses was begun in October, 1964. The sixth course will be held beginning in March, 1967.

At the beginning of the fifth course and the third year of the project, it was decided to re-assess the state of activity program development in nursing homes in Wisconsin (a) to determine what changes had taken place during the previous two and one-half years and (b) to ascertain the need for continuing to train activity program directors. In order to get comparable data, it was decided to repeat the survey conducted previously, using the same method and the same questionnaire. This was accomplished in October, 1966.

This report will detail the results of the second survey and make significant comparisons with the first.

SURVEY METHOD

A questionnaire, a cover letter and a stamped, addressed return envelope were sent to five hundred forty-two proprietary and governmental nursing homes in Wisconsin (see Exhibits A and B). Three weeks later a second mailing enclosing another copy of the questionnaire, a cover letter and a stamped, addressed return envelope were sent to all of those homes which failed to respond to the initial mailing (see Exhibit C). Data from the returns of both mailings were tabulated and analyzed.

NUMBER OF HOMES, NUMBER OF BEDS, AND TYPE OF OWNERSHIP OF WISCONSIN NURSING HOMES

It is significant to an analysis of the survey data to compare the number of homes, number of beds and type of ownership of nursing homes in Wisconsin at the time of Survey I and Survey II.

Exhibit E. (Continued)

TABLE I. Number of Homes and Number of Beds by Bed Capacity at Time of Survey I (1/64) and Survey II (10/66)

Bed Capacity	Homes				Beds				Change			
	Survey I		Survey II		Survey I		Survey II		Homes		Beds	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Under 10	66	12	30	6	515	2	247	1	-36	-55	-268	-52
11 to 25	236	42	181	33	4,257	18	3,306	10	-55	-23	-951	-22
26 to 50	129	23	150	28	4,483	18	5,420	17	+21	+16	+937	+21
51 to 100	76	14	98	18	5,443	22	6,906	22	+22	+29	+1,463	+27
Over 100	51	9	83	15	9,693	40	16,113	50	+32	+63	+6,420	+66
TOTAL	558	100	542	100	24,391	100	31,992	100	-16	-3	+7,601	+31

At the time of Survey II (October 1966), there were 16 fewer nursing homes in Wisconsin — 542 cf. 558 and 7,601 more beds — 31,992 cf. 24,391 (see Table I). This constitutes a 3% decrease in the total number of homes and a 31% increase in the total number of beds. Decreases in the number and proportion of homes and beds occurred in the Under 10 and the 11 to 25 bed categories (91 fewer homes and 1,219 fewer beds). At the same time, the number and proportion of homes and beds in the three upper categories increased (75 more homes and 8,820 more beds).

Exhibit E. (Continued)

TABLE II. Number of Homes and Number of Beds by Type of Ownership
At Time of Survey I (1/64) and Survey II (10/66)

Ownership	Homes				Beds				Change			
	Survey I		Survey II		Survey I		Survey II		Homes		Beds	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Governmental:												
City	7	1	12	2	329	1	545	2	+5	+71	+216	+66
County 1/	38	7	38	7	6,013	25	6,260	20	0	0	+247	+4
State 2/	1	1	1	1	194	1	573	2	0	0	+379	+195
Nongovernmental:												
Proprietary:												
Individual	253	47	188	35	5,011	20	4,243	13	-65	-26	-768	-15
Partnership	96	17	61	11	2,818	12	2,498	8	-35	-36	-320	-11
Corporation	52	9	117	21	2,453	10	7,930	24	+65	+125	+5,477	+223
NonProfit Assn.	32	6	41	8	1,721	7	2,372	7	+9	+28	+651	+38
N. P. A. -- Church	79	14	84	15	5,852	24	7,571	24	+5	+6	+1,719	+29
TOTAL	558	100	542	100	24,391	100	31,992	100	-16	-3	+7,601	+31

1/ County operated homes are approved by the State Department of Public Welfare Division of Public Assistance.

2/ The home for State Veterans is under the jurisdiction of the State Department of Veterans Affairs.

NOTE: All other types of ownership require licensure by the State Board of Health.

Exhibit E. (Continued)

Table II compares the type of ownership of nursing homes at the time of the two surveys and the changes which occurred. With regard to the number and percent of homes by type of ownership, the most remarkable observation is the decrease of individual and partnership-owned homes—65 (-26%) and 35 (-36%) respectively, and the increase in corporations of 65 (+125%), non-profit association of 9 (28%), and city-owned homes of 5 (71%).

With the exception of losses in the number of beds in individual and partnership-owned homes (a total of 1,088 beds), beds in all other categories of home ownership increased. The corporation category added 5,477 beds (223% increase), non-profit association 651 beds (38% increase), church owned 1,719 beds (29% increase), state owned 379 beds (195% increase), county owned 247 beds (4% increase), and city owned 216 beds (66% increase).

Further analysis of the data found in Tables I and II would not be pertinent to the purpose of this report. It is apparent from the foregoing that during the two and one-half years between the two surveys, the number and percent of nursing homes decreased (16 or 3%), and the number and percent of beds increased (7,601 or 31%). There was a decrease in the number of homes and beds in the 25 beds and under category, and an increase in the number of homes and total beds in the 26 beds and over category. As for the type of ownership, the number of homes and total number of beds increased in all categories except for individual and partnership-owned homes which showed losses and the county and state homes which did not change in number.

CHARACTERISTICS OF NURSING HOMES RESPONDING TO SURVEY

The first mailing to the 542 nursing homes produced a 42% return (228), with the second mailing bringing in an additional 31% (166). (See Table III) There was then, a total of 394 usable returns representing 73% of Wisconsin's nursing homes. This compares almost exactly with the 74% return received in Survey I. There was a direct relationship between the size of the homes and the percent of returns except for a slight drop off in the over 100 category.

Exhibit E. (Continued)

TABLE III. Number and Percent of Usable Survey Returns by Bed Capacity

Bed Capacity	Total No. Wis. Nursing Homes	1st Mailing		2nd Mailing		Total	
		No.	%	No.	%	No.	%
Under 10	30	6	20	8	27	14	47
11 to 25	181	48	27	67	37	115	64
26 to 50	150	66	44	43	29	109	73
51 to 100	98	55	56	32	33	87	89
Over 100	83	53	64	16	19	69	83
TOTAL	542	228	42	166	31	394	73

TABLE IV. Number and Percent of Usable Survey Returns Compared to the Total Number and Percent of Nursing Homes in Wisconsin by Bed Capacity

Bed Capacity	Survey Returns		Wisconsin Nursing Homes	
	No.	%	No.	%
Under 10	14	4	30	5.4
11 to 25	115	29	181	33.4
26 to 50	109	28	150	27.8
51 to 100	87	22	98	18.1
Over 100	69	17	83	15.3
TOTAL	394	100	542	100.0

Exhibit E. (Continued)

Interestingly, the second mailing drew a greater response among the smaller homes (25 beds and under) than did the first mailing. The opposite was true with the larger homes.

The distribution of the survey responses by bed capacity is very close to the distribution of the 542 nursing homes in the state by bed capacity (Table IV). Homes in the 11 to 25 bed category under-responded slightly, and the homes in the 51 to 100 bed category over-responded slightly.

PRESENT ACTIVITY PROGRAMS AND PERSONNEL

Response to question one of the survey indicated that 241 or 61% of the 394 homes which returned the questionnaire provided some kind of activity for their residents (see Table V). There is a positive relationship between the size of the home (i. e. number of beds) and the provision of an activity program. Activity programs were reported in 29% of the homes with under ten beds, 44% with 11 to 25 beds, 54% with 26 to 50 beds, 71% with 51 to 100 beds, and in 94% of the homes with over 100 beds.

Since the term "planned activity program" was not defined in the survey, it is probable that various levels of programming are indicated by the affirmative answers, ranging from a once monthly activity to a well-planned daily program designed to meet residents' needs.

Response to question one further revealed that 231 (96%) of the 241 homes which have an activity program have a specific person responsible for the activity program. Most of the homes in each bed-capacity category which reported an activity program have a specific person responsible for it.

The last part of question one sought to determine who is the specific person responsible for the activity program. Thirty-two (14%) answered "self" (the nursing home administrator), 30 (13%) answered "volunteer," and 139 (60%) answered "employee." Another 5 (2%) checked both "self" and "volunteer," 5 (2%) checked both "self" and "employee," 15 (7%) checked both "volunteer" and "employee," and 3 (2%) checked all three choices. Two persons did not respond to this part of the question.

AFFIRMATIVE RESPONSES TO SURVEY QUESTION ONE

1. Do you now have a planned activity program?

If yes, do you have a specific person responsible for the activity program?

If yes, check one.

TABLE V. Survey II (October 1966)

Bed Capacity	# of Usable Returns	Have Planned Activity Programs		Have Specific Person Responsible		Person Responsible for Activity Program																	
		#	%	#	%	Self	Volunteer	Employee	Self & Volunteer	Self & Employee	Volunteer & Employee	Self, Volunteer & Employee											
						#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%		
Under 10	14	4	29	4	100	2	50																
11 to 25	115	51	44	47	92	17	36	5	11	15	32	3	6	2	4								
26 to 50	109	59	54	59	100	10	17	16	27	29	49	1	2	2	3								
51 to 100	87	62	71	59	95	2	3	5	9	40	68	1	2	8	14								
Over 100	69	65	94	62	95	1	2	2	3	55	89			4	6								
TOTAL	394	241	61	231	96	32	14	30	13	139	60	5	2	15	7	2	2	3	2	3	2	2	2

NOTE: Two respondents did not indicate the kind of person in charge of the activity program.

AFFIRMATIVE RESPONSES TO SURVEY QUESTION ONE

1. Do you now have a planned activity program?

If yes, do you have a specific person

responsible for the activity program?

If yes, check one.

TABLE VI. Survey I (January 1964)

Bed Capacity	Usable Returns	Have Planned Activity Programs		Have Specific Person Responsible		Person Responsible for Activity Program													
		#	%	#	%	Self #	Self %	Volunteer #	Volunteer %	Employee #	Employee %	Self & Volunteer #	Self & Volunteer %	Self & Employee #	Self & Employee %	Volunteer & Employee #	Volunteer & Employee %	Self, Volunteer & Employee #	Self, Volunteer & Employee %
Under 10	52	17	33	19	35	13	68	5	26	1	6								
11 to 25	143	42	30	41	50	25	61	6	15	3	7	3	7	3	7			1	2
26 to 50	108	41	38	39	49	7	18	14	37	12	31			3	8	1	3	2	5
51 to 100	64	32	49	28	72	0	0	6	21	13	46	4	14			2	7	3	11
Over 100	47	43	90	40	86	2	5	2	5	35	88							1	2
TOTAL	414	175	42	167	61	47	28	33	20	64	38	7	4	6	4	3	2	7	4

Exhibit E. (Continued)

It can be seen from Table V that there is a negative correlation between the size of the nursing home (i. e. number of beds) and the frequency with which the nursing home administrator ("self") serves as activity program director. The larger the nursing home, the less frequently will the nursing home administrator assume responsibility for the activity program. The range extends from 50% in homes with under 10 beds, to 2% in homes with over 100 beds.

The frequency with which volunteers serve as activity program directors shows no consistent pattern. There is a slight indication that this arrangement is more common in smaller homes.

Employees are assigned responsibility for the activity program more frequently in the larger homes than in the smaller. A positive correlation exists. The range extends from 32% in homes with 11 to 25 beds, to 89% in homes with over 100 beds.

Comparisons between Survey I and Survey II reveal the very significant changes which took place during the two and one-half year interval between them. Table VI is based on data from Survey I and is reproduced here so that comparisons between the two surveys can be made easily. It can be clearly seen that not only was there a 45% increase in the proportion of homes reporting an activity program (42% cf. 61%), but also there was a 57% increase in the proportion of homes which have a specific person responsible for the program (61% cf. 96%). The magnitude of the change in each bed capacity category is noteworthy. These data may have special meaning since the Occupational Therapy Assistants training project has as its first objective the training of activity program directors in nursing homes.

A comparison between Survey I and Survey II with regard to the person responsible for the activity program demonstrates a marked shift toward the designation of an employee to serve in this capacity. The percent of employees serving as the activity program director in all responding homes increased from 38% to 60%, with concomitant decreases in the "self" and "volunteer" categories. This finding has real significance since it seems to show a recognition of the importance of regular, continuing and informed leadership to the development of a sound activity program.

To summarize response to all parts of question one, about three out of five homes which responded to the survey provide some kind of planned activity program for their residents. Most of these (96%) have a specific person in charge of their program; and this person is an employee in 60% of the homes. The smaller homes are less likely to have an activity program than the larger homes. The administrator is more likely to serve as the activity program director in smaller nursing homes, while an employee is more likely to be the activity director in larger homes.

Exhibit E. (Continued)

During the two and one-half year interval between the two surveys, there was a significant increase in the percent of nursing homes which reported an activity program (45% increase) and which have a specific person responsible for the program (57% increase). Finally, there was a marked shift toward the designation of an employee to be responsible for the activity program.

POTENTIAL ACTIVITY PROGRAMS

Response to survey question two shows that 82 or 54% of those homes which do not presently have an activity program are considering developing one. Fifty-four indicated when they intended to begin as follows: 18 now, 20 in six months, and 16 in one year or more.

POTENTIAL PLACEMENT OPPORTUNITIES FOR CERTIFIED OCCUPATIONAL THERAPY ASSISTANTS

Of the 394 homes responding to the survey, 187 or 47% indicated that they would employ a Certified Occupational Therapy Assistant to direct their activity program if one were available. Forty indicated interest in a full-time person, while 120 would employ a person part-time. Of the 120 who checked part-time 33 checked three to four days a week and 87 checked two days or less a week.

Survey I had 168 or 41% affirmative responses to this question.

AVAILABILITY OF TRAINEES FOR AN OCCUPATIONAL THERAPY ASSISTANTS COURSE

Survey question four sought to determine how many persons presently employed in nursing homes might be available or interested in taking an Occupational Therapy Assistants course. Ninety-four (24%) of the 394 responding nursing homes have an eligible person whom they would send to such a course. There was a 26% affirmative response to this question in Survey I.

Question five elicited the information that 117 eligible persons would attend if the course were held within daily commuting distance, while 18 would attend if the course was held beyond daily commuting distance. This gives a total of 135 persons. This is roughly comparable to the Survey I data.

The attached map of Wisconsin (Exhibit D) shows the location of the 135 persons (or homes) which responded affirmatively to question five. Approximately half of the 135 are located in the southern one-third of the state. The other half are distributed almost equally between the northeastern and northwestern thirds of the state. This distribution is not too different from that noted in the 1964 survey.

Exhibit E. (Continued)

FINANCIAL SUPPORT OF TRAINEES BY NURSING HOMES

The willingness of nursing homes to financially contribute to the training of one of their employees as a Certified Occupational Therapy Assistant is shown by the responses to survey question six.

SUMMARY OF RESPONSES TO SURVEY QUESTION SIX

6a. How much of the cost (for travel, tuition, room and board) would you be willing to assume in sending a person to the four-month course?

None	76
\$25 - 50	14
\$50 - 100	35
\$100 - 200	11
\$200 - 400	32
over \$400	0

6b. How much of the person's salary would you continue while he is attending the course?

None	71	Partial	57	Full	22
----------------	----	-------------------	----	----------------	----

It can be seen from these responses that 92 (23%) nursing homes would pay some cost for their employee's travel, tuition, room and board, et cetera and 79 (20%) would continue to pay part or all of the employee's salary. This shows some increase over Survey I, where 16% expressed willingness to help meet costs and 15% would continue part or full salary.

SUMMARY

A mail survey was conducted in October, 1966, by the Wisconsin State Board of Health of all 542 nursing homes and county homes in the state. The survey sought to determine the number of these homes which have planned activity programs, the kind of persons responsible for the programs, the present need for Certified Occupational Therapy Assistants, the availability of persons to attend a training course for Certified Occupational Therapy Assistants, and the level of financial support which nursing homes would give to employees who attend the course.

Exhibit E. (Continued)

Data from this survey was compared with data obtained from an identical survey conducted two and one-half years earlier. The comparison revealed substantial increases in the number and percent of homes which provide an activity program, in the designation of a specific person to be responsible for the activity program, and in the desire to employ a Certified Occupational Therapy Assistant. The availability of persons from nursing homes to attend an Occupational Therapy Assistants' training course remained at about the previous level. The level of financial support which nursing homes would give to employees who attend the course showed a modest increase.

Exhibit E. (Continued)

Exhibit A of Nursing Home Survey

September 30, 1966

Dear Administrator:

Almost three years ago a questionnaire similar to the one which is enclosed was sent to all nursing home administrators in Wisconsin. The purpose was to determine whether the Board of Health should establish a training course to train persons to be directors of activity programs in nursing homes. Three out of four nursing home administrators replied to that questionnaire, and there was enough interest expressed to justify the development of a Certified Occupational Therapy Assistants Training Course.

During the last two years, with the fine cooperation of nursing homes and with the financial assistance from the Public Health Service, 59 persons have successfully completed a four month course and have been certified as Occupational Therapy Assistants by the American Occupational Therapy Association. Of these persons, 42 are presently employed in nursing homes in Wisconsin, and 9 are serving in hospitals. Of the 8 who are unemployed, 5 are available for employment and 3 are presently unavailable for employment. I think you will agree that the course has been meeting an important need.

The fifth course is presently being conducted in Green Bay. The sixth course will be held in Madison beginning March 8, 1967, and will be open to any person who is serving as activity director in a nursing home in Wisconsin, or who is at least employed in a nursing home. Of course, enrollment will still be limited to sixteen persons. You will hear more about this course in January.

Our problem now is to determine whether there is a need to continue the course after next spring. Are there still openings for trained activity directors in nursing homes? Do you have somebody you would like to send to the training course? Only you can answer these questions -- which is the reason that the enclosed questionnaire is being sent to you.

Will you, then, complete the enclosed questionnaire and mail it in the stamped envelope by October 10, 1966. Please understand that this does not obligate you in any way.

Thank you for your cooperation and help.

Sincerely,

R. Frank Reider, M.D., Director
Section on Preventable Diseases

Enclosures

Exhibit B of Nursing Home Survey
WISCONSIN STATE BOARD OF HEALTH
 Division of Chronic Disease and Aging

SURVEY OF NEED FOR CERTIFIED OCCUPATIONAL THERAPY ASSISTANTS

1. Do you now have a planned activity program? <u>If yes</u> , do you have a specific person responsible for the activity program? <u>If yes</u> , check one:	1. <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> SELF <input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> VOLUNTEER
2. If you do not presently have an activity program are you considering developing one? <u>If yes</u> , when do you intend to begin?	2. <input type="checkbox"/> YES <input type="checkbox"/> NOW <input type="checkbox"/> IN 1 YR.	<input type="checkbox"/> NO <input type="checkbox"/> IN 6 MOS. <input type="checkbox"/> IN 2 YRS.
3. If one were available, would you employ a certified occupational therapy assistant (as described in the accompanying letter) to direct your activity program? <u>If yes</u> , check one:	3. <input type="checkbox"/> YES <input type="checkbox"/> FULL TIME <input type="checkbox"/> 3 OR 4 DAYS A WEEK <input type="checkbox"/> 2 DAYS OR LESS A WEEK	<input type="checkbox"/> NO
4. Would there be an eligible person (high school graduate, age 18-55) from your home whom you would send to a certified occupational therapy assistants course (of approximately 4 months)?	4. <input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Would this eligible person from your home attend the course----		
a. if the course were held <u>within</u> daily commuting distance?	5a. <input type="checkbox"/> YES	<input type="checkbox"/> NO
b. if the course were held <u>beyond</u> daily commuting distance?	5b. <input type="checkbox"/> YES	<input type="checkbox"/> NO
6a. How much of the cost (for travel, tuition, room and board) would you be willing to assume in sending a person to the four-month course?	6a. <input type="checkbox"/> NONE <input type="checkbox"/> \$ 50 - 100 <input type="checkbox"/> \$200 - 400	<input type="checkbox"/> \$ 25 - 50 <input type="checkbox"/> \$100 - 200 <input type="checkbox"/> OVER \$400
6b. How much of the person's salary would you continue while he is attending the course?	6b. <input type="checkbox"/> NONE <input type="checkbox"/> FULL	<input type="checkbox"/> PARTIAL

COMMENTS:

Number of licensed beds: UNDER 10 BEDS 11 TO 25 BEDS
 26 TO 50 BEDS 51 TO 100 BEDS OVER 100 BEDS

Nursing Home: _____

Signature: _____

Address: _____

Title: _____

"PLEASE MAIL IMMEDIATELY"

Exhibit E. (Continued)

Exhibit C of Nursing Home Survey

October 21, 1966

Dear Administrator:

Recently you received a letter and questionnaire seeking information about your need for Certified Occupational Therapy Assistants. Your help was sought to determine whether there was a need to continue the training course to train persons to be directors of activity programs in nursing homes.

We are most interested in your appraisal of your need for Certified Occupational Therapy Assistants. As yet, we have not received your completed questionnaire. Would you please complete the enclosed questionnaire and return it as soon as possible? If you have already mailed your reply, please ignore this letter.

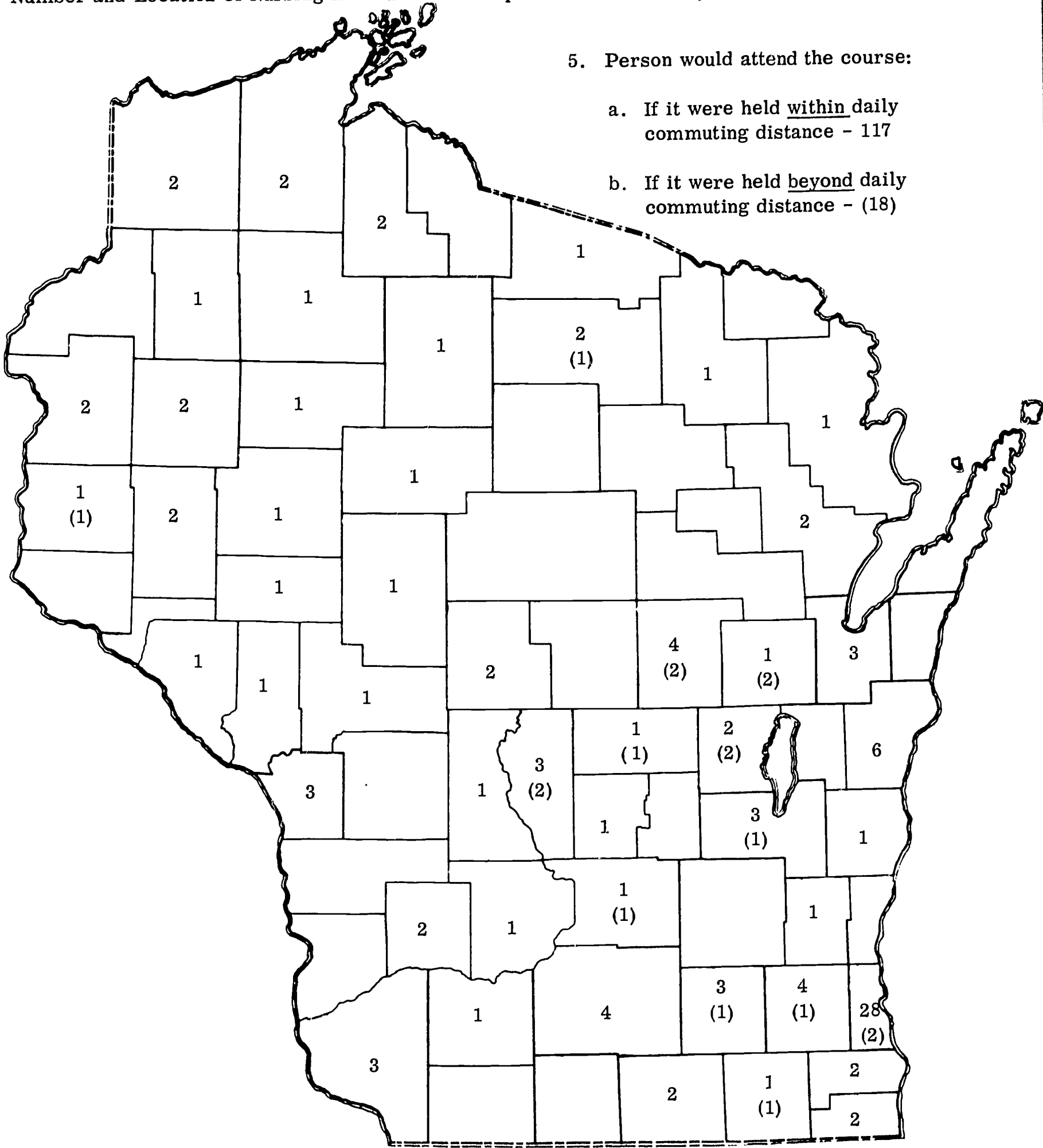
Again, thank you for your cooperation.

Sincerely,

R. Frank Reider, M.D., Director
Section on Preventable Diseases

Enclosures

Number and Location of Nursing Homes Which Responded Affirmatively to Servey Question Five



5. Person would attend the course:

- a. If it were held within daily commuting distance - 117
- b. If it were held beyond daily commuting distance - (18)

C H A P T E R I I

S T U D E N T S E L E C T I O N

A P P L I C A N T S ' C H A R A C T E R I S T I C S

R E L A T E D S T U D I E S

STUDENT SELECTION

PROCESS OF DEVELOPMENT

ADMISSIONS COMMITTEE

The Admissions Committee was composed of eight members of the Advisory Committee and included representatives from a city health department, the hospital association of the state, the state nursing home association, the State Board of Vocational and Adult Education and the State Board of Health. (Exhibit A, page 141)

Between March and September, 1964, the committee held three meetings. Preliminary deliberations were directed toward identifying some of the qualities or traits desirable for an individual working as an activity director. The Committee also conducted a thorough review of admission requirements for other training courses for supportive personnel and the American Occupational Therapy Association requirements for an occupational therapy assistants course. (Appendix III, Exhibit D)

Using this background information as a basis the committee developed admission criteria for selection of students for the Occupational Therapy Assistants Course. This included the GENERAL REQUIREMENTS for admission to the course, the PRIORITY GROUPS directed toward assuring the achievement of project objective one and the procedure for FINAL SELECTION of the students for each course.

These established criteria were used for all six courses.

ADMISSION CRITERIA

A. GENERAL REQUIREMENTS

All applicants must meet general requirements.

1. The course is open to both male and female students.
2. Students should be between 18 and 55 years of age. However, if an older person applies and meets the other criteria, an exception can be made.
3. Applicants must be high school graduates or have passed the General Educational Development test.
4. A high school graduate is required to submit his complete high school record, including grades, rank, percentile and other pertinent information.
5. Employer references are requested and investigated.
6. Personal interview with Course Director and one other person is scheduled.

B. PRIORITY

If an applicant meets the general requirements, priority will be given to:

FIRST

Individuals currently employed as activity directors.

SECOND

Other individuals currently employed in long-term care facilities.

THIRD

Interested qualified individuals.

C. SELECTION OF STUDENTS

Final selection of the students for each course is made by Admissions Committee and Course Director based on a review of each applicant's credentials.

D. HEALTH REPORT

A health report is required for each accepted applicant.

(continued--next page)

OUT-OF-STATE STUDENTS

In the original project grant request by the Wisconsin State Board of Health to the United States Public Health Service the following statement was made:

"Provision will also be made for including a limited number of activity program directors from nearby states."

The CRITERIA FOR ACCEPTANCE OF OUT-OF-STATE STUDENTS were established by the project staff shortly after Course I began in the Fall of 1964.

A. INDIVIDUAL APPLICANT

1. Applicant must meet general course requirements.
2. Applicant must be presently employed in an activity or occupational therapy program on a full-time basis.
3. A personal interview is highly desirable and will be requested if applicant lives within a reasonable distance.

B. INSTITUTION EMPLOYING APPLICANT

1. A Registered Occupational Therapist must be employed by the institution on a full or part-time basis.
2. Administrator must agree to participate in the established project evaluation procedures.

C. STIPENDS

1. Stipends will not be available to out-of-state applicants. Stipends will be available only to Wisconsin residents.

D. NUMBER ACCEPTED

1. Number of out-of-state persons accepted will be dependent upon the number of qualified applicants from Wisconsin and may vary from course to course.

STIPENDS

A stipend of up to \$150.00 monthly was available to each student upon request. The amount of the stipend was based on the applicant's current salary and the amount of financial support continued by the employer during the four-month training period. The stipend plus the total amount of continuing salary could not exceed the applicant's normal monthly salary. Summary information about the number of students receiving stipends will be found in the second section of this chapter.

PUBLICITY

In the first year of the project, official publicity to recruit for the course was directed primarily toward reaching the maximum number of potential students in priority groups one and two. Announcements were sent to nursing home administrators and to interested individuals or agencies requesting information. General recruitment through mass media (commercial advertising) was not necessary because a sufficient number of applications was received from qualified persons in the first two priority categories.

A brochure describing the course was developed. (Exhibit B, page 143)

The initial announcement of each course was made to nursing homes in the geographic area in which the course was to be held as indicated on the map on page 77. For Course VI the mailing was state-wide. A letter, a brochure and an application blank were mailed to individual nursing home administrators. Two mailings were made in the twelve weeks prior to each course.

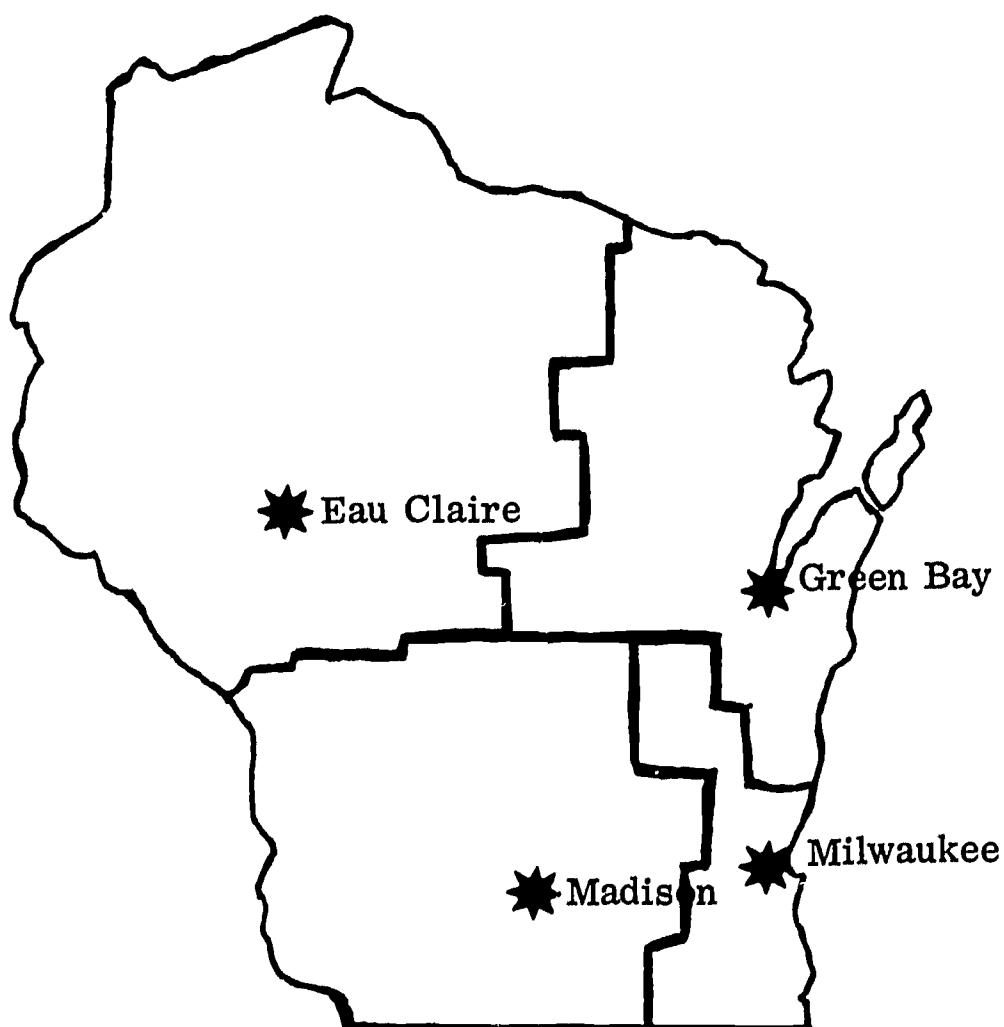


FIGURE 2

SECTIONS OF THE STATE IN WHICH NURSING HOMES RECEIVED PUBLICITY
ABOUT THE COURSE TO BE HELD IN THAT AREA

Course announcements appeared in the official publications of the two nursing home associations.

Personnel of the Division of Chronic Disease and Aging who worked continuously with nursing home administrators interpreted the program at every opportunity.

During the second and third years of the project, the same basic publicity plan was followed and additional publicity methods were utilized. To acquaint the public with the nature of the program the State Board of Health's Division of Health Education prepared publicity releases for the daily and weekly newspapers in the state. These releases included announcements of the course, student selection announcements, graduation announcements with students' pictures and feature articles.

Response to the varied publicity indicated that it was advantageous in recruiting prospective students, in interpreting the nature of the course and in interpreting the functions of the Occupational Therapy Assistant. As the course became known and as it moved from location to location in the state, an increasing number of inquiries and applications were received.

MECHANICS OF SELECTION PROCESS

The Course Director coordinated the various aspects of student selection including processing applications, obtaining references, scheduling personal interviews and presenting information for review by the Admissions Committee.

APPLICATIONS - TRANSCRIPTS

Applications were checked for completeness. If the high school transcript did not accompany the application, the individual was requested to have his school forward a copy to the course.

If the individual was not a high school graduate, he was notified in writing that to meet course requirements it would be necessary for him to take the General Educational Development test and forward the results to the course. Letters of referral to centers offering the test were made by the Course Director for those individuals desiring to complete the test.

REFERENCES

Work and personal references were investigated and all information remained confidential. The letter requesting an evaluation of the person's work history, of his

personal qualifications for the course and of his potential as a Certified Occupational Therapy Assistant included a paragraph describing the work of an activity director in a long-term care facility. The following paragraph is quoted from the letter:

"Duties will include interviewing and working with disabled patients to determine interest and abilities; planning and conducting a program of craft and social recreational activities with individuals and groups; training patients in independent self-care activities; recruiting, training and supervising volunteers. As a Certified Occupational Therapy Assistant in a long-term care facility this person will need to have interest in the disabled person, initiative, judgment and organizational skills as well as ability to develop cooperative relationships with other personnel."

The response to letters requesting references was excellent. Many of the letters provided thoughtful evaluation of the individual's potential for the course and for future employment in the capacity of Activity Director.

READING TEST

At the time of interview, a representative from the Wisconsin State Employment Service administered a wide range reading achievement test to each individual. The test was verbal and took approximately five minutes to administer. The purpose of the test was to provide a score indicating the grade level at which the individual was able to read. A summary of the scores is included in the second section of this chapter, page 121.

PERSONAL INTERVIEW

A significant part of the selection process was a personal interview with each applicant. It seems pertinent to include several of the purposes of the interview

as follows:

1. It provided an opportunity to assess the qualifications of the applicant.
2. It provided an opportunity to further interpret the purposes and objectives of the Occupational Therapy Assistants course. It also provided an opportunity to discuss Occupational Therapy and the role of the Certified Occupational Therapy Assistant.
3. It provided an opportunity for an exchange of information between the applicant and course representatives. Although many topics were discussed the primary focus of this part of the interview was on clarification of the details involved if the individual was selected to take the course.

Approximately six weeks prior to the beginning of the course each applicant was scheduled for a personal interview. The interviews were conducted jointly by the Project Coordinator and the Course Director, both of whom were Registered Occupational Therapists. They were held at the course site in the geographic area of the state in which the course was to be held.

Several forms were developed by the course staff for use in the interviews. The interview information sheet (Exhibit C, page 145) was completed by the applicant when he arrived for the interview and provided a basis for discussion during the interview.

The interviewers found the list of key points for an interview (Exhibit D, page 146) a useful tool in assuring consistency and completeness of information gathered during the interview.

The interview rating form used to rate each applicant was revised following Course III. The revised form on page 81 was used for Courses IV, V and VI of the project. Each applicant received one of three ratings - acceptable, less than acceptable, more than acceptable - on each of the twelve personal traits appearing on the form which is shown on page 81.

PERSONAL INTERVIEW

DATE _____ NAME _____

	LESS THAN	ACCEPT - ABLE	MORE THAN	COMMENTS
1. APPEARANCE				
A. PHYSICAL				
B. GROOMING				
2. INTEREST IN PEOPLE				
3. MATURITY				
4. SOCIABILITY				
5. JUDGMENT AND COMMON SENSE				
6. INITIATIVE				
7. LEADERSHIP				
8. SENSE OF HUMOR				
9. RELIABILITY				
10. ATTITUDE				
11. KNOWLEDGE OF O. T.				
12. REASON FOR TAKING COURSE				

IMPRESSION:

ENDORSED

? ENDORSED

NOT ENDORSED

REASON:

INTERVIEWERS _____

As an aid in rating individuals an INTERVIEW RATING GUIDE with a brief description of each of the twelve items was developed.

<u>PERSONAL TRAITS</u>	<u>GUIDE</u>
1. APPEARANCE a. Physical b. Grooming	General impression on others Any physical handicaps that would impair the individual's capability for doing the work Appropriate clothing and accessories
2. INTEREST IN PEOPLE	Likes working with people Expresses interest in working with handicapped individuals Expresses a concern for people
3. MATURITY	Stable individual Makes sound decisions
4. SOCIABILITY	Warmth of personality Able to establish rapport Friendly, quiet, shy, reserved
5. JUDGMENT AND COMMON SENSE	Ability and foresight in every day situations Sees things in proper perspective
6. INITIATIVE	Resourceful Sees things to do - has done them Puts ideas into action

(continued-next page)

PERSONAL TRAITSGUIDE

- | | |
|---------------------------------------|---|
| 7. LEADERSHIP | Has been participant
Has organized activities
Seems to have developed good interpersonal relationships |
| 8. SENSE OF HUMOR | General attitude toward life |
| 9. RELIABILITY | Dependability
Punctuality
Consistent industry |
| 10. ATTITUDE | Individual seeking to be helped rather than to help
Sees training as means of improving skill to help others |
| 11. KNOWLEDGE OF OCCUPATIONAL THERAPY | Knowledge of Occupational Therapy
Knowledge of purpose of activity. |
| 12. REASON FOR TAKING COURSE | Defined goals for use of training
Plan for seeking employment if not employed |

* * * * *

An analysis of the interview rating data for all of the applicants interviewed is included in the second section of this chapter.

SELECTION OF STUDENTS BY ADMISSIONS COMMITTEE

About one month in advance of the beginning of each course the Admissions Committee met to review the applications and select the students for the course. Each applicant's credentials were presented individually for review and a choice of one of three decisions was made: TO ACCEPT, TO ACCEPT AS AN ALTERNATE or TO REJECT.

ACCEPTANCE for the course was based on:

1. Meeting course requirements including personal qualifications.
2. Priority group.
3. Defined plan for future use of training if not presently employed in an activity program.

Individuals ACCEPTED AS ALTERNATES were usually those in the third priority group and those from out-of-state. Even though all of these people met the requirements, the number of qualified individuals in the first and second priority group limited the number that could be accepted from the third priority group. However, it is worth noting that the alternate category was very useful. On several occasions an alternate took the place of an accepted individual who had found it necessary to withdraw before the course began.

REJECTION of an applicant by the Admissions Committee was recommended only after a careful review of all facets of an individual's credentials. The reason for rejection was for deficiencies in one or more of the following categories: education, references, personal commitment for use of training, health and personal problems. A further explanation of each of these categories follows:

1. Educational

- a. Lack of high school diploma and failure to take or successfully complete the General Educational Development test.
- b. Low academic achievement in high school.
- c. Student in college. The Committee recommended advising students in college to continue in college. The reason given by most of these college students for wanting to take the course was that it would enable them to work with people.
- d. High academic achievement or college education. The question was whether a course such as this would provide sufficient challenge. This reason was usually considered with other factors such as previous experience, age, no real need to work.

2. References

Reference letters included information on individual's

- a. Previous work history.
- b. Ability or lack of ability to function in the position of Activity Director as described in the letter of request.
- c. Personal qualifications.

3. Personal commitment for use of training

- a. Some individuals, although interested in the course, had no well defined goals for use of the training.
- b. Some individuals lacked a personal commitment for use of the training and for working in an activity program.
- c. For some individuals the expressed personal need for being accepted for the training was far greater than their expressed interest in helping people.

(continued - next page)

The committee members felt that personal commitment for the use of the training was particularly significant. It was their feeling that it related directly to the achievement of the stated objectives of the demonstration project.

4. Health

A physical condition or disability was a contributing but not the one single deciding factor in the rejection of an applicant. However, a physical condition combined with an inordinate concern about his own health problems made some individuals poor candidates for the training course. The committee felt that it was unwise to accept an individual merely because the course might be therapeutic for him.

5. Personal Problems

Some individuals who applied had personal or family problems which could not be resolved satisfactorily to permit them to devote full time to take the course. In some instances these individuals lacked insight into the extent of their problems while others seemed to be waiting for someone else to assist them in making a decision. Some of the problems identified were:

- a. Arranging for care of children or other dependents.

- b. Financial concerns - need to continue earning while taking course.
- c. Illness of member of family.
- d. Unable to arrange to be absent from place of employment for four months.

REPORT OF COMMITTEE DECISIONS

Following the review by the Admissions Committee, each applicant was notified by letter of the Committee's decision. Notification of selection was forwarded approximately four weeks in advance of the beginning of the course. If any of the original group selected withdrew, an alternate was contacted to fill the vacancy.

HEALTH CERTIFICATE

A medical report form (Exhibit E, page 147) to be completed by the individual's physician was included in the letter of notification of acceptance for the course.

APPLICATION FORM

A. PERSONAL DATA:

Mr. _____
 Mrs. _____
 Miss _____

First Given Name Middle Given Name Last Name

Permanent Address: Number Street City County State Zip Code

Birthdate	Age	Residence Telephone	Business Telephone
-----------	-----	---------------------	--------------------

Are you Married Single Widowed Divorced Separated

Number of Children Their Ages
 List Other Dependents (For example: Grandmother, Aunt)

State Condition of Health and Describe any Physical Handicap you have.

B. EDUCATION:

Circle Highest Grade or Year Completed in School 1 2 3 4 5 6 7 8 9 10 11 12

Name and Location of High School Attended

Did You Graduate from High School? Yes ___ No ___ Year Diploma was Granted _____

Education Or Training Beyond High School; such as College, Vocational School, Correspondence Course:

Name and Location	Dates Attended		Field Of Specialization	Degree Received
	From	To		

Any Additional Training?

Are You Currently Licensed or Registered As A Member Of A Profession? Yes ___ No ___
 If Yes, What Licenses Or Certificates Do You Hold?

C. EXPERIENCE:

Are You Presently Employed? Yes ___ No ___

If Yes, Describe Your Present Duties

Do You Presently Serve As Activity Program Director?
 Yes ___ No ___ Full-Time ___ Part-Time ___

List All Positions Held Within The Last Five Years, Beginning With Your Present (Or Last) Position.

Name and Location of Employing Agency	Your Title	Dates and Time Employed From _____ To _____ Full-Time _____ Part-Time _____
Name and Location of Employing Agency	Your Title	Dates and Time Employed From _____ To _____ Full-Time _____ Part-Time _____
Name and Location of Employing Agency	Your Title	Dates and Time Employed From _____ To _____ Full-Time _____ Part-Time _____
Name and Location of Employing Agency	Your Title	Dates and Time Employed From _____ To _____ Full-Time _____ Part-Time _____

Names and Addresses of Two References. If you have not been out of High School for more than Three Years, give the name of your High School Principal as one of your references.

1. _____
2. _____

D. INTERESTS: List any skills or hobbies which you might have.

List Community activities in which you participate.

E. STIPENDS: Stipends of up to \$150 per month are available to each eligible trainee. If you wish to apply for a stipend, please complete all parts of the following section:

Present MONTHLY salary: _____ \$

Will you continue to receive from your employer all of part of your present salary while taking the certified occupational therapy assistants course? Yes ___ No ___

If "yes", how much salary will you continue to receive from your employer? \$ _____ per month

Are you considered the head of your household? Yes ___ No ___

If "no", is the head of your household presently employed? Yes ___ No ___

F. REQUIREMENTS: Please send along with this Application a copy of your HIGH SCHOOL RECORD including grades, rank, percentile and other pertinent information. Please indicate any days or dates on which you could not be available for interview.

I hereby make application for the training indicated above and affirm that the statements herein listed are correct to the best of my knowledge and belief.

Date _____ Signature _____

Send completed application to:

APPLICATIONS - SUMMARY OF INFORMATION

DATA SUMMARY

The information from the APPLICATION FORMS was coded and transferred to punch cards for computer programming. Print outs of the information facilitated the obtaining of the data summaries. The section headings of the application form are followed in presenting the data for this section of the report.

TOTAL NUMBER OF APPLICATIONS

There was a total of 202 APPLICATIONS for the six courses offered during the three-year project.

Of the 202 APPLICATIONS:

49 individuals were not interviewed
and did not take the course.

61 individuals were interviewed
but did not take the course.

92 individuals were interviewed
and were selected to take the course.

Information in most of the charts in this section of the report is presented according to the above grouping of APPLICATIONS. On a few charts, information on the 49 and the 61 is combined and presented as a group of 110 who did not take the course.

APPLICATIONS BY COURSE

COURSE	APPLICATIONS
I	17
II	30
III	38
IV	39
V	34
VI	44
TOTAL	202

The small number of applicants for Course I is a reflection of the limited amount of time between announcement of the course and the beginning date for the first course. Many of the applicants, although aware of the first course, preferred to wait for Course II since it was going to be held in the same location and gave them additional time to make personal and job arrangements. The number of applicants for Course VI may be indicative of two things. The course was opened to state-wide applications and by that time had achieved considerable recognition throughout the state.

PRIORITY GROUPS

PRIORITY GROUPS	49		61		92	
	NOT INTERVIEWED		INTERVIEWED		WHO TOOK COURSE	
	Number	Percent	Number	Percent	Number	Percent
FIRST: Activity Director	6	12.0	5	8.0	40	43.5
SECOND: Employee Long Term Care Facility	23	46.5	27	44.5	21	22.5
THIRD: Interested Individuals	13	25.0	29	47.5	27	29.5
Out-of-State Activity Directors	4	8.5	0	.0	4	4.5
Out-of-State Interested Individuals	3	8.0	0	.0	0	.0

It is significant to note the number and percent of applications in the first two priority groups as compared with the third priority group for each of the groups.

In the 49 group, 29 or 58.5% of the total were in the first and second priority groups while 20 or 41.5% were in the third priority group or were out-of-state applications.

In the 61 group, 32 or 52.5% of the total were in the first and second priority groups as compared to 47.5% in the third priority group with no out-of-state applications.

In the 92 group who took the course, 61 or 66% were in the first and second priority groups, 27 or 29.5% were in the third priority group and 4 or 4.5% were out-of-state activity directors.

DISPOSITION OF APPLICATIONS

Disposition	49 Not Interviewed	61 Interviewed	92 Took Course
Withdrew before interview	22		
Requested hold for future course	10	4	
Failed to keep interview appointment	7		
Failed to respond to correspondence	10		
Withdrew following interview		3	
Accepted but withdrew after acceptance		6	
Accepted as alternate for course		10	
Rejected by Admissions Committee		38	
Accepted and took the course			92

Twenty-two individuals withdrew before interview. The reasons included failure to meet admission requirements, personal or family problems, unable to arrange to be away from home for the period of the course, and financial problems with a need to continue earning while attending the course.

Ten individuals filed an application with the request that it be held and considered if the course returned to that particular area of the state.

Four individuals filed an application, were interviewed and expressed a preference for waiting to attend if and when the course returned to their area of the state.

The reasons are unknown why seven individuals failed to keep the interview appointment; and ten failed to respond to correspondence.

After the interpretation of the purpose of the training course and the work of an Occupational Therapy Assistant, three individuals felt they were not interested and withdrew their applications.

Six individuals found it necessary to withdraw after having been accepted for the training course. The reasons included personal or family problems and illness.

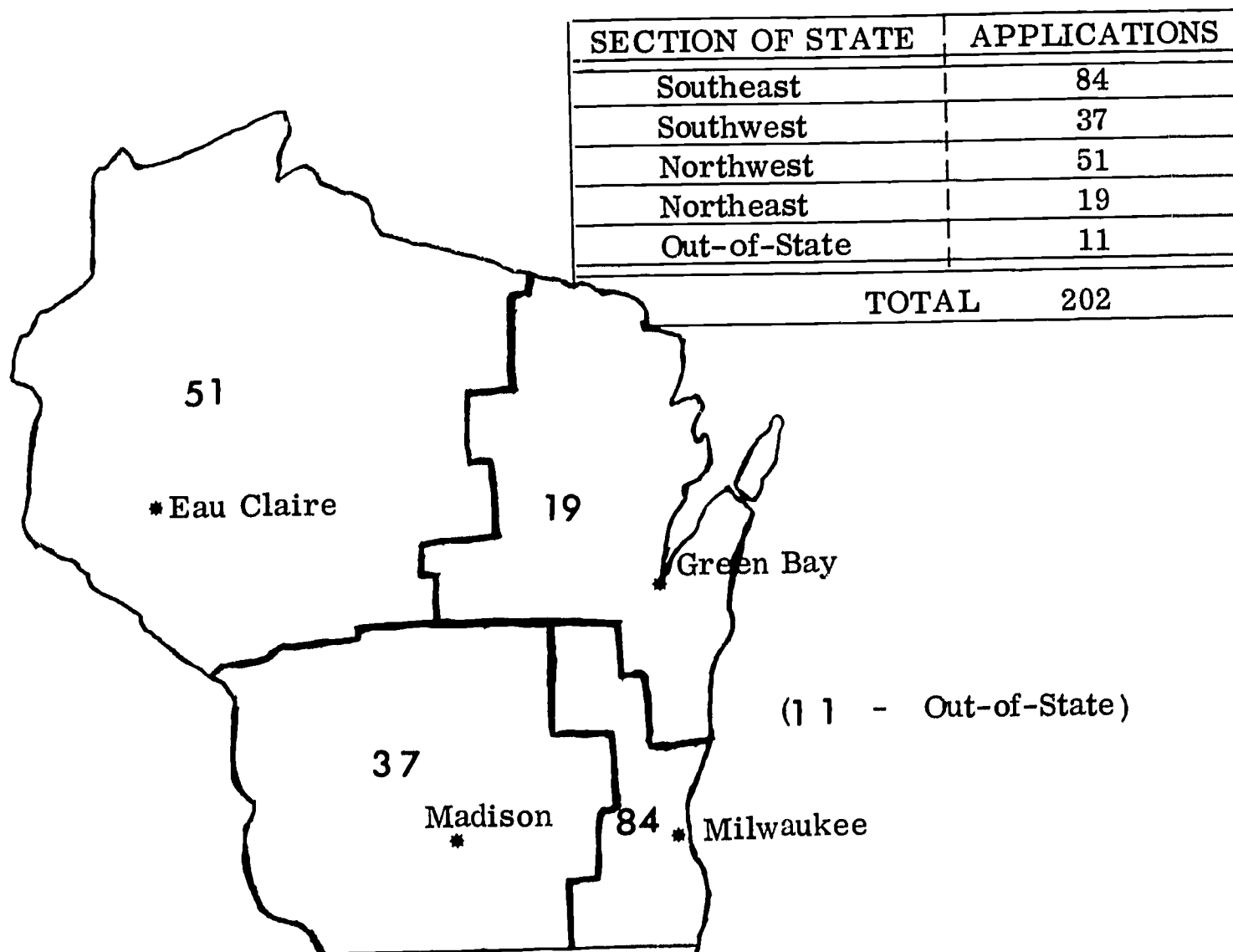
Ten individuals were accepted for the training course but were designated as alternates. These individuals were all in the third priority group.

Thirty-eight individuals were rejected by the Admissions Committee. The reasons for rejection were those identified in the first section of this chapter on pages 84-87.

Ninety-two individuals were accepted for the training course.

APPLICATIONS - SECTION A: PERSONAL DATAAPPLICATIONS BY GEOGRAPHIC LOCATION

FIGURE 3
NUMBER OF APPLICATIONS BY GEOGRAPHICAL LOCATION



The number of applications by geographic location is consistent with the population distribution in the state with the largest number of applications being filed from the southeastern metropolitan area.

There were few applications filed by out-of-state individuals even though there were numerous inquiries. The criteria for acceptance of out-of-state applicants (page 75) were such that the majority of the individuals were unable to meet the admission requirements.

NUMBER OF STUDENTS BY COURSE LOCATION AND DISTANCE FROM HOME

COURSE	LOCATION	MILES FROM HOME ONE WAY						OUT OF STATE	TOTAL
		0-24	25-49	50-74	75-99	100-199	200-299		
I	Milwaukee	4	2	2	1		1		10
II	Milwaukee	15	1						16
III	Madison	6	4	2	2		2		16
IV	Eau Claire	7	1	1	3	2	2	1	17
V	Green Bay	2	5	3	1	3		2	16
VI	Madison	3	2	2	3	3	3	1	17
TOTAL		37	15	10	10	8	8	4	92
PERCENT		40%	16%	11%	11%	9%	9%	4%	100%

For many of the applicants, the distance between the course location and home was a significant factor in planning to attend the course. The chart summarizes the mileage distance information for the 92 individuals who took the course.

It is important to note that while the course was in the metropolitan Milwaukee area only four students lived more than fifty miles from the course location. As the course moved to other locations in the state the number of students living farther than fifty miles from the course location increased to six for Course III, nine for Courses IV and V and twelve for Course VI which was open to state-wide application.

In reviewing the totals for the six courses, it may be noted that fifty-two students, or 56%, lived within fifty miles of the course location while forty students, or 40%, lived farther than fifty miles from the course locations, with four of the forty, or 4%, being from out of state.

NUMBER OF STUDENTS BY COURSE
COMMUTING DAILY OR LIVING AWAY DURING COURSE

COURSE	<u>THREE MONTHS ACADEMIC</u>				<u>ONE MONTH PRACTICAL EXPERIENCE</u>	
	COMMUTED DAILY	RANGE IN MILES ONE WAY	LIVED AWAY	RANGE IN MILES ONE WAY	COMMUTED DAILY	LIVED AWAY
I	5	4 - 30	5	35 - 235	5	5
II	16	4 - 25	0	0	16	0
III	8	5 - 35	8	35 - 200	1	15
IV	7	5 - 17	10	65 - 240	1	16
V	9	8 - 55	7	98 - 500	2	14
VI	3	5 - 10	14	40 - 350	3	14
TOTAL	48	--	44	--	28	64
PERCENT	52%	--	48%	--	30%	70%

To provide a training course within daily commuting distance for students was part of the rationale for moving the course to several geographic locations in the state. It was necessary to make one major change in the over-all plan of the course so that more of the students were required to live away from home for the one month of practical experience than had been anticipated originally. This resulted when the course moved from the metropolitan area and it was found that there was an insufficient number of centers in the area to provide one month of supervised practical experience. On the chart it may be seen that beginning with Course III and continuing through Course VI, only one, two or three students were able to commute daily for the month of practical experience. For the six courses

a total of twenty-eight students, or 30%, were close enough to commute daily while sixty-four, or 70%, of the students found it necessary to live away from home for the month.

During the academic three months of the course forty-eight of the 92 students or 52% were within daily commuting distance with the number of miles traveled ranging from four to fifty-five one way. Forty-four of the 92 students or 48% lived away from home for the academic three months. The distance from home ranged from thirty-five to five hundred miles. It perhaps should be noted that those who were the greatest distance from home, as shown in the last three courses, were the out-of-state students.

AGE OF APPLICANTS

AGE	49		61		92	
	NOT INTERVIEWED		INTERVIEWED		WHO TOOK COURSE	
	Number	Percent	Number	Percent	Number	Percent
18 - 19	4	8.1	17	28.0	14	15.2
20 - 24	8	17.4	4	7.3	17	18.5
25 - 29	5	10.2	5	8.1	6	6.5
30 - 34	1	.3	2	3.2	2	2.2
35 - 39	7	15.0	8	13.1	13	14.1
40 - 44	7	15.0	3	4.9	8	8.7
45 - 49	3	6.1	6	9.8	14	15.2
50 - 54	8	17.4	13	21.0	9	9.8
55 - 59	5	10.2	2	3.2	9	9.8
60 - 64	0	.0	1	1.4	0	.0
64 - up	1	.3	0	.0	0	.0

For the 92 who took the course, the RANGE IN AGE was from eighteen to fifty-nine years. The AVERAGE AGE for each of the six courses was:

<u>COURSE</u>	<u>AVERAGE AGE</u>
I	37
II	39
III	31
IV	40
V	37
VI	35

The AVERAGE AGE for all six courses was thirty-seven years.

For the 49 and 61 groups who did not take the course the RANGE IN AGE was from seventeen to sixty-six years. The AVERAGE AGE was thirty-seven years.

The MEDIAN AGE of all three groups was thirty-eight years.

The MEDIAN AGE of each of the six courses fell in the 35 to 39 age group except Course III when the median age fell in the 20 to 24 age group.

From the chart it is interesting to note the small number of applications received from the two age groups of 25 to 29 and 30 to 34 years.

SEX OF APPLICANTS

SEX	49 NOT INTERVIEWED	61 INTERVIEWED	92 WHO TOOK COURSE
Male	3	2	5
Female	46	59	87

There was a total of ten males who applied for the course. Five were selected to take the training.

There was a total of one hundred ninety-two females who applied for the course. Eighty-seven were selected to take the training.

MARITAL STATUS OF APPLICANTS

MARITAL STATUS	49 NOT INTERVIEWED		61 INTERVIEWED		92 WHO TOOK COURSE	
	Number	Percent	Number	Percent	Number	Percent
	Married	22	44.0	20	33.0	37
Single	19	38.0	32	52.0	38	41.2
Widowed	3	8.0	4	7.0	9	9.8
Divorced	4	8.5	4	7.0	6	6.6
Separated	1	1.5	1	1.0	2	2.2

In the group of 92 who took the course, thirty-eight, or 41.2%, were single and thirty-seven, or 40.2%, were married. A total of seventeen, or 18.5%, were widowed, divorced or separated.

The numbers and percents for the 49 and 61 groups are comparable with the exception of the number of single individuals in the 61 group being slightly higher.

NUMBER OF CHILDREN - AGES - 92 WHO TOOK THE COURSE

NUMBER OF PEOPLE	NUMBER OF CHILDREN	AGE GROUPS					TOTAL
		1 - 5	6 - 10	11 - 15	16 - 20	21 - over	
5	1	2		1		2	5
20	2	6		6	10	18	40
10	3		2	5	6	17	30
5	4		6	7	3	4	20
5	5	2	3	8	8	4	25
0	6						
4	7	3	8	10	5	2	28
49	TOTAL	13	19	37	32	47	148

Forty-nine of the 92 who took the course had children. Five people had one child, twenty had two children, ten had three children, five had four children, five had five children, none had six children and four had seven children.

As for the ages of the children, forty-seven were adults age twenty-one and over, sixty-nine were between the ages of eleven and twenty, and thirty-two were between the ages of one and ten.

NUMBER OF CHILDREN - AGES - 110 WHO DID NOT TAKE THE COURSE

NUMBER OF PEOPLE	NUMBER OF CHILDREN	AGE GROUPS					TOTAL
		1 - 5	6 - 10	11 - 15	16 - 20	21 - over	
9	1	2	2	1	1	3	9
16	2	5	3	7	7	10	32
9	3	9	1	6	4	7	27
7	4		5	5	9	9	28
4	5	2	2	3	5	8	20
1	13				2	11	13
46	TOTAL	18	13	22	28	48	129

Forty-six of the 110 who did not take the course had children. Nine people had one child, sixteen had two children, nine had three children, seven had four children, four had five children and one had thirteen children.

As for the ages of the children, forty-eight were adults age twenty-one and over, fifty were between the ages of eleven and twenty, and thirty-one were between the ages of one and ten.

There was a significantly larger proportion of children belonging to the group who took the course than in the other two groups, not only in total but in each age group except the one to five group.

OTHER DEPENDENTS

In the group of 92 who took the course, one individual listed a dependent other than a child.

In the group of 110 who did not take the course, nine individuals had one dependent other than a child. Mentioned as dependents were husband, brother and mother-in-law.

CONDITION OF HEALTH

The great majority of the applicants reported the condition of their health as:

GOOD

VERY GOOD

EXCELLENT

In the 92 group the physical conditions or handicaps reported on the application included diabetes, arrested tuberculosis and fractured hip repair.

In the 110 group the physical conditions or handicaps reported on the application included spasmodic torticollis, asthma, cerebral palsy, diabetes, epilepsy controlled, back deformity, deafness in one ear, pinned hip.

APPLICATIONS - SECTION B: EDUCATIONHIGHEST GRADE COMPLETED (Secondary School)

HIGHEST GRADE COMPLETED	49 NOT INTERVIEWED	61 INTERVIEWED	92 WHO TOOK COURSE
8	4	2	4
9	2	1	0
10	2	4	7
11	4	1	1
12	37	53	80

It will be noted from the chart that there were individuals in each of the three groups who had not completed the twelfth grade; twelve in the 49 group, eight in the 61 group and twelve in the 92 group. When an application was filed, if the individual had not completed the twelfth grade, the application was acknowledged and the individual was requested to take the General Educational Development test to meet the admission requirements of the course.

A summary report for those individuals who had not completed the twelfth grade is as follows:

GENERAL EDUCATIONAL DEVELOPMENT TEST	49 NOT INTERVIEWED	61 INTERVIEWED	92 WHO TOOK COURSE
Did not take G. E. D.	9	5	0
Failed G. E. D.	1	2	3
Passed G. E. D.	2	1	9
TOTALS	12	8	12

After receiving notification of the need for a report of the General Educational Development test in the 49 group, nine did not take the test, one took the test and failed while two took the test and passed.

In the 61 group, even with additional interpretation at the personal interview, five did not choose to take the test, two took it and failed and one took it and passed.

In the 92 group all twelve individuals took the test. Nine passed the test while three failed by a few points. References and previous work experience of the three individuals who failed were carefully evaluated and acceptance in the course was probationary for the first month. All three individuals successfully completed the course. Additional data with regard to their achievement during the course will be presented in the student performance section of this report.

EDUCATION OR TRAINING BEYOND HIGH SCHOOL

	49	61	92
	Not Interviewed	Interviewed	Took Course
<u>FORMAL EDUCATION</u>			
College			
1 year	4	7	11
2 years	1	4	4
3 years	1	0	1
4 years	4	7	3
Less than one year	0	1	7
Non credit	1	1	0
Vocational School or Junior College	6	10	9
Business College	3	2	6
Cosmetology	0	2	1
<u>OTHER TYPES OF TRAINING</u>			
Arts and Crafts	4	2	7
Army/Navy	1	0	2
Community Volunteer Training	1	3	3
On the Job Training	5	6	6
Inservice Education	1	2	3
Nurses Aide	7	10	7
Missionary	0	1	0
NONE	7	3	11
NO ANSWER	13	17	28

Information from the applications regarding education or training beyond high school was classified into one of four different categories:

FORMAL EDUCATION
 OTHER TYPES OF TRAINING
 NONE
 NO ANSWER

The numbers in the columns do not necessarily total to 49 - 61 - 92 since many individuals listed several types of training and all are included in the summary.

LICENSED OR REGISTERED IN A PROFESSION OR TECHNICAL FIELD

Licensed or Registered	49 Not Interviewed	61 Interviewed	92 Took Course
Yes	1	4	1
No	36	40	73
Licensed Practical Nurse	1	2	2
Licensed Nursing Home Operator	1	1	0
Licensed Cosmetologist	0	3	1
Licensed Cyto-technician	0	1	0
Registered Medical Assistant	1	0	0
X-Ray Technician	0	1	0
Teacher	3	1	2
American Federation of Radio Artists	0	1	0
County Fair Judge	0	1	0
No Answer	6	6	13

In answer to the question regarding the licensure or registration of the individual in a profession, the majority of applicants in each of the three groups answered "No" or gave no answer.

APPLICATIONS - SECTION C: EXPERIENCEPRESENTLY EMPLOYED

	49	61	92
EMPLOYED	NOT INTERVIEWED	INTERVIEWED	WHO TOOK COURSE
Yes	36	48	73
No	11	11	14
No Answer	2	2	5

At the time of applying for the course, in answer to the question, "ARE YOU PRESENTLY EMPLOYED?", in the 92 group, seventy-three replied "yes", fourteen replied "no" and five gave no answers. In the 61 group, forty-eight replied "yes", eleven replied "no" and two gave no answer. In the 49 group, thirty-six replied "yes", eleven replied "no" and two gave no answer.

EXPERIENCE - DESCRIBE DUTIES

Code	Description	49 Not Interviewed	61 Interviewed	92 Who Took Course
-02	Students fifteen years or older		1	2
-03	Unemployed housewives, married, widowed or divorced	1	2	4
-10	Experienced but unemployed			1
-99	No occupation		2	
170	Religious workers	6		2
183	Teachers, secondary schools	1	1	
185	Technicians, medical or dental		1	
193	Therapists			1
290	Managers, officials or proprietors	3	4	4
310	Bookkeeper	2		
312	Cashiers			1
325	Office machine operators	1		
340	Postal clerks	1	1	
341	Receptionists		1	1
342	Secretaries	1	4	1
345	Stenographers		1	
360	Clerk-typists	1		2
365	Clerical and kindred workers	3	5	5
375	Salesmen and sales clerks	1	1	1
535	Auto trimmers			1
631	Assemblers		1	
725	Operatives and kindred workers	2	1	2
802	Housekeepers, private home	1		
810	Attendants, hospital and other institutions Unlicensed practical nurses Nurses aides Orderlies	15	20	29
813	Attendants, recreational and amusement Program directors O.T. assistants Activity directors O.T. aides	7	3	27
821	Foster mother		1	
825	Cooks, except private household	1		1
832	Matrons, housekeepers and stewards except private household. Chaperones.		1	3
835	Kitchen workers or dietitian aides		3	1
842	Practical nurses	2	3	1
843	Hairdressers or cosmetologists		1	
875	Waitresses		2	2
915	Farm laborers, unpaid family workers		1	

EXPERIENCE - DESCRIBE DUTIES

The description of present duties as listed by the applicants was coded using as a reference The Alpha Index of Occupations and Industry, Revised Edition, United States Department of Commerce, Bureau of Census, 1960 Census of Population. It may be seen from the chart that a large number of the 92 who took the course were employed in positions described under code 810 Attendants, hospital and other institutions or code 813 Attendants, recreational and amusement. This is consistent with the first and second priority groups for admission to the training course.

PRESENTLY SERVING AS ACTIVITY PROGRAM DIRECTOR

ACTIVITY DIRECTOR	49 NOT INTERVIEWED	61 INTERVIEWED	92 WHO TOOK COURSE
Full time	8	2	15
Part time	4	3	13
No	31	51	49
No answer	6	5	15

In answering the question, "DO YOU PRESENTLY SERVE AS ACTIVITY PROGRAM DIRECTOR?", twenty-eight of the 92 group indicated they were employed in this position full or part-time. Five of the 61 group and twelve of the 49 group indicated employment in the position full or part-time.

APPLICATIONS - SECTION D: INTERESTSSKILLS OR HOBBIES

SKILLS OR HOBBIES	110 WHO DID NOT TAKE COURSE	92 WHO TOOK COURSE
ART and MUSIC Ceramics Drawing Painting Sculpture Theater Writing	63 -	76
COLLECTIONS Antiques Coin China Stamps Dolls Rocks	4	10
CRAFTS Weaving Woodwork Rug Hooking Hat Making Copper Tooling Greeting Card Making	44	41
HOMEMAKING Cooking Cake Decorating Baking	10	13
PEOPLE RELATED INTERESTS Child Care Volunteer Work Helping the Deaf Working with People	18	17
NEEDLEWORK Sewing Crocheting Quilting Embroidery Knitting Tatting	87	86

SKILLS OR HOBBIES (Cont'd.)

SKILLS OR HOBBIES	110 WHO DID NOT TAKE COURSE	92 WHO TOOK COURSE
SPORTS		
Bowling		
Golf		
Ice Skating		
Camping		
Hiking		
Volley Ball	60	34
Waterskiing		
Bicycling		
Swimming		
Hunting		
Boating		
Fishing		
Soft Ball		
VARIED INTERESTS		
Gardening		
Reading		
Animals		
Tropical Fish		
Interior Decorating	76	43
Cross Word Puzzles		
Photography		
Languages		
Travel		
Chess		
NO ANSWER	9	4
NO HOBBIES OR SKILLS	3	0

The skills or hobbies listed on the applications were classified into categories as shown on the chart. Information is provided for the 110 who did not take the course and the 92 who took the course. The numbers in the various categories do not necessarily total to 110 or 92 since many of the applicants enumerated several skills or hobbies.

COMMUNITY ACTIVITIES

ACTIVITY	110 THAT DID NOT TAKE COURSE	92 WHO TOOK COURSE
Church	31	28
School	9	7
Youth Work	21	31
Volunteer Work	9	6
Veterans Organizations	1	3
Service Clubs	13	8
Fraternal Organizations	3	3
Community Clubs	8	11
Politics	3	1
Drama, Music, Art	6	7
Sports	0	3
No Answer	37	23
None	14	7

Information is provided for the 110 who did not take the course and the 92 who did take the course. The numerous clubs, organizations or community activities that were listed by specific names were grouped under general headings as shown on the chart. The total number of community activities reported exceeds the number of applications since frequently more than one activity was listed.

APPLICATIONS - SECTION E: STIPENDS

A stipend of up to \$150.00 monthly was available to each student upon request. The amount of the stipend was based on the applicant's current salary and the amount of financial support continued by the employer during the four month training period. The stipend plus the total amount of continuing salary could not exceed the applicant's normal monthly salary.

To determine the eligibility of each applicant for a stipend award it was necessary to obtain statements regarding present monthly salary and amount of continuing salary by the employer if the individual was selected for the training course.

PRESENT MONTHLY SALARY

Salary	49 Not Interviewed	61 Interviewed	92 Who Took Course
No Salary	28	33	29
Receiving Salary	21	28	63
Salary Range (per month)	\$70.00-\$424.00	\$70.00-\$585.00	\$32.00-\$580.00
Average Salary (per month)	\$230.95	\$245.18	\$261.93
Median Salary	\$210.00	\$225.00	\$250.00

In the 92 group, twenty-nine were not receiving salary. The range in monthly salaries of the sixty-three who were receiving a salary was from \$32.00 to \$580.00. The average salary was \$261.93.

In the 61 group, thirty-three were not receiving salary. The range in monthly

salaries of the twenty-eight who were receiving salary was from \$70.00 to \$585.00.

The average salary per month was \$245.18.

In the 49 group, twenty-eight were not receiving salary. The range in monthly salaries of the twenty-one who were receiving salary was from \$70.00 to \$424.00.

The average salary per month was \$230.95.

NUMBER OF APPLICANTS IN THE FIRST TWO PRIORITY GROUPS
RECEIVING CONTINUING SALARY

GROUP	PRIORITY GROUP	NUMBER IN PRIORITY GROUP	NUMBER RECEIVING SALARY
49 Not Interviewed	First	6	1
	Second	23	2
61 Interviewed	First	5	4
	Second	27	4
92 Who Took Course	First	40	25
	Second	21	6

In the 92 group, of the forty individuals in the first priority group, twenty-five were receiving continuing salary from their employer. In the second priority group there were twenty-one individuals, six of whom were receiving continuing salary.

There was a considerably smaller number of applicants in the 61 and 49 groups who would receive continuing salary. In the 61 group, of the five in the first priority group, four would receive salary; of the twenty seven in the second priority group, one would receive salary; of the twenty-three in the second priority group, two would receive continuing salary.

AMOUNT OF CONTINUING SALARY FOR APPLICANTS IN THE
FIRST TWO PRIORITY GROUPS

GROUP	PRIORITY GROUP	AMOUNT OF CONTINUING SALARY (MONTHLY)						FULL SALARY
		\$1-50	\$51-100	\$101-150	\$151-200	\$201-250	\$250-400	
49	First				1			
	Second		1		1			
61	First	2		1		1	2	
	Second	1		1				
92	First	5	5	4	4	1	1	5
	Second	3		1	1		1	

The amount of continuing salary ranged from \$50.00 or less, up to \$400.00.

In the 92 group, of the twenty-five individuals in the first priority group, five received \$50.00 or less, five received \$51.00 to \$100.00, four received \$101.00 to \$150.00, four received \$151.00 to \$200.00, one received \$201.00 to \$250.00 and one received an amount from \$250.00 to \$400.00. Five individuals continued to receive full salary from their employer while attending the course.

NUMBER OF STUDENTS BY COURSE AND AMOUNT OF STIPEND

COURSE	AMOUNT OF STIPEND AWARD					NO STIPEND
	\$600	\$400-\$500	\$300-\$400	\$200-\$300	\$100-\$200	
I	8	1				1
II	16					
III	15				1	1
IV	13		1			2
V	11					5
VI	14	1				2
TOTAL	77	2	1		1	11

STIPENDS

For the six courses the stipends were awarded as follows:

- 77 students received stipends of \$150.00 for the four month period totaling \$600.00 each.

- 3 students received stipends of less than \$150.00 per month since the amount of continuing salary from their employer plus the full stipend would have totaled more than their normal monthly salary.
 - 1 received a total of \$452.00
 - 1 received a total of \$400.00
 - 1 received a total of \$300.00

- 1 student requested a stipend for the month of practical experience only totaling \$150.00.

- 5 students continued to receive full salary from their employer and, therefore, were not eligible for a stipend.

- 2 students declined to accept a stipend.

- 4 students from out of state were not eligible to receive a stipend.

CONSIDERED HEAD OF HOUSEHOLD?

	49	61	92
HEAD OF HOUSEHOLD	NOT INTERVIEWED	INTERVIEWED	WHO TOOK COURSE
Yes	13	19	32
No	22	33	51
No Answer	14	9	9

IF "NO", IS HEAD OF HOUSEHOLD PRESENTLY EMPLOYED?

	49	61	92
HEAD OF HOUSEHOLD EMPLOYED	NOT INTERVIEWED	INTERVIEWED	WHO TOOK COURSE
Yes	19	27	40
No	2	7	7
No Answer	28	27	45

CONSIDERED HEAD OF HOUSEHOLD?

Two questions were asked on the application form which had no direct bearing on the project: "Are you considered the head of your household?"; and, "if no, is the head of your household presently employed?" These questions were included on the application form at a time when the possibility of accepting persons under the Manpower Development Training Act was being explored. Even though support under the Act was not found feasible, the questions remained on the application form and yielded the information which is summarized on the chart.

IF "NO," IS HEAD OF HOUSEHOLD PRESENTLY EMPLOYED?

Some inconsistencies appear in looking at the totals on the chart. In the 92 group, fifty-one were not head of the household, but in reporting whether the head of the household was employed, forty replied "yes" and seven replied "no" for a total of forty-seven. Forty-five gave no answer. In the 61 group, thirty-three were not head of the household but in reporting whether the head of the household was employed twenty-seven replied "yes" and seven replied "no" for a total of thirty-four. Twenty-seven gave no answer. In the 49 group, twenty-two were not head of the household and in reporting whether the head of the household was employed, nineteen replied "yes," two replied "no" and twenty-eight gave no answer. It was felt the discrepancies in totals resulted because the meaning of the term "Head of Household" was not clearly defined and was perhaps interpreted differently by each individual.

APPLICATIONS - SECTION F: REQUIREMENTS

HIGH SCHOOL RECORD

The majority of the applicants included a copy of their high school record with the application or indicated that arrangements had been made for the school to forward a copy directly to the course headquarters. Each applicant was responsible for securing a copy of his high school record.

All applicants were able to obtain a copy of their high school record with the exception of one. This individual provided proof of high school graduation by bringing her report cards in at the time of personal interview.

SUMMARY OF PERSONAL INTERVIEW INFORMATION

READING ACHIEVEMENT TEST SCORES

Grade Level Scores	61 Not Taking Course	92 Taking Course
7.0 - 7.9	3	1
8.0 - 8.9	5	2
9.0 - 9.9	4	7
10.0 - 10.9	7	8
11.0 - 11.9	8	17
12.0 - 12.9	9	8
13.0 - 13.9	6	17
14.0 - 14.9	2	12
15.0 - 15.9	2	8
16.0 - 16.9	6	4
17.0 - 17.9	8	7
18.0 - 18.9	1	1

The chart shows the grade level scores for the wide range reading achievement test taken by each applicant at the time of his personal interview. The scores range from 7.0 or seventh grade to 18.9 or six years beyond the twelfth grade level. The test was quickly and easily administered. The results were not the single decisive factor in determining an applicant's eligibility for training. However, the results of the test were considered to be an important part of an applicant's credentials since it provided an additional measure of the individual's ability.

Almost 60% of those accepted for the course scored in the middle one-third of the range (11 - 14.9), with 20% scoring in both the lower one-third and the upper one-third. In contrast, 41% of those not accepted for the course scored in the middle one-third of the range (11 - 14.9), with 31% scoring in lower one-third of the range (7.0 - 10.9) and 28% scoring in the upper one-third of the range (15 - 18.9).

PERSONAL INTERVIEW DATA SUMMARY

Personal interview data is summarized on the chart on pages 124 and 125. On the chart the totals for the ratings in each of the twelve different personal traits are provided for the two groups identified as follows:

NA - Not accepted for training
Total - 61

AC - Accepted for training
Total - 89

The total for the accepted group is 89 rather than 92 as shown on all the previous charts because three of the out-of-state applicants did not have personal interviews.

The first section of the chart indicates the NUMBER of individuals who were rated in each category. The second section of the chart converts this number to PERCENT of individuals who were rated in each category. It will be noted that a NOT RATED column is included on the chart and for some traits a large number of individuals fall in this column. This occurs because several of the items such as interest in people, leadership, sense of humor, reliability, attitude and knowledge of Occupational Therapy were not specifically listed on the rating form used for Courses I, II, and III. Therefore ratings for these items were available only for Courses IV, V and VI.

Significant differences in number and percent rated in each category for the two groups may be noted from the chart. In many instances the number and percent in the "acceptable" category is comparable for the two groups. The differences are shown in the categories of "less than" and "more than" with the NA group having a

larger number or percent in the "less than" category and the AC group having a larger number or percent in the "more than" category. This may be particularly noted for the personal traits, interest in people, maturity, sociability, judgment and common sense, initiative and attitude. It may also be noted that those accepted for the training course rated higher in knowledge of Occupational Therapy and reason for taking the course.

The COLUMN TOTALS at the end of the chart on page 125 are derived by adding the number of times those who were NA and those who were AC were rated in each of the four columns. The 61 persons who were NA in the course were rated according to each of the twelve personal traits giving a total of 732 ratings. Likewise the 89 persons AC in the course were rated according to each of the twelve personal traits giving a total of 1068.

By examining the proportion of total ratings in each column an over-all view is obtained of the relative strengths of these two groups. It is highly significant that the NA group rated less than acceptable 13% of the time as compared with only 1% of the time for the AC group. Likewise the NA group was rated more than acceptable 8% of the time whereas the AC group was rated in this category 26% of the time. The NA group scored in the acceptable column 8% more frequently than the AC group (60% cf 52%). About the same proportion of each group was categorized in the not rated column (19% cf 21%).

CHART I
PERSONAL INTERVIEW DATA SUMMARY

Personal Traits	Group	NUMBER OF INDIVIDUALS RATED EACH CATEGORY				Total	PERCENT RATED EACH CATEGORY				Total
		Less Than	Acceptable	More Than	Not Rated		Less Than	Acceptable	More Than	Not Rated	
APPEARANCE	NA	0	44	17	0	61	.0	72.0	28.0	.0	100
	AC	0	55	33	1	89	.0	62.0	37.0	1.0	100
INTEREST IN PEOPLE	NA	4	29	10	18	61	7.0	48.0	16.0	29.0	100
	AC	0	35	29	25	89	.0	39.0	33.0	8.0	100
MATURITY	NA	11	42	7	1	61	18.0	69.0	11.5	1.5	100
	AC	1	56	31	1	89	1.0	63.0	35.0	1.0	100
SOCIABILITY	NA	3	49	9	0	61	5.0	80.0	15.0	.0	100
	AC	0	51	37	1	89	.0	57.0	42.0	1.0	100
JUDGMENT AND COMMON SENSE	NA	11	39	5	6	61	18.0	64.0	8.0	10.0	100
	AC	0	53	26	10	89	.0	60.0	29.0	11.0	100
INITIATIVE	NA	10	42	8	1	61	16.5	69.0	13.0	1.5	100
	AC	0	52	36	1	89	.0	58.5	40.5	1.0	100
LEADERSHIP	NA	11	25	0	25	61	18.0	41.0	.0	41.0	100
	AC	0	44	4	41	89	.0	49.0	5.0	46.0	100

PERSONAL INTERVIEW DATA SUMMARY (Cont'd)

Personal Traits	Group	NUMBER OF INDIVIDUALS RATED EACH CATEGORY				Total	PERCENT RATED EACH CATEGORY				Total
		Less Than	Acceptable	More Than	Not Rated		Less Than	Acceptable	More Than	Not Rated	
SENSE OF HUMOR	NA	1	34	1	25	61	1.5	56.0	1.5	41.0	100
	AC	0	45	3	41	89	.0	51.0	3.0	46.0	100
RELIABILITY	NA	2	32	1	26	61	3.0	52.5	1.5	43.0	100
	AC	1	45	2	41	89	1.0	51.0	2.0	46.0	100
ATTITUDE	NA	7	30	2	22	61	12.0	49.0	3.0	36.0	100
	AC	0	36	19	34	89	.0	41.0	21.0	38.0	100
KNOWLEDGE OF O.T.	NA	15	29	1	16	61	24.5	48.0	1.5	26.0	100
	AC	4	42	18	25	89	5.0	47.0	20.0	28.0	100
REASON FOR TAKING COURSE	NA	19	36	2	4	61	31.0	59.0	3.0	7.0	100
	AC	9	41	37	2	89	10.0	46.0	42.0	2.0	100
COLUMN TOTALS	NA	94	431	63	144	732	13.0	60.0	8.0	19.0	100
	AC	15	555	275	223	1068	1.0	52.0	26.0	21.0	100

RESEARCH INVESTIGATIONS

Several research investigations were conducted in conjunction with the three year demonstration project. The primary purpose of the studies was to collect data related to the selection process and to the success of an individual on the job. It is important to point out that data obtained from the studies in no way influenced the acceptance or rejection of any of the individuals in the six training courses.

A study of the potential use of the General Aptitude Test Battery as a part of a student selection process was conducted in cooperation with the Test Development Staff of the Wisconsin State Employment Service.

Additional studies were conducted under the guidance of the psychology consultant for the project. These investigations related to the use of a general personality inventory as a part of the selection process, the use of a change scale to predict an individual's ability to accept change and the use of a questionnaire to evaluate an individual's perception of his role. A brief description of each study and the data collected follows. Further study and analysis of the data will be completed and subsequent reports will be forthcoming. It is hoped by including a resume of the studies in this report, others will be encouraged to consider the selection or development of tools for evaluative studies related to the various aspects of a training course.

GENERAL APTITUDE TEST BATTERY (GATB)

This study was conducted for the purpose of developing General Aptitude Test Battery norms for the occupation of Occupational Therapy Aide (medical service 079.368).

There were two phases to the study:

- A. During the first week of each course the GATB was administered to all students. Eighty-eight of the ninety-two students participated in this phase of the study.
- B. Six months after the individual returned to work after completing the training course a representative of the Wisconsin State Employment Service visited the agency and obtained an on-the-job performance rating from the employer. The descriptive rating scale SP - 21 was used. Sixty-five of the eighty-eight students participated in this phase of the study.

The complete analysis of the data may be found in Exhibit F, page 148 of this report. These data have been sent to the Bureau of Employment Security in Washington, D. C. for comparison with similar studies being conducted and for final analysis.

SUMMARY OF INVESTIGATION

From this investigation, the following norms were established for the occupation of Occupational Therapy Aide:

<u>GATB Aptitudes</u>	<u>Minimum Acceptable GATB, B 1002 Scores</u>
G - Intelligence	85
V - Verbal Aptitude	95
P - Clerical Perception	95
M - Manual Dexterity	80

The norms established in this GATB study have not been implemented as a part of a student selection process. If the test was used as a part of the selection

process, the results would provide an additional measure of the individual's potential for success in the training course. Additional future studies are indicated utilizing the GATB as one facet of the several combined in the selection process.

EDWARDS PERSONAL PREFERENCE SCHEDULE (EPPS)

The EPPS was selected for use in the Occupational Therapy Assistants course by the psychology consultant. Two basic functions were projected for the EPPS: first, its utility as a selection device; and secondly, as an individual screening device to yield psychological information on aberrant students.

The EPPS was administered to all students except the ten in Course I. Thus eighty-two profiles were collected. All eighty-two profiles were scored by the Student Counseling Center of the University of Wisconsin. In only two cases were EPPS profiles used for individual counseling purposes. In both of these cases, the EPPS profiles were useful in assessing the level of disturbance of the individual and the potential for future successful functioning both academically and experientially.

All eighty-two EPPS profiles were used in an analysis of the relationship between the EPPS and overall success attainment in the Occupational Therapy Assistants course. A three point success scale was used to obtain an overall success attainment rating:

1. POOR
2. FAIR
3. GOOD

A rating for each of the eighty-two students was determined by the course staff using a low to high ranking of the combined scores on academic achievement and performance during the course and the on-the-job performance rating.

No individual EPPS dimension appeared strongly related to success. However, a combination of scores on need-affiliation and need-achievement shows some relationship to success rating. The chart below demonstrates this relationship at the extremes of the success scale. No relationship seems evident in the middle third of the success distribution.

CHART II

HIGH -----SUCCESS RATINGS-----LOW

		<u>Need: Affiliation</u>				<u>Need: Affiliation</u>		
		Below 50%	Above 50%			Below 50%	Above 50%	
<u>Need:</u> <u>Achievement</u>	Below 50%	9	1	10		6	7	13
	Above 50%	3	0	3		2	7	9
		12	1	13		8	14	22

It is the psychology consultant's opinion that this relationship is probably artifactual and nonreplicable. The small number of cases available as well as the nondiscriminative nature of the three point success scale make inferential statistical procedure inapplicable. Thus, no significance tests were run.

SUMMARY OF INVESTIGATION

The utility of the EPPS as a selection instrument was not well demonstrated in this project. Analysis of EPPS data was difficult due to the small number and lack of

adequate criteria. With larger numbers and associated data, the usefulness of the EPPS as a selection instrument may be determined. The EPPS did prove useful as a clinical tool for the two occasions it was used. Whether this clinical usefulness makes general EPPS administration desirable and feasible depends on the nature of the project in which it is being used.

CHANGE SCALE

A scale designed to measure a person's ability to adjust to demands for change in social or work roles was administered to seventy-six Occupational Therapy Assistant students. This experimental scale was developed with the assistance of the Sociology Department of the University of Wisconsin and was adapted for use in the Occupational Therapy Assistants project by Dr. Richard Whitehill of the University of Wisconsin Student Counseling Center. As the complete scale has not yet been published by its originators, only examples of the types of statements and the choice of answers are included in this report.

The scale used for the study contained twenty-six statements. The choice of answers for each statement was:

<u>Strongly</u>	<u>Agree</u>	<u>Undecided</u>	<u>Disagree</u>	<u>Strongly</u>
<u>Agree</u>				<u>Disagree</u>

Examples of the types of statements included in the scale follow:

There is really something refreshing about enthusiasm for change.

Although change is necessary and can be a good thing loyalty to the long tradition is what we should be concerned about.

When I hear of people who are deprived of freedom and of just treatment I really get involved; I find myself planning how I can help them.

It would be nice if middle-aged and elder citizens could retain the rebelliousness and enthusiasm for initiating change that frequently characterize youth.

The change scale was included in the investigative studies as it was felt that ability to work with the pressure of change in work role would be a valuable attribute for a Certified Occupational Therapy Assistant. Thus it was hypothesized that the more successful Certified Occupational Therapy Assistants would be more receptive to change than the less successful students. This prediction was supported as shown in the following table:

<u>Success Rating:</u>	<u>LOW</u>	<u>MEDIUM</u>	<u>HIGH</u>
Number of cases	21	41	14
Mean change score	-15.38	-16.71	-12.64
<u>Overall Mean:</u>	<u>-15.51</u>		

A high negative score can be interpreted as showing greater reluctance to accept change. Thus, it can be seen that the more successful students are those who apparently have a comparatively easy time accepting change. However, the group with the greatest reluctance to accept change according to this index have a medium success rating.

SUMMARY OF INVESTIGATION

No inferential statistical tests were run as the data could not satisfy the

necessary conditions in terms of sampling. Yet, this relationship seems quite suggestive and worthy of further investigation.

JOB PERCEPTION

This study was conducted for the purpose of gathering information about an individual's perception of his role as an Activity Director. A questionnaire (Exhibit G, page 156) was developed by the Course Staff with guidance from the psychology consultant. The questions related to an individual's overall feelings about his job, what he considered to be the most important aspects of his job, how he saw his working relationship with his immediate supervisor and what reading he had done and what meetings he had attended that were helpful on the job.

The students were asked to complete the questionnaire early in the training course and again twelve months after completing the course when they attended the Follow-Up Workshop. A total of sixty-six students completed the questionnaire during the course. Forty-six graduates who had been employed as Certified Occupational Therapy Assistants completed the questionnaire at the Follow-Up Workshop. Responses to each question were summarized.

SUMMARY OF INVESTIGATION

In response to the question of overall feelings about the job, the majority of the students expressed a feeling for liking to work with people and more specifically working with older people. After having been employed for twelve months as a Certified Occupational Therapy Assistant the responses were similar but frequently were phrased in terms of "I like helping people to help themselves."

The two items most frequently mentioned by the students as being important aspects of the job were working with patients and establishing good relationships with their co-workers. After having been employed as Certified Occupational Therapy Assistants, the responses related more specifically to several aspects of working with patients such as recognizing the importance of communicating with patients, learning the right approach to each individual, and the importance of understanding individual patient needs.

The working relationship with the immediate supervisor was for the most part described by the students as being very good, cooperative or understanding. In a few instances the students felt that opportunities to meet and discuss problems would improve the relationship. A year later they felt the relationships were still good but they expressed the wish that their supervisors had a clearer concept of the role of activity as a part of total patient care.

Although as students their reading focused rather sharply on arts and crafts and recreation, at the time of the twelve months Follow-Up Workshop many more were including in their reading materials from the general categories of health and nursing home information.

As students as well as Certified Occupational Therapy Assistants participation in meetings both at the institutions and away was considered helpful. The types of meetings included in-service education, staff meetings, nursing home conferences, occupational therapy association meetings and various one day institutes.

CHAPTER II

RESUME OF SALIENT POINTS

STUDENT SELECTION

ADMISSIONS COMMITTEE

The Admissions Committee, composed of eight members of the Advisory Committee, developed the admission criteria for selection of students and prior to each course met to review the applications and make the final selection of students.

ADMISSION CRITERIA

The Admission Criteria, pages 74 and 75, includes information pertinent to general requirements of the course, priority groups for acceptance in the course, and acceptance of out-of-state students. Financial assistance, in the form of a monthly stipend, was available to each student upon request.

PUBLICITY

A brochure describing the course was developed. Publicity for recruitment of students was primarily directed toward nursing home administrators in order to reach the maximum number of potential students in priority groups one and two. During the second and third year prepared publicity releases for the daily and weekly newspapers of the state were used. General recruitment of the students through mass media (commercial advertising) was not necessary.

SELECTION PROCESS

The Course Director coordinated the various aspects of the selection process. After an application was received, references were obtained and each individual was scheduled for a personal interview. The personal interview was considered a significant part of the selection process because it provided an opportunity to assess the qualifications of the applicant and to interpret the purposes and objectives of the Occupational Therapy Assistants Course. It was also an opportunity for an exchange of information between the applicant and course representatives.

FINAL SELECTION OF STUDENTS

The final selection of students for the course was made by the Admissions Committee following a review of each applicant's credentials. Acceptance was based on whether the applicant met general course requirements, the priority group, and the individual's defined plan for use of the training if not presently employed in an activity program. Acceptance as an alternate was based on the fact that the applicant met general course requirements but was usually in the third or lowest priority group or was from out-of-state. Rejection was recommended only after a careful review of the applicant's credentials indicated deficiencies in one or more categories including education, references, personal commitment for use of training, health and personal problems. Each applicant was notified of the action taken by the committee.

APPLICATIONS - SUMMARY OF INFORMATION

NUMBER OF APPLICATIONS

There was a total of two-hundred-two applications for the six courses. The least number of applicants for a course was seventeen. The greatest number was forty-four. The number of applications by geographical location was consistent with the population distribution in the state with the largest number being filed from the southeastern metropolitan area.

APPLICANTS' CHARACTERISTICS

In the report information is summarized for the two-hundred-two applicants. The following summary pertains only to the ninety-two applicants who were selected to take the course:

Sixty-six percent were in the first and second priority groups, 29.5% were in the third priority group and 4.5% were from out-of-state.

Fifty-six percent lived within fifty miles of the course location, 40% lived farther than fifty miles from the course location.

During the academic three months of the course, 52% commuted daily, while 48% lived away. For the month of practical experience 30% commuted daily and 70% lived away.

The average age was thirty-seven years. The range in age was from eighteen to fifty-nine years.

There were five males and eighty-seven females who were selected to take the course.

With regard to marital status, 41.2% were single, 40.2% were married and 18.5% were widowed, divorced or separated.

Forty-nine had children, the number ranging from one child to seven children. The ages of the children ranged from one year to adults age twenty-one and over.

One listed a dependent other than a child.

The condition of health was listed as good, very good, excellent.

Twelve had not completed the twelfth grade and were required to take the General Educational Development Test.

Not summarized here but available in the report is information about the number licensed or registered in a profession or technical field, education or training beyond high school, previous experience, skills or hobbies and community activities.

While attending the course, thirty-one received continuing salary from their employer ranging in amounts from \$50.00 or less up to \$400.00 per month. Five continued to receive full salary.

Seventy-seven were awarded full stipends for the four month period, four received partial stipends, two declined to accept a stipend and nine were not eligible for stipends.

Each applicant submitted a transcript of his high school record with the completed application form.

SUMMARY OF PERSONAL INTERVIEW INFORMATION

READING ACHIEVEMENT

The wide range reading achievement test was taken by each applicant at the time of his personal interview. The test was not the single decisive factor in determining an applicant's eligibility for training, but the results were considered to be an important part of an applicant's credentials since it provided an additional measure of an individual's ability.

PERSONAL INTERVIEW DATA

Personal interview data is summarized on a chart on pages 124 and 125. From the chart some significant differences may be noted between the group of sixty-one who were interviewed but not accepted for the course as compared with the eighty-nine who were interviewed and accepted.

RESEARCH INVESTIGATIONS

Research investigations conducted as a part of the project were for the purpose of collecting data and in no way influenced the acceptance or rejection of any of the individuals in the six courses. Investigations reported include studies of the potential use of the General Aptitude Test Battery and the Edwards Personal Preference Schedule as a part of the student selection process, the use of a change scale to predict an individual's ability to accept change, and the use of a questionnaire to evaluate an individual's perception of his role.

A P P E N D I X I I

ADMISSIONS COMMITTEE

Miss Alice D. Miller, O. T. R.
Director, Occupational Therapy
Assistants' Course
Division of Chronic Disease and Aging
Wisconsin State Board of Health
Madison, Wisconsin
Chairman of Admissions Committee

Miss Marilyn Hennessy, O. T. R.
Occupational Therapy Consultant
Division of Chronic Disease and Aging
Wisconsin State Board of Health
Madison, Wisconsin

Jean C. Antonmattei, M. D.
Deputy Commissioner of Health
Milwaukee City Health Department
Milwaukee, Wisconsin

Miss Edith Horn, R. N.
Public Health Nursing Supervisor
Milwaukee City Health Department
Milwaukee, Wisconsin

Mr. Paul F. Fler, Administrator
Division of Chronic Disease and Aging
Wisconsin State Board of Health
Madison, Wisconsin

Miss Beatrice Palen, R. N.
Wisconsin State Board of
Vocational and Adult Education
Madison, Wisconsin

Mr. Harold Frey, Administrator
Oakwood Lutheran Home
Madison, Wisconsin

Mr. Warren Von Ehren
Executive Director
Wisconsin Hospital Association
Madison, Wisconsin

Mrs. Patricia Harrison, R. N.
Hospital Nurse
District 1 Health Office
Madison, Wisconsin

Admission Requirements

Course is open to men and women between the ages of 18 and 55 who are high school graduates or who have passed high school equivalency test.

Priority for admission will be given first to individuals currently employed as activity directors, second to other individuals employed in long-term care facilities, and finally to other interested and qualified persons.

Enrollment in each course is limited to 16 persons.

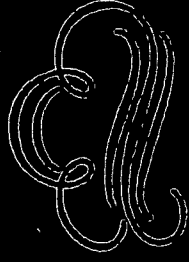
Admission Procedure

- ① An application form should be completed and sent with high school record to the Course Director.
- ② Selected applicants will be notified of a time for a personal interview.
- ③ Subsequently, a health certificate will be required.
- ④ Final selection of students will be made by the admissions committee.

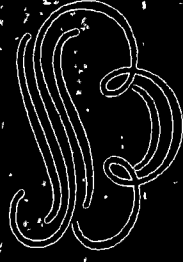
Application forms and further inquiries should be sent to:

Director
Occupational Therapy
Assistants' Program

Wisconsin State Board of Health
P. O. Box 309
Madison, Wisconsin 53701



The Occupational Therapy Assistants' Program is supported by a grant from the United States Public Health Service, Department of Health, Education, and Welfare.



OCCUPATIONAL THERAPY ASSISTANTS' PROGRAM

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presented by
Wisconsin State Board of Health
a program to train activity
directors for long-term care facilities

March 2, 1966

July 1, 1966

State of Health Hospital
Evanston, Wisconsin

**IN NURSING HOMES
HOSPITALS
COMMUNITY AGENCIES**

**A CERTIFIED OCCUPATIONAL
THERAPY ASSISTANT**

- Plans and conducts a program of individual and group activities designed to maintain the highest level of health and function of each person, with consultation from a registered occupational therapist.
- Works in a specific treatment program of occupational therapy under the direct supervision of a registered occupational therapist.

A Three Part Program

- 1** FOUR MONTH TRAINING COURSE
- Orientation to activity programs
 - Orientation to occupational therapy
 - Understanding physical development and clinical conditions
 - Understanding personality development
 - Development of organizational skills
 - Working with volunteers
 - Orientation to institutions

Development of creative and social recreational skills
Development of skills for independent self-care
Development of skill in the remediation technique
Four weeks of on-the-job training

2 POSTGRADUATE WORKSHOPS

Workshops will be held periodically for graduates of the Occupational Therapy Assistants' Course. These will be designed to upgrade the assistants knowledge and performance and include problem solving, presentation of new techniques, and sharing of experiences.

3 CONSULTATION

Continuing consultation to the Certified Occupational Therapy Assistant will be provided without charge by the district occupational therapy consultants of the Wisconsin State Board of Health.

The course is endorsed for training in the area of general practice by the American Occupational Therapy Association.

Certification

Upon successful completion of the course trainees are eligible for nationally recognized certification by the American Occupational Therapy Association.

Trainees will also receive certification indicating their training in the technique of remediation.

Faculty

Full-time faculty members are two Registered Occupational Therapists. There will also be guest lecturers including physicians, nurses, psychologists, social workers, speech therapist, physical therapists, and recreational therapists.

Stipends

Stipends of up to \$150 monthly are available to each trainee. Applicants wishing to apply for a stipend must complete Section E of the application form.

Time and Place

The course will be presented at Sacred Heart Hospital between March 2nd, 1966 and July 1, 1966.

Classes are held Monday through Friday from 8:15 a.m. to 4:30 p.m. The course is full time for four months.

INTERVIEW INFORMATION
(To be completed by Applicant)

NAME _____

For the four month training course, classes are held five days a week from 8:15 a. m. until 4:30 p. m. There will be home work.

1. What arrangements could you make so that you would have time in the evening to study?

2. If you have children at home, what plans would it be necessary to make for their care while you are taking the course?

3. Are there any other family or personal obligations that would need to be considered while you are taking the course?

4. Would you be willing, and would it be possible for you to live in another city for the four weeks of practical experience?

5. If you are selected, and if you successfully complete the course, will you be able to work full time? _____ Part time? _____

6. What plans do you have for using the training?

APPLICANT INTERVIEW - KEY POINTS
(Used by Interviewers)

1. THE COURSE

- A. Number of months
- B. Days per week - Holidays
- C. Number of hours of class work
- D. Different kind of learning experience
 - (1) personal involvement
 - (2) little emphasis on grades
 - (3) the need for time to study
- E. On the job training - one month
 - (1) long term or geriatric patients
 - (2) with supervision of the OTR
 - (3) location
- F. Curriculum - content
- G. Successful completion of the course
 - (1) Eligibility for certification (AOTA)
 - (2) Fees for certification
 - (3) What individual is prepared to do
 - a. Working with supervision
 - b. Working with consultation

2. FINANCING

- A. Stipends
- B. Expenditures for course
 - (1) Maximum of \$20 (Books, name pin)
- C. Wearing apparel
- D. Living or commuting arrangements

3. IF ACCEPTED FOR COURSE

- A. Health Certificate
- B. Will be notified - accepted or not accepted
- C. Demands employer will make during four months training course
- D. Family responsibilities
 - (1) Being away for one month
- E. Recommend devoting full time to course for four month period

MEDICAL RECORD

To be completed by applicant

Name: _____ Date _____

Address: _____

Place of Birth _____ Date of Birth _____

Have you ever had any limitation placed on your physical exercise in amount or type?
If "yes", describe limitation.

Do you have any physical disability or illness?
If "yes", indicate disability or illness

Present health: _____ Excellent _____ Good _____ Fair _____ Poor

Present medication: _____

For what ailment prescribed: _____

Dates of immunization against: _____

Poliomyelitis _____ Smallpox _____ Tetanus _____

Applicant's Signature _____

To be completed by physician

Upon completion of the four-month Occupational Therapy Assistants Training Course this individual will be employed as an activity director in a long-term care facility. This position requires that he or she be able to stand for an eight-hour day and organize and conduct craft and recreational activities for persons both on the ward and in the recreation area. In view of the Occupational Therapy Assistant's need for sound physical and emotional health, in your opinion, does the applicant have any limitations which would prevent him from doing this work? Please comment.

Date of last: Chest X-ray _____ and/or Tuberculin Skin Test _____

Where was it done? _____ Results? _____

I certify that this individual is free of communicable diseases including active tuberculosis

Physician's Signature: _____ Date _____

PLEASE TYPE OR PRINT:

Physician's Name _____

Address _____

DEVELOPMENT OF UNITED STATES EMPLOYMENT SERVICE
APTITUDE TEST BATTERY

For
OCCUPATIONAL THERAPY AID
(medical ser.) 079.368

S-272R

This report describes research undertaken for the purpose of developing General Aptitude Test Battery (GATB) norms for the occupation of Occupational Therapy Aid (medical ser.) 079.368. The following norms were established.

GATB Aptitudes	Minimum Acceptable GATB, B-1002 Scores
G - Intelligence	85
V - Verbal Aptitude	95
Q - Clerical Perception	95
M - Manual Dexterity	80

RESEARCH SUMMARY

Sample:

83 female and 5 male students who took training given by the Wisconsin State Board of Health. This training was funded by a Community Health Services Grant (CH 53-4), United States Department of Health, Education and Welfare.

Criterion:

Class grades

Design:

Predicative (test data collected at the beginning of the training and Criterion data at the end).

Minimum aptitude requirements were determined on the basis of a job analysis and statistical analyses of aptitude mean scores, standard deviations and selective efficiencies.

Predictive Validity:

Phi Coefficient = .42 (P/2 less than .0005)

Exhibit F. (Continued)

Effectiveness of Norms:

Only 67% of the non-test-selected students used for this study were good workers; if the students had been test selected with the S-272 norms, 82% would have been good students. 33% of the non-test-selected students used for this study were poor students, if the students had been test selected with the S-272 norms only 18% would have been poor students. The effectiveness of the norms is shown graphically in Table I.

TABLE I

Effectiveness of Norms

	<u>Without Tests</u>	<u>With Tests</u>
Good Students	67%	82%
Poor Students	33%	18%

SAMPLE DESCRIPTION

Size: N = 88

Occupational Status: Student trainees

Training Setting: Students were trained by staff of the State Board of Health, Madison, Wisconsin at four different locations in the state.

Students Selection Requirements:

Education: High school graduates preferred

Previous Experience: Hospital or nursing home experience preferred

Tests: None

Other: Personal interview, transcript of school grades, check of references ability to speak, read and write English

Principal Activities: The training each student received was comparable.

Exhibit F. (Continued)

TABLE II

Means, Standard Deviations, Ranges and Pearson Product-Moment Correlations with the Criterion (r) for Age and Education

	M	SD	Range	r
Age (years)	36.4	13.7	18-60	-.138
Education (years)	12.4	.4	8-16	.228*

*Significant at the .05 level

EXPERIMENTAL TEST BATTERY

All 12 tests of the GATB, Form B, using the IBM answer sheets were administered during 1964, 1965, 1966 and 1967.

Criterion

The criterion consisted of a composite grade received in the areas of academic achievement, class work performance, oral report and final exam and was obtained after the training was completed.

Critical Score Distribution:

Possible Range:	4-75
Actual Range:	50-72
Mean:	60.7
Standard Deviation:	4.8

Criterion Dichotomy: The criterion distribution was dichotomized into low and high groups by placing 33% of the sample in the low group to correspond with the percentage of students considered unsatisfactory or marginal. Students in the high criterion group were designated as "good students" and those in the low group as "poor students".

APTITUDES CONSIDERED FOR INCLUSION IN THE NORMS

Aptitudes were selected for tryout in the norms on the basis of a qualitative analysis of job duties involved and a statistical analysis of test and criterion data. Aptitudes G and M were selected on the basis of a high correlation with the criterion and Aptitudes V and Q were selected on the basis of job analysis requirements and low standard deviations which may have suppressed their correlations with the criterion.

Exhibit F. (Continued)

TABLE III

Qualitative Analyses
(Based on the job analysis the aptitudes listed
appear to be important to the work performed)

Aptitude	Rational
G - General Learning Ability	Required in understanding instructions and applying the techniques learned, and in observing patients to determine their progress and/or particular problems
V - Verbal Aptitude	Required in communicating with patient, in understanding oral and written instructions and in preparing oral and written reports.
Q - Clerical Perception	Required in maintaining inventory, in ordering supplies and materials and in posting progress reports of patients.
K-M - Motor Coordination and Manual Dexterity	Required in guiding and demonstrating the activity being taught the patients, in moving the supplies and materials and in setting up the projects to be worked on.

TABLE IV

Means, Standard Deviation, Ranges and Product-Moment Correlation with the Criterion (r) for the aptitudes of the GATB, N=88.

Aptitudes	Mean	SD	Range	r
G - General Learning Ability	106.0	13.2	74-134	.249*
V - Verbal Aptitude	106.5	13.9	66-135	.104
N - Numerical Aptitude	99.5	13.9	66-130	.182
S - Spatial Aptitude	109.1	15.8	74-140	.209
P - Form Perception	102.5	16.8	63-139	.145
Q - Clerical Perception	107.4	12.8	77-138	.200
K - Motor Coordination	107.5	16.2	62-148	.244*
F - Finger Dexterity	100.2	19.3	54-141	.173
M - Manual Dexterity	107.9	21.7	52-146	.271**

*Significant at the .05 level

**Significant at the .01 level

Exhibit F. (Continued)

TABLE V

Summary of Qualitative and Quantitative Data

Type of Evidence	Aptitudes									
	G	V	N	S	P	Q	K	F	M	
Job Analysis Data Important	X	X				X	X			X
Irrelevant										
Relatively High Mean		X		X		X	X			
Relatively Low Standard Dev.	X	X	X			X				
Significant Correlation with Criterion	X						X			X
Aptitudes to be considered for Trial Norms	G	V				Q	K			M

DERIVATION AND VALIDITY OF NORMS

Final norms were derived on the basis of a comparison of the degree to which trial norms, consisting of various combination of Aptitude G, V, Q, K and M at trial cutting scores, were able to differentiate between the 67% of the sample who were considered good students and 33% of the sample who were considered poor students. Trial cutting scores at five point intervals, which were approximately one standard deviation below the mean, were tried because this would eliminate about one-third of the sample with three aptitude norms. For two aptitude trial norms minimum cutting scores slightly higher than one standard deviation below the mean would eliminate about one-third of the sample; for four-aptitude trial norms cutting scores slightly lower than one standard deviation below the mean would eliminate about one-third of the sample. The Phi Coefficient and Chi Square test were used as a basic for comparing trial norms. The optimum differentiation for the occupation of Occupational Therapy Aid, 079.368, was provided by the norms of G-85, V-95, Q-95 and M-80. The validity of these norms is shown in Table VI and is indicated by a Phi Coefficient of .42 (statistically significant at the .0005).

Exhibit F. (Continued)

TABLE VI

Predictive Validity of Test Norms
G-85, V-95, Q-95 and M-80

	Nonqualifying Test Scores	Qualifying Test Scores	Total
Good Students	12	47	59
Poor Students	19	10	59
Total	31	57	88

Phi Coefficient = .42

Chi Square (X^2) = 15.5

Significance Level = P/2 less than .0005

DETERMINATION OF OCCUPATIONAL APTITUDE PATTERN

The data for this study met the requirements for incorporating the occupation studied into OAP-13 of the 36 OAP's included in Section II of the Manual for the General Aptitude Test Battery.

NOVEMBER, 1967

(Continued - Next page)

Exhibit F. (Continued)

WISCONSIN STATE EMPLOYMENT SERVICE FOLLOW-UP STUDY
FACT SHEET

S-272R

February 1968

JOB TITLE

Occupational Therapy Aid (Medical Ser.) 079.368-026

JOB SUMMARY

Assists Registered Occupational Therapist in planning, organizing and directing voluntary recreational, educational, social, creative and manual arts programs for patients in hospitals and similar institutions as an aid to therapy and rehabilitation.

WORK PERFORMED

Plans and organizes program with guidance and direction from the Occupational Therapist. Takes charge of a group of patients and may escort them to the activity area. Organizes patients into classes according to similar abilities. Selects type of activity that patient is best able to do. Distributes materials, games or equipment in accordance with the activity. Instructs and demonstrates to the patients in such activities as games, arts, crafts, library work, homemaking and personal care. Observes patients to determine degree of cooperation, ability and instruction needed to aid in rehabilitating them. Adjusts activity to best benefit patient.

Attempts to develop an individual relationship with patient to gain his confidence and respect. Gives maximum encouragement through appreciation of the work. Circulates among patients to observe them, to foster group relations, to communicate with them and try to understand their problems.

Exhibit F. (Continued)

Maintains data on patients capacity to participate and posts records or attends conference to report progress of patient. Discusses individual case histories with Occupational Therapist. May plan exhibits of work done by patients.

Orders and stores supplies to be used in therapy. Collects materials at end of therapy periods. Maintains, repairs or replaces damaged equipment and supplies.

EFFECTIVENESS OF NORMS

Only 63% of the non-test selected trainees used for this study were good students; if the trainees had been test-selected with the S-272R norms, 87% would have been good trainees. 37% of the non-test selected trainees used for this study were poor students; if the trainees had been test-selected with the 272R norms only 13% would have been poor trainees. The effectiveness of the norms is shown graphically in Table I, page 149.

APPLICABILITY OF S-272R NORMS

The aptitude test battery is applicable to jobs which include a majority of duties described above.

SIZE: N - 65

C H A P T E R I I I

C U R R I C U L U M D E V E L O P M E N T

A N D

C O N T E N T

CURRICULUM PROCESS OF DEVELOPMENT

THE CURRICULUM COMMITTEE

The Curriculum Committee was composed of selected Advisory Committee members, three Registered Occupational Therapists working in the field of geriatrics or chronic illness and the district Occupational Therapy Consultants of the State Board of Health (Exhibit A, page 399). After being organized, this committee held a total of eight meetings between May and October, 1964. To provide a basis for curriculum content, preliminary deliberations of the committee were directed toward defining the objectives of the Occupational Therapy Assistants Course and the functions of the Occupational Therapy Assistant (Exhibit B, page 400). Further considerations for course content were made by identifying the kinds of functions or tasks required to plan and conduct an activity program for a nursing home. Content for the curriculum in general practice with emphasis in geriatrics was then developed using as a guide the Requirements of an Acceptable Training Program for Occupational Therapy Assistants, American Occupational Therapy Association, 1962 (Exhibits C - D, pages 401 and 405). When the Course Director was employed beginning in October, 1964, she assumed responsibility for implementing the course objectives and the development of curriculum content.

CURRICULUM REVISIONS AND STABILIZATION

The curriculum developed by the Curriculum Committee was utilized for Course I. At a Curriculum Committee meeting following Course I, minor revisions were made in five of the units. With these revisions, it was the recommendation of

the committee that the curriculum outline be stabilized for Courses II through VI of the project. It was felt that additional revisions would deter development and study of the curriculum. The curriculum outline as used for Courses II through VI appears in Exhibit E, page 410 through 423. The total number of planned curriculum hours and the outline of topics remained unchanged for the five courses. With the movement of the course to different geographical locations and the utilization of different instructors and guest lecturers, variation did occur in course content as well as in teaching methods.

CURRICULUM CONTENT

The development of curriculum content and related materials was a continuing process throughout the six courses. Unit and topical outlines were developed to accompany the basic curriculum. Resource materials and bibliography were expanded. Classroom distribution materials were developed. Tests including pre and post tests and a final examination were developed, reviewed and revised. At each of the different course locations significant contributions to content, resource materials and bibliography were made by the instructors and guest lecturers. The compilation of curriculum content which is presented in the next section of this report has resulted from a combining of information and materials from all of the courses.

BASIC PLAN OF THE COURSE

ADMINISTRATION

The Course Director and Assistant Course Director had complete responsibility for planning, organizing and implementing the course at each location.

LENGTH AND CONTENT

Each course was four months in length with a minimum of 529 clock hours of planned study as recommended by the Curriculum Committee and distributed as shown in the following chart:

<u>UNIT</u>	<u>TOPIC</u>	<u>HOURS</u>
I	Introduction to Training Program	7
II	Introduction to Occupational Therapy	5
III	Personality Development	43
IV	Physical Development	57
V	Use of Activity with Geriatric Patients	50
VI	Skills	171
VII	Relationship to Other Services	10
VIII	Organizational Skills	25
IX-X-XI	Unassigned Following Curriculum Revision	---
XII	Personnel Policies	1
XIII	Medical Terminology	0
XIV	Practical Experience	160
XV	Evaluation	<u>0</u>
	TOTAL	529

The academic classwork, 369 hours, was given during the first three months followed by practical experience, 160 hours (Unit XIV) in the fourth month. The course was full-time with classes being held Monday through Friday from 8:15 A. M. to 4:30 P. M.

FACULTY

The academic classwork was taught by the course director, assistant course director, a part-time instructor who was a Registered Occupational Therapist and guest lecturers. For practical experience, a Registered Occupational Therapist

employed by agencies to which the students were assigned provided supervision and guidance.

CERTIFICATION

Upon successful completion of the course, students were recommended for certification by the American Occupational Therapy Association.

SPECIAL PLANNING FOR A COURSE
CHART III
CALANDAR SCHEDULE - FOUR MONTH COURSE
3/2/66 - 7/1/66
17 1/2 Weeks

MONTH	NUMBER OF DAYS	ACTIVITY	LOCATION	NUMBER OF HOURS
MARCH 2 - 31	22	Classes	Classroom	154
APRIL 1	1	Classes	Classroom	7
4 - 8	5	Remotivation	Classroom	30
11	--	Vacation	-----	0
12 - 29	14	Classes	Classroom	98
MAY 2 - 27	20	Classes	Classroom	140
30	--	Holiday	-----	0
31	1	Travel	Enroute	7
JUNE 1 - 28	20	Practical Experience	Centers	160
29 - 30	2	Oral Reports, Final Exam	Classroom	14
JULY 1	1	Course Completion	Classroom	4
		Graduation	Course Site	3
4 MONTHS	86 DAYS			617 HOURS

SCHEDULE

Planning was initiated four to six months in advance of a course. The calendar for Course IV on page 162 is included to illustrate the type of planning schedule prepared. Course dates and total number of days and hours available in the four month period were indicated. The academic three months, practical experience month, special classes, holiday or vacation and travel days were planned using as a guide the following points:

1. The course began in midweek, on a Wednesday.
2. Classes were held seven hours daily. There were two exceptions: "Remotivation" week, six hour days for five days and "practical experience" month, eight hours daily, five days a week.
3. Vacation and/or holiday time was dependent upon the months the course was being conducted. That is, more holiday time was allotted in the October to February courses than in the March to July courses.
4. Travel time to and from practical experience centers was included in course planning.
5. Three days were planned following practical experience for the students to return to the classroom for a sharing of experiences, final examination and graduation.

Particularly significant in the planning was point number one. The course began in midweek because it was felt that for adults returning to full time classwork, three days the first week would probably seem like five. This assumption proved to be correct judging from the comments made by many students on Friday of the first week. A further indication of the value of this type of planning for adult education came from those individuals who were too far from home to commute daily and who were experiencing the concerns associated with separation from family. In the

beginning, three days of separation were more tolerable than five.

It will be noted that the total number of hours for Course IV was 617 hours. The additional 88 hours over the planned minimum of 529 hours as recommended by the Curriculum Committee were used for augmenting certain units as it seemed appropriate and for including certain topics not allowed for in the original curriculum.

TEACHING PLAN

The organizational plan for teaching while similar, did vary for each course depending upon availability of staff and what was considered to be the most effective method for presenting the material. Classroom instruction was provided in three different ways:

1. Single instructor. Taught by one instructor presenting new material, leading a discussion, or acting as resource person.
2. Dual instructors. Two instructors, each presenting a topic to half of the class. This meant each instructor presented some material twice. This type of teaching provided more individual instruction and was particularly appropriate for teaching skills.
3. Joint instructors. Two instructors together presenting material for discussion and/or clarification. This type of instruction proved to be particularly appropriate when the course director and assistant course director jointly introduced the month of practical experience to the students.

All classes taught by guest lecturers were audited by one of the staff members. In this way a member of the staff became familiar with the material presented and was thus able to integrate this information with other aspects of the curriculum.

Throughout the six courses a record was kept of the hours of instruction. A

summary of this information may be found following the Section on Compilation of Curriculum on page 384.

PART TIME INSTRUCTOR

The Registered Occupational Therapist who was employed as part time instructor for the course was recruited from the local community in which the course was being taught. In most instances since this individual had not been actively employed as a therapist in recent years, time was needed before the beginning of the course for orientation and planning. This included an explanation of the objectives and organization of an Occupational Therapy Assistants Course, an opportunity to become acquainted with the teaching materials in the files, time for planning class schedules and preparation time for classes to be taught.

The major part of the teaching assignment for the instructor was in Unit VI or the skills area of the curriculum. Some of the hours were planned for teaching all of the class but many were dual teaching with the instructor and the Assistant Course Director each teaching one-half of the class. In addition to teaching classes, the instructor prepared topical outlines and instructional materials and audited selected guest lecturers. The Assistant Course Director provided the liaison for coordinating the activities of the instructor with other members of the staff.

GUEST LECTURERS

Guest lecturers to assist with teaching were recruited from the area of the state in which the course was being taught. Interpretation of the objectives of the Occupational Therapy Assistants Course was made through personal or telephone

CHART IV
UNITS IN CURRICULUM IN WHICH GUEST LECTURERS PRESENTED TOPICS

GUEST LECTURERS	UNIT					
	III	IV	V	VI	VII	VIII
CLERGY					*	*
DIETETICS					*	
LIBRARY SERVICES						*
MEDICAL SERVICES						
PSYCHIATRY	*					
GENERAL PRACTICE	*	*			*	
SPECIALITIES		*				
MUSIC THERAPY				*		
NURSING			*		*	*
NURSING HOME ADMINISTRATION			*		*	
OCCUPATIONAL THERAPY			*			*
PHYSICAL THERAPY			*		*	
PSYCHOLOGY	*				*	
RECREATION THERAPY				*		
RECREATION SPECIALISTS				*		
REMOTIVATION				*		
SALES REPRESENTATIVES (Arts & Crafts)				*		
SOCIAL WORK	*				*	
SPEECH THERAPY			*		*	
VOCATIONAL REHABILITATION SERVICES					*	*
VOLUNTEER SERVICES						*

contact or by letter. Each guest lecturer was requested to submit a lecture outline. When the need became apparent, from frequent inquiries regarding lecture content, an outline guide for medical and psychiatric lectures was developed. These outline guides are included with Units III and IV of the curriculum compilation section of this report. Each guest lecturer completed a faculty qualification form Exhibit F, page 424.

The guest lecturers assisted with teaching in six of the units of the curriculum. The chart on page 166 lists the various fields of speciality from which guest lecturers were selected and indicates the units in which presentations were given.

The number of hours taught by a guest lecturer was dependent upon the topic and the assigned hours. For example, the individuals presenting Relationships to Other Services in Unit VII taught one hour as compared to the Unit III series of weekly presentations by a psychologist totaling twenty hours.

TEXT BOOKS

Recommendations for some of the textbooks were made by the Curriculum Committee. Additional texts were selected by the Course Staff. Textbooks were purchased by the students with the exception of one book loaned to each student as indicated.

How Adults can Learn More-Faster, Washington:
The National Association of Public School Educators,
1962. (Copy loaned to each student)

Structure and Function of the Body. Anthony, Catherine
Parker. St. Louis: The C. V. Mosby Company, 1964.

Woodwork Visualized. Cramlet, Ross C., Milwaukee:
The Bruce Publishing Company, 1950

General Leathercraft. Cherry, Raymond Bloomington, Illinois: McKnight and McKnight Publishing Company, 1955.

At Your Fingertips. Colorado Occupational Therapy Association. Denver, Colorado: Smith Brooks Publishing Company, 1954.

RESOURCE MATERIALS

Although the course was mobile and moved from location to location, it did not lack for available resource materials for use in teaching.

1. Reference materials. A very complete library of medical and technical books traveled with the course. Current literature was forwarded from the Board of Health headquarters in Madison.
2. Audio visual and teaching equipment and materials. A tape recorder, a slide projector, a film projector and a portable phonograph were part of the course equipment. Slides, films, film strips and tape recordings were readily obtainable. A chalk board, three bulletin boards and a flip chart were portable and therefore could be moved wherever needed for use in the classroom or workshop area.
3. Classroom distribution materials. With a mimeograph duplicator as a part of the standard equipment and a capable secretary to handle the clerical duties, classroom distribution materials became readily available. This included any materials developed by the course staff as well as outlines or supplementary materials prepared by guest lecturers.

APPROACH TO TEACHING - LEARNING PROCESS

The course was designed with the students in mind. Each course brought together a group of persons who shared a common vocational objective, but each of whom had his own personal needs and goals. The majority of the students were

mature, had had previous life and job experience and particularly at this point were eager and motivated to acquire new knowledge. The staff took advantage of these positive factors in planning and integrating the four months of training. Also given consideration were some of the less positive factors inherent in an adult learning situation such as adverse reactions to examinations, relative remoteness of many of the students from their formal school experience and lack of confidence in their ability to successfully engage in a training course. The recognition of some of these positive and negative factors and a cognizance of the principles of adult education provided the basis for approaching the teaching-learning process.

Involvement in planning and organizing was an integral part of the students' function throughout the course. The course curriculum and basic class schedule were issued to the students the first day. As the course progressed, students and staff together planned items of concern to all such as the time to schedule a quiz or post test, or the due date for completing a sample. This afforded the students an opportunity to plan, organize and use their time wisely. It further gave the staff a sensitivity to the tolerance of the student group to a full day of class work as well as to their ability to assimilate materials presented. This type of shared responsibility allowed students to freely express their feelings of readiness to move ahead or conversely, their feeling of "being overwhelmed" by new material. It also made it incumbent on the instructor to be willing to consider the decisions of the students, to compromise and to be flexible in schedule planning without losing sight of the desired objective.

Decisions were not prescribed by the staff, but were rather the result of joint problem solving which involved both students and staff. This method of

approach encouraged the students to accept and share responsibility, to discuss possible solutions when a problem arose and together as a group arrive at a satisfactory solution.

At times the students were reluctant to take the initiative in solving problems and looked to the course staff to exercise their authority and often found it frustrating when the decision would not be made for them. The course staff utilized various methods to set the stage for the students to look at a problem and discuss solutions. An example of this occurred when some students became lax in carrying out responsibilities in keeping the shop and classroom area clean. A cleverly written "Table of Excuses" was issued to each student and served as the take-off point for a discussion for carrying out responsibilities in shop and classroom.

In the daily classroom situation every effort was made to create a climate of respect for the right of each individual to freely express his own feelings, opinions and ideas and his responsibility to consider those of other members of the group. This encouraged students to contribute previous experiences which enriched classroom discussions.

Throughout the course, classroom experiences were directed toward providing opportunities for growth by each student. Ideas were presented and projects were designed to stimulate the students to think creatively and imaginatively; to take old ideas and look at them in a new light. Activities were directed not so much at memorization or storing up of facts, but rather at challenging the students to think through an idea and to utilize their resources in problem solving.

Throughout the course, with continuing support and guidance from the instructors, students were encouraged to evaluate their own performance, to

recognize their own strengths and weaknesses and to establish a positive attitude toward their own abilities.

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PRESENTATION OF CURRICULUM CONTENT

The curriculum content is presented in the following section of this report. As previously indicated, this represents a compilation of information and materials from all of the courses. Although not all units, (e. g. VI and XIV) would lend themselves to a similar type of format, in general the pattern of presentation is as follows:

COMPILATION OF CONTENT

APPROACH AND METHOD OF PRESENTATION

OBSERVATIONS

BIBLIOGRAPHY

At the end of this section the following items are included:

SUMMARY OF HOURS

SEQUENCE OF CLASSES

UNIT I

INTRODUCTION TO OCCUPATIONAL THERAPY ASSISTANTS COURSE

COMPILATION OF CONTENT

- A. ORIENTATION
 - 1. Coffee hour
 - 2. Tour course facilities
- B. GENERAL COURSE INFORMATION
 - 1. Class schedule
 - 2. Text books
- C. COURSE REQUIREMENTS
 - 1. Academic
 - 2. Practical experience
 - 3. Final examination
- D. STUDENT RESPONSIBILITIES
 - 1. Care of course facilities
 - 2. Tool kits
- E. INTRODUCTION TO LEARNING, INSTRUCTION IN
 - 1. How to study
 - 2. Note taking
- F. COURSE ROUTINES
 - 1. Announcements
 - 2. Travel time

APPROACH AND METHOD OF PRESENTATION

Seven hours were assigned to Unit I in the original curriculum. During the six courses the number of hours assigned ranged from thirteen to twenty-seven with the average being twenty. This increase in number of hours resulted because the time used for routine procedures was assigned to this unit and included such items as announcements, daily or weekly schedule planning with the students, travel time for field trips and travel time to and from practical experience centers. The wide range in hours - thirteen to twenty-seven - resulted primarily from the variance in the hours of travel time to and from practical experience centers for the different courses. Aside from time allotted to routine procedures throughout the course, the major part of Unit I was taught by the staff during the first two weeks.

Materials for use throughout the four month period were issued to each student the first day of the course. This included the textbooks (page 167), the general information guide for the course and a tool kit. During this orientation period each student was asked to complete a form (page 176) providing information about previous experience and his reasons for wanting to take the course.

The general information guide (pages 177 to 184) was designed for the students use as a personal "handy reference". Included in it was basic information about curriculum content, course requirements, suggestions and guidelines for organizing course materials and weekly class schedules.

A tool kit which contained basic frequently-used tools and supplies was issued to each student (page 185). As the skill classes were taught, by having available the tools and supplies for personal use as needed during class time or for home study, each student was able to plan the optimum use of his time during the course.

A plan for shared responsibilities for the care of the course facilities and equipment was evolved through class discussions conducted jointly or individually by the instructors during the first few days of the course.

OBSERVATIONS

The question arises as to whether it is appropriate to assign to this unit the topic and the time used for routine procedures. Perhaps the unit should be "Orientation to the Course" with routine procedures accounted for elsewhere. The important point to emphasize is that in planning the total number of hours needed for concentrated courses such as this, time should be included for items classified as routine procedures.

Providing a tool kit for each student to use during the course proved to be very effective. It accomplished the desired objective of allowing each student to plan the optimum use of his time during the course by minimizing the necessity of waiting for or sharing tools while learning a skill.

It is important to point out the need for including the cost of tools for the kits in initial budget planning. Once the kits were assembled the cost was minimal because the kits became self perpetuating. At the end of the course, students were charged a fee for missing or broken tools. The cost for replenishing expendable items such as thread or glue was minimal.

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How Adults Can Learn More--Faster. Washington: The National Association of Public School Adult Educators, 1962.

Spaney, Emma, and Jean McConnell, The Art of Studying. Philadelphia: J. B. Lippincott Co., 1958.

STUDENT INFORMATION

BEGINNING OF COURSE

NAME:

PRESENT POSITION (include volunteer work):

LIST BRIEFLY YOUR "JOB DUTIES" IN THIS POSITION:

WHAT OTHER POSITIONS HAVE YOU HAD IN THE LAST TEN YEARS?

WHAT SPECIAL INTERESTS OR SPECIAL SKILLS DO YOU HAVE?

WHY ARE YOU INTERESTED IN TAKING THIS COURSE?

The GENERAL INFORMATION GUIDE for the students included the following items:

General information for the course	pages 178 - 180
Organization of Course Content	page 181
Guidelines for organization	page 182
Monthly Schedule (4) one for each month	page 183
Weekly Class Schedule (12) one for each week of the academic three months	page 184
Curriculum outline	pages 410 - 423
Copy of "Functions of Occupational Therapy Assistants"	page 231

Other items included in the guide were income tax information for trainees, a map of the eight Wisconsin State Board of Health Districts, and addresses and telephone numbers for the District offices. This information does not appear in this report.

OCCUPATIONAL THERAPY ASSISTANTS TRAINING COURSE

GENERAL INFORMATION

This course consists of:

- * THREE MONTHS OF ACADEMIC CLASSES
- * ONE MONTH OF PRACTICAL EXPERIENCE WITH SUPERVISION FROM A REGISTERED OCCUPATIONAL THERAPIST
- * A FINAL EXAMINATION

Successful completion of the course entitles you to become a Certified Occupational Therapy Assistant in General Practice. Certification is by the American Occupational Therapy Association, 251 Park Avenue South, New York, New York 10010. It is renewable each year.

GENERAL INFORMATION

TELEPHONE - AREA CODE _____ NUMBER _____

CLASS
HOURS

Classes will be held 8:15 a. m. to 4:30 p. m. , Monday through Friday. Lunch period is one hour.

HOLIDAYS
VACATION

Holidays and vacations are as indicated on the course monthly calendar.

ABSENCE
FROM
CLASS

If for any reason you are unable to attend classes, would you please call or have someone call the course headquarters.

EXCUSED
ABSENCE

Personal illness, business, emergencies. Illness or emergencies in immediate family.

CLASSWORK
MAKE UP

If you miss classwork, please see the instructor teaching the class to obtain notes and materials.

SMOKING

No smoking while classes are in session. For safety reasons, confine smoking to designated area in classroom.

CHECK OUT
OF COURSE
MATERIALS

Materials may be checked out over night. The secretary takes care of the checking out and in.

**ACCIDENTS
INJURIES**

Any accidents or personal injuries sustained while engaged in course activities are to be reported to the instructor in charge at the time. This is for your own safety and protection.

**USE OF
TELEPHONE**

The course telephone is available for necessary or emergency telephone calls. Students will be permitted only emergency telephone calls during class hours. Please notify your family of the telephone number so that you can be reached if necessary.

STIPENDS

Stipend payments are mailed directly to each individual. Payments begin after one month of classes. Payments usually arrive about the middle of the month.

ORGANIZATION OF COURSE CONTENT

During the four-month course you will be becoming familiar with studying and using many different materials that will be useful to you when you return to your place of employment. These will be divided as follows:

1. Notebook for lecture notes

Class notes and resource material related to the various subjects in the curriculum.

2. Notebook for skills

To include Activity Guide
Class materials
Supplementary resource material
Appropriate designs, patterns,
essential samples

3. File

To include conversational and/or bulletin board items such as pictures (seasonal - holiday), poetry, articles, cartoons, poster ideas.

4. Recreation File 4 x 6 card file

File of games and recreational activities.

As the course progresses you will be expected to add related supplementary information to your notebooks and files.

Consultation with the instructors will be available to aid you in planning and organizing materials.

A mid and final review of notebooks and files will be scheduled for each individual in the class.

GUIDELINES FOR ORGANIZATION

ORGANIZE DURING THE COURSE

1. Notebooks

- a. Use one side of paper only.
- b. Organize notes by topic.
- c. For each topic include the date and name of the instructor or lecturer.

Suggestion: Do not plan to recopy or type all of your class notes.

2. File

- a. File materials according to subject headings.
- b. Plan a file that
 - (1) You yourself can use
 - (2) Can be used by others

Suggestion: Code file materials to subject headings.

3. Recreation File

- a. Organize according to type of activity.

ORGANIZE DURING THE COURSE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:15 to 9:15	8:45				
9:15 to 9:30		BREAK			
9:30 to 10:30	10:00				
10:30 to 11:30	11:00				
11:30 to 12:30		LUNCH			
12:30 to 1:30	1:00				
1:30 to 2:30	2:00				
2:30 to 3:30	3:00				
3:30 to 4:30	4:00				

STUDENT TOOL KITS

SUPPLIES AND EQUIPMENT		DATE ISSUED		DATE RETURNED
Awl				
Cement, Rubber				
Clamp, C				
Crayons				
Fid				
Glue, Elmer's				
Hoop, Embroidery - Small or Large				
Knife, X-acto				
Mallet, Wooden				
Modeling Tool, Leather				
Scissors				
Sponge				
Tape Measure				
Thimble				
Thread, Black - 1 spool				
Thread, White - 1 spool				

UNIT II

INTRODUCTION TO OCCUPATIONAL THERAPY

COMPILATION OF CONTENT

A. HISTORY OF OCCUPATIONAL THERAPY

1. Early historical references to Occupational Therapy
2. Growth of the profession
 - a. Early 1900's
 - b. Incorporation
 - c. Accreditation of schools
 - d. Official Journal - American Journal of Occupational Therapy
 - e. World Federation of Occupational Therapy
 - f. Courses for Occupational Therapy Assistants
 - (1) Psychiatric
 - (2) General practice
 - g. Reorganization of American Occupational Therapy Association structure

B. THE REGISTERED OCCUPATIONAL THERAPIST

1. Education
2. Types of positions

C. THE CERTIFIED OCCUPATIONAL THERAPY ASSISTANT

1. Education
2. Types of positions
3. Relationship to Registered Occupational Therapist

D. THE OCCUPATIONAL THERAPY ASSISTANT - ACTIVITY DIRECTOR IN NURSING HOME

1. Wisconsin plan
 - a. Functions of Occupational Therapy Assistant
 - b. Role of Occupational Therapy Consultants, State Board of Health

E. PROFESSIONAL ETHICS

1. Defined
2. Items to consider
 - a. Personal
 - (1) Appearance
 - (2) Conduct
 - b. Relationships
 - (1) With patients/residents
 - (2) With relatives of patients/residents
 - (3) With personnel
 - (4) With volunteers
 - c. Confidential information
 - (1) Respect for
3. Application in various situations
 - a. Types of facilities
 - (1) Nursing home
 - (2) General hospital
 - (3) Long term care facility
 - b. Appropriateness to different settings

APPROACH AND METHOD OF PRESENTATION

An average of six hours per course were used in covering the topics in Unit II with the classes being taught by the Course Director. Five hours were assigned to this unit in the original curriculum.

In presenting the history of Occupational Therapy a number of visual materials were incorporated into the presentation. The flip chart was used for a chronological listing of significant dates and events. Names of individuals who had contributed to the development of the profession were also listed. A collection of Occupational Therapy books, journals, newsletters and fact sheets were used to illustrate the growth and some of the changes occurring in the profession. In presenting the development of the Occupational Therapy Assistants Course, since for the majority of the

students this was the initial introduction to the concept of the relationship between the Registered Occupational Therapist and the Certified Occupational Therapy Assistant, ample time was given for questions, answers and discussion.

Several approaches were included in the exploration of the topic of professional ethics with the students. After a discussion in which a reasonable and satisfactory definition was established, efforts were directed toward assisting the students to gain information and new insights as related to the topic. Since each course was representative of experienced as well as inexperienced individuals from different types of settings there was much to be gained through a sharing of experiences and ideas. Students were encouraged to present previously encountered incidents or problems to the group for a discussion of possible or alternate approaches or solutions. The students gained many new ideas from studying and discussing a collection of unpublished materials related to the topic of ethics. These materials included copies of personnel policies for various institutions, employee handbooks and guide books for volunteers.

OBSERVATIONS

These two topics, while distinctly separate in subject matter, combined well into one unit. More adequate coverage of each topic could be provided by the addition of four to six hours to the present five assigned to the unit.

The approach used in teaching professional ethics surprised many of the students. The majority of them had expected "lists" of rules and regulations or "do's and don'ts" to be issued. Some students found it difficult to adjust or change their thinking and their concepts to an approach to studying professional ethics which focused on their application in working situations. It would seem advisable to plan additional

classroom hours for discussion and study of this topic by the group.

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UNIT III

PERSONALITY DEVELOPMENT

COMPILATION OF CONTENT

A. NORMAL PERSONALITY DEVELOPMENT

1. Importance of understanding of personality
2. Personality theories
3. A developmental approach to personality
 - a. Pre-natal factors
 - b. Natal factors
 - c. Post-natal factors
 - (1) Needs at each stage
 - (2) Problems encountered
 - (a) Infancy and childhood
 - (b) Later childhood
 - (c) Youth and adolescence
 - (d) Adulthood
 - (e) Old age

B. INTERPERSONAL RELATIONSHIPS

1. Therapeutic use of self
2. Developing leadership abilities
3. Supervision
 - a. Accepting supervision
 - b. Being a supervisor
4. Maintaining objective relationships with:
 - a. Staff
 - b. Patients
5. Emotional maturity, factors involved

C. GROUP DYNAMICS

1. Basic understanding of how a group develops
2. Basic understanding of how a group functions
3. Role of various members in a group
4. Effective communication

D. SCIENTIFIC APPROACH TO HUMAN BEHAVIOR

1. Analysis of behavior
2. Control of behavior
3. Application of analysis of behavior to institutional setting

E. PSYCHOLOGICAL ASPECTS OF AGING

1. Normal aging
2. Emotional problems of aging
 - a. Attitude toward aging
 - b. Psychological sequence of aging
 - c. Precipitation of psychiatric problems
3. Death
 - a. Attitudes toward
 - b. Working with dying person and family

F. SOCIAL-ECONOMIC ASPECTS OF AGING

1. Why aged have become a problem
2. Problems of retired and aged person

G. MENTAL MECHANISMS**H. PSYCHONEUROSES**

- I. PSYCHOPHYSIOLOGICAL DISORDERS
 1. Basic underlying psychodynamics
 2. Types
- J. MENTAL RETARDATION
 1. Definition
 2. Prevention
 3. Classification by etiology
 4. Care of the retarded
 - a. Institutionalization
 - b. Educational programs
 - c. Specific therapy
 5. Mental retardation and society
- K. DISCUSSION OF SPECIFIC PSYCHOTIC REACTIONS FOLLOWING THE FORM, "OUTLINE FOR PSYCHIATRIC LECTURES" ¹
 1. Organic diseases of the brain including alcoholism
 2. Schizophrenic reactions
 3. Paranoid reactions
 4. Affective reactions
- L. MODALITIES OF THERAPY
 1. Drugs
 2. Electroshock
 3. Psychotherapy
 4. Group therapy

¹see page 200

APPROACH AND METHOD OF PRESENTATION

A total of forty-three hours was assigned for Unit III. A psychologist taught twenty-one hours and covered the topics A through E of the outline. A psychiatrist taught fourteen hours and included in his sessions topics G, H, I, K and L of the outline. Topics F and J of the outline were discussed by other guest lecturers such as social workers and physicians. All of the sessions were audited by a member of the course staff.

Informal discussion sessions were used by several of the psychologists to tap the fund of knowledge and insights the students already had in the areas of interpersonal relationships and group dynamics. This sharing of ideas enabled the students to benefit from each others' experiences and focused on common areas of concern. By relating incidents based on reality the students gained further insights into human behavior and developed skills in interpersonal relationships. The role the lecturer assumed was one of introducing and outlining the topics and stimulating the discussion through provocative questions.

One psychologist based his approach to human behavior on a scientific analysis of its components (Section D of outline). Though this method of approach was somewhat difficult for the students to assimilate due to the concentrated material and unfamiliar terminology, they were able to apply some of its basic principles while on their month of practical experience. Upon returning to the classroom and reporting on their patient contact, they showed a greater awareness of the application of proven scientific methods.

It was found that the students showed a greater willingness to share experiences

when the lecturer adjusted his pace to the needs of the group and created a climate of acceptance for all ideas. Many of the lecturers prepared an outline for distribution to students before beginning their series of classroom sessions. These outlines gave the students the opportunity to prepare for the sessions and facilitated group discussion. An example of material prepared for presentation in a psychology session may be found on pages 198 - 199.

Though a guide for psychiatric lectures (may be found on page 200) was given to each psychiatrist as an aid to the interpretation of essential materials, the manner of presentation differed with each lecturer. The students gained most from those lecturers who were able to present the material in such a way as to facilitate the students' application of this knowledge in their forthcoming role as Certified Occupational Therapy Assistants. Case presentations proved to be one effective teaching method because they further reinforced new knowledge.

OBSERVATIONS

Because of the importance of understanding human behavior, more hours could be devoted to interpersonal relationships and group dynamics. Methods of presenting material should actively involve the student in his own learning by drawing upon his maturity and past experiences. Where possible, case presentations should be used to reinforce new knowledge.

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PSYCHOLOGY SESSION

Topic: Developing Leadership Abilities - Supervision

Outline:

Leadership involves the establishment and maintenance of good human relationships in getting the job done.

Questions that I need to ask and to answer satisfactorily:

1. Do I understand what is expected of me in my job? What are the limits of my job? Where do I fit into the total plan and purpose of this institution?
2. How do I see myself in relation to the others in the institution? patients; nurses; nurses-aides; volunteers; administrators?
3. How can I let the people know the worthwhile purposes of occupational therapy?
Student question: "How can psychology be used to influence people such as nurses-aides, administrators, family of residents, of the importance of occupational therapy to the patient's well being and happiness?"
4. Can patients be helpful and in addition be helped in the planning of the program of activities? Can volunteer workers? Do not most of us like to feel that we are a real part of an activity?
5. How can I deal with the actions and feelings of the patients toward the activities? Student questions: "How can I approach the resident or patient when he or she wants to withdraw from a demonstration class?" "Some people need occupational therapy but you are unable to teach them because they are so certain they will never be able to learn or use the skills offered." "How do you motivate men to handwork?"
6. Do I understand how things look from the patient's point of view? What is he trying to do? How does he feel? What does he feel about what is happening? How would I have to feel to act like that?
7. How well do I listen to others? Do I hear only their words or do I also get the feelings behind their words?
8. Can a patient carry out an activity differently from my way and still do a good job? Can I accept these differences? Volunteers?

9. Can I, and am I willing, to learn from patients? volunteers? others on the staff?
10. How do I see myself as a supervisor? There is no set of rules for getting along with people but effective supervisors generally:
 - a. Are friendly and supportive
 - b. Maintain the person's sense of personal worth
 - c. Allow considerable freedom in carrying out the job
 - d. Keep people informed

Be genuine in what you do. Phony behavior is generally harmful to the other people involved and in the long run to you. Procedures that work for one person in one situation may be ineffective and even harmful if used blindly by another person in a different situation.

11. How do I see myself as being supervised? Do I understand the supervisor's purposes and point of view?
12. What do I see as the purpose of supervision? Is supervision intended as something that will harm me or benefit me?

OUTLINE FOR PSYCHIATRIC LECTURES**GUIDE****DIAGNOSTIC CLASSIFICATION:**

- I. Definition (types)
- II. Etiology and incidence
- III. Symptoms (general)
 - A. Predisposing factors
 - B. Precipitating factors
 - C. Typical clinical pictures
 - 1. Significant factors in observing this type of condition
 - 2. How to deal with attitudes and/or symptoms displayed by individual
 - 3. Suggested approaches in establishing rapport and an effective working relationship
 - 4. Precautions
 - 5. Contraindications for participation
- IV. Course and prognosis
- V. Treatment
 - A. Types
 - B. Goals
 - 1. Immediate
 - 2. Long range planning
 - a. Rehabilitation potential
 - b. Rehabilitation planning
- VI. Attitude toward patient
 - A. Employees of institution
 - B. Family
 - C. Community

References:

UNIT IV

PHYSICAL DEVELOPMENT - NORMAL AND ABNORMAL

COMPILATION OF CONTENT

A. BODY STRUCTURE AND FUNCTION

1. Reasons for studying body structure and function
2. Definitions
 - a. Structure
 - b. Function
3. Structural units of the body
 - a. Cells
 - b. Tissues
 - c. Organs
 - d. Systems
4. The body systems - general plan and functions
 - a. Skeletal
 - (1) Bones of skeleton
 - (2) Structure of long bones
 - (3) Articulations
 - b. Muscular
 - (1) Types of muscle tissue
 - (2) Skeletal muscle
 - (a) Major muscles of body
 - (b) Action of muscles
 - (c) Posture, muscle tone
 - c. Nervous
 - (1) Organs of nervous system
 - (a) Brain, spinal cord, coverings and fluid spaces
 - (b) Cranial and spinal nerves
 - (c) Autonomic or involuntary nervous system
 - (d) The nerve cells
 - (e) The sense organs
 - d. Circulatory
 - (1) The heart
 - (2) The blood vessels
 - (3) The lymphatic system

- e. Digestive
 - (1) Organs of digestive system
 - (2) Digestion absorption, metabolism
- f. Respiratory
 - (1) Organs of respiratory system
 - (2) Normal respiration
- g. Urinary
 - (1) The kidneys
 - (a) Location and function
 - (b) Ureter, urinary bladder, urethra
- h. Endocrine
 - (1) Glands of endocrine system
 - (2) General functions of glands
- i. Reproductive

B. PHYSICAL CHANGES OF AGING

- 1. The normal aging process
 - a. A stage of life
 - b. Effect on the body
 - (1) Structurally
 - (2) Chemically
 - (3) Functionally
 - (4) Nutritionally
 - (5) Psychologically
- 2. Degenerative processes in aging
 - a. Effect on body
 - (1) Structurally
 - (2) Chemically
 - (3) Functionally
 - (4) Nutritionally
 - (5) Psychologically

C. CARDIOVASCULAR DISEASES

- 1. Gross anatomy of the heart
- 2. Diseases of the pericardium
- 3. Diseases of the myocardium
 - a. Aneurysms of heart
 - b. Congenital abnormalities of heart
 - c. Acquired diseases of myocardium
- 4. Diseases of the valves

5. Diseases of the coronary arteries
6. Rheumatic heart disease
7. Acute myocardial infarction
8. Convalescent care of adult cardiac patient

D. DISEASES OF THE NERVOUS SYSTEM

1. The nervous system
 - a. Defined
 - b. Review of anatomy
2. Diseases of the nervous system
 - a. Symptomatology with relation to functional definition of nervous system
3. General classes of disease
 - a. Cerebrovascular disease
 - b. Parkinson's disease
 - c. Convulsive disorders
 - d. Multiple sclerosis
 - e. Huntington's chorea
 - f. Amyotrophic lateral sclerosis
 - g. Syringomyelia
 - h. Muscular dystrophy
 - i. Cerebral palsy
 - j. Craniocerebral trauma
 - k. Spinal cord injuries

E. GENERAL ASPECTS OF CANCER

1. The what, who, where and why of cancer
 - a. Incidence
 - b. Age Groups
 - c. Body Locations
 - d. Causes
2. The clinical picture and course of cancers
 - a. Earliest symptoms and detection
 - b. Later manifestations
 - c. Curative vs. palliative control measures
3. The chronic disabling factors in cancer
 - a. Location of tumors and longevity of patient
 - b. Spread of cancers and functions of patients

4. The enigma of cancer
 - a. Non-infectious but possible viral factors
 - b. Great imitators
 - c. Some advanced before first suspected
 - d. Best cure means often not enough
5. Cancer trends, changes and developments
 - a. Aging, growing population
 - b. More diagnostic means and skilled medics
 - c. More exposures to cancer-causing factors
6. Summary, questions and answers

F. PULMONARY DISEASES

1. Review of respiratory physiology and functional anatomy
 - a. Muscles of breathing, innervation and action
 - b. Action of the ribs
 - c. The lung volumes
 - d. Gas exchanges between alveoli and capillaries of lungs
 - e. Circulation of the lung
2. Review of pathologic states
 - a. Infectious conditions
 - (1) Infections of airways
 - (2) Infections of airways and tissues
 - (3) Infections primarily of tissues
 - b. Congestive heart failure
 - c. Dyspnea

G. DISEASES OF ENDOCRINE SYSTEM

1. The endocrine system defined
2. Cause of endocrine diseases
3. Diseases of endocrine glands
 - a. Thyroid
 - b. Pituitary
 - c. Adrenals
 - d. Parathyroid
 - e. Gonads - testes - ovaries
 - f. Pancreas

H. DIABETES

1. Diabetes mellitus
 - a. Definition and etiology
 - b. Chemistry
 - c. Complications
 - (1) Acidosis
 - (2) Retinopathy
 - (3) Nephropathy
 - (4) Arteriosclerosis
 - (a) Peripheral
 - (b) Coronary
 - d. Treatment
 - (1) Control of infections
 - (2) Use of insulin
 - (3) Diet
 - (4) Foot care
 - (5) Exercise

I. SKELETAL DISORDERS

1. Musculo-skeletal system
 - a. Defined
 - b. Functions
2. General classes of disease
 - a. Diseases of the joints
 - (1) Rheumatoid arthritis
 - (2) Rheumatoid spondylitis
 - (3) Acute rheumatic fever
 - (4) Degenerative joint disease
 - b. Diseases of the bone
 - (1) Osteoporosis
 - (2) Fractures
 - (a) Common fractures in the aged, long term illness
 - (b) Common fractures in malignancy

J. DIGESTIVE DISORDERS

1. Gastro-intestinal tract
 - a. Identification of organs
 - b. Review of function
2. General classes of diseases
 - a. Cirrhosis
 - b. Chronic ulcer

- c. Chronic colitis
- d. Gall bladder disease
- e. Pancreatitis
- f. Appendicitis
- g. Constipation and impaction
- h. Diverticulosis
- i. Cancer
 - (1) Stomach
 - (2) Colon
 - (3) Cecum
- j. Ulcerative colitis

K. DISEASES OF THE BLOOD

- 1. Elements and functions of the blood
 - a. Red cells
 - b. White cells
 - c. Platelets
 - d. Plasma
- 2. Diseases of the blood
 - a. Diseases of red blood cells
 - b. Luekemia - acute, chronic
 - c. Lupus erythematosus
 - d. Cirrhosis
 - e. Aplastic anemia
 - f. Multiple myeloma
 - g. Hodgkin's disease

L. CHRONIC DEAFNESS

- 1. The normal anatomy of the ear
- 2. How we hear
- 3. Deafness
 - a. Causes
 - (1) Conductive
 - (2) Nerve - perceptive
 - b. Medical - legal implications
- 4. Aids for the hard of hearing and deaf
 - a. Hearing aids
 - b. Speech reading
 - c. Auditory training
 - d. Speech conversation
 - e. Communication adaptations

5. Psychological problems associated with hearing loss

M. CHRONIC BLINDNESS

1. Normal anatomy of the eye
2. Blindness, defined
3. Causes of blindness
 - a. Cataracts
 - b. Diabetes
 - c. Glaucoma
 - d. Retinal detachments
 - e. Tumors
 - f. Corneal scars
 - g. Trachoma
4. Psychological aspects of blindness
5. Role of Occupational Therapy in rehabilitation of the blind

N. UROLOGIC DISORDERS

1. Urology
 - a. Defined
 - b. Inflammatory disease of the G. U. tract
 - c. Calculous disease
 - d. Degenerative and neoplastic diseases
 - e. Traumatic injuries to the G. U. tract
 - f. Urinary disease secondary to disease of the C.N.S.
 - (1) Congenital
 - (2) Traumatic
 - (3) Disease processes

O. GENERAL PRINCIPLES OF CARE

1. Understanding the process of aging
 - a. Positive aspects
 - b. Negative aspects
2. Recognition of
 - a. Basic needs of the individual
 - b. Continuing needs of aging individual
 - c. Needs of individual confined to nursing home

3. Understanding of attitudes
 - a. Toward aging
 - b. Toward chronic illness
4. Importance of setting realistic goals

APPROACH AND METHOD OF PRESENTATION

During the six courses, the number of teaching hours in Unit IV ranged from forty-four to fifty-eight, with an average of fifty-two. The fifty-seven hours assigned to the unit in the original curriculum were divided into two segments. The first segment of twenty hours was utilized for teaching Body Structure and Function (Topic A). The classes were taught during the first eight weeks of the course by a member of the Course Staff. The second segment of thirty-seven hours assigned to medical lectures (Topics B through O), was presented by physicians during the ninth through the twelfth week of the course. The classes were audited by a member of the Course Staff. Among the six courses there was some variance in the total number of hours utilized in presenting medical lectures. These differences resulted for two reasons. One, the amount of time physicians had available to schedule for teaching and, two, the amount of time a physician preferred to use to present the material.

The primary teaching methods were discussion or lecture followed by a question and answer period. The effectiveness of the presentations was enhanced by the use of visual aids, copies of lecture outlines for each student and case presentations.

Visual aids included a chalk board, a flip chart, a human anatomy chart (24" x 36") which contained diagrams of the body systems, film strips and slides.

Each student was issued a set of human anatomy diagrams on notebook size sheets so they would have materials for individual study and reference.

The original purpose of the OUTLINE FOR MEDICAL LECTURES (page 213) was to serve as a guide to the physicians in preparing material for presentation. After it had been developed other uses for it became apparent. Prior to the presentation of the medical lectures, copies of the outline were given to the students. The various medical terms used in the outline were discussed and clarified. The outline not only helped the students follow the lecture but also provided a way of organizing their notes. Whenever a lecturer submitted a detailed outline of his presentation in advance, copies were made for each student.

Several of the physicians followed their lecture with a case presentation. Arrangements for case presentations were made by the individual lecturer.

OBSERVATIONS

This unit was considered one of the focal points of the training course because the content was basic and essential for developing understandings in other units of the curriculum. Careful planning and scheduling of the classes was necessary so that information presented in this Unit IV could be coordinated with all other parts of the curriculum. Consideration was also given to the selection of teaching methods and techniques which would be most effective for presenting the information.

In retrospect, one realizes the challenge presented to the curriculum committee in planning and selecting the content of this unit. The committee had to consider both the scope and the depth of material which was necessary to adequately prepare the students for the type of positions for which they were being trained.

Experience in this project, which includes reports from graduates of the course, seems to justify the judgment of the curriculum committee. Therefore, no significant changes are recommended in the content of the unit, the methods of presentation, or the faculty.

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OUTLINE FOR MEDICAL LECTURES
GUIDE

- I. Factors significant in the disease entity
 - A. Definition of diagnosis
 - B. Symptoms: typical clinical picture
 - C. Etiology and incidence
 - D. Course of disease
 - 1. Acute
 - 2. Post acute
 - 3. Convalescent
 - 4. Chronic
 - E. Prognosis of the disease
 - F. Treatment
 - 1. Medical
 - 2. Surgical

- II. Factors significant in planning for patients with long term illness
 - A. Psychological factors
 - B. Physical factors
 - 1. Side effects of treatment
 - C. Social factors
 - D. Participation in Occupational Therapy or Activity Programs
 - 1. Reasons for referral
 - 2. Precautions
 - 3. Contraindications

- III. Factors significant in Rehabilitation
 - A. Potential for
 - B. Planning for
 - 1. Contributions of team members
 - C. Treatment
 - 1. Hospital
 - 2. Nursing Home
 - 3. Home

- IV. Factors significant in attitudes toward patient
 - A. Employees of institution
 - B. Family
 - C. Community

References:

UNIT V

USE OF ACTIVITY
WITH THE
CHRONICALLY ILL AND GERIATRIC PATIENTCOMPILATION OF CONTENT

A. INTRODUCTION TO OCCUPATIONAL THERAPY

1. Definition
2. Role of occupational therapy
 - a. General hospital
 - b. Psychiatric hospital
 - c. Rehabilitation center
 - d. Nursing home

B. INTRODUCTION TO ACTIVITY PROGRAMMING

1. Definition
2. Principles of activity programming
 - a. Maintain physical and emotional well-being
 - b. Improve physical functioning
 - c. Prevent physical deterioration
 - d. Improve mental functioning
 - e. Prevent mental deterioration
 - f. Restore feeling of usefulness, self-respect, self identity
 - g. Encourage a sense of belonging among the residents/patients
 - h. Stimulate desire to renew old interests and develop new ones
 - i. Prepare resident for return to family and community
 - j. Prepare family and community to accept patient

C. APPLICATION OF ACTIVITY PROGRAM PRINCIPLES

1. Observing and assessing patients
 - a. Methods
 - b. Procedures

2. Determining goals of activity
 - a. Total program needs
 - b. Individual patient needs
3. Selection of activity
 - a. General considerations
 - b. Use of adaptations

D. INTEGRATION OF INFORMATION

1. Analysis of activity
2. Development of teaching skill
3. Organization of resource materials
4. Participation in group activities

APPROACH AND METHOD OF PRESENTATION

An average of fifty-six hours with a range from forty-three to seventy-one was used in presenting the topics in this unit during the six courses. The number of assigned hours was fifty. The wide range in the number of hours in the unit resulted from a difference in the total number of hours available for each of the courses. Whenever extra hours could be made available, additional time and information was incorporated into this unit. The classes were taught by the course staff and by guest lecturers including occupational therapists, physical therapists, nurses, speech therapists and administrators of nursing homes.

The objective of this unit was to assist the students in learning to evaluate and to select activities to meet individual patient needs and to achieve goals of activity programming. In order to accomplish this, two approaches were used for teaching this unit.

In the first approach the teaching introduced the students to concepts, principles

and ways of applying principles. Several different techniques, such as lecture-discussion, use of visual aids and field trips, were used to assist the students in gaining an awareness of the scope and the different aspects of occupational therapy. The role of occupational therapy was described by occupational therapists employed in several types of institutions. Field trips were taken to the occupational therapy department of a general hospital and to the activity program of a nursing home. The "Principles of Activity Programming" (B-2) were discussed using colored slides and several films to illustrate the scope and the importance of activity in meeting the needs of the older age patient. The discussions of ways of applying activity program principles were centered around three major points: methods and procedures for observing and assessing patients, determining goals for total program planning as well as planning to meet individual patient needs, and general considerations in the selection of activities. Adapting of activities was also considered. The applying of these principles was correlated with information presented in other curriculum units such as Units III, IV, and VIII. For example, following the medical lecture on "Deafness" in Unit IV a speech therapist presented problems of communication with the deaf and hard of hearing. Discussion followed, centering on factors to consider in observing and assessing residents with a hearing problem. As a second example, in Unit VIII after the Resident Interest Sheet had been presented, the discussion considered how this information could be used in determining goals of the activity program. Each of the students was given a copy of the "Function of Occupational Therapy Assistants".² (Page 231) The role of the Certified Occupational Therapy Assistant and the relationship between the

²American Occupational Therapy Association, 1964

Registered Occupational Therapist and the Certified Occupational Therapy Assistant was an integral part of the discussion.

Although the number of hours varied for the different courses, an average of twenty hours was used in teaching this part of the unit.

The second approach to the teaching of this unit assisted the students to integrate all the information they had had and to apply it in different situations. A number of teaching methods, ideas and plans were incorporated into classroom activities so that the students became involved in analyzing activities, practice teaching activities, developing and organizing a file of resource materials and participating in group activities. An average of thirty-five hours per course was used for these activities. A description of some of the ideas and plans used for the different courses follows.

Analysis of Activity

The key points to consider in evaluating and selecting an activity were included in the classroom discussions of the analysis of the different activities. This analysis of the activity became an integral part of the teaching as the students were learning the various skills. Page 4 of the Activity Guide used with Unit VI (Skills) listed some of the key points for consideration including the physical and mental requirements, the limiting factors, the precautions and the contraindications. (Page 233, also page 428)

Development of teaching skill

During the course each student had the opportunity to develop skill in teaching and in presenting information. The basic steps in teaching were discussed with the students. "How to Instruct" (page 234) was used as a guide. As a part of the classwork the students were assigned to teach an activity to a fellow student or to a small group of fellow students. On some occasions the practice teaching was done with part of the students role playing a disability. In a class presentation each student gave a brief resume of her present place of employment or her previous work experience. These presentations were tape recorded so that the students had an opportunity to listen to their voices and to study the organization of their presentation.

Organization of resource material

It was realized that much of the information presented during the four-month training course would be used as reference and resource material for the activity department when the students returned to their places of employment. During the course each student was expected to develop his or her own organizational plan for reference and resource materials. Guidelines for organization were included in the general information issued to the students the first day of the course (pages 181 - 182) and suggestions were made for preferable or feasible ways of organizing. However, the students were encouraged to develop and utilize their own ideas. It was pointed

out to the students that if this was done during the time they were attending the course, the materials would be immediately ready for use when they returned to their places of employment. Periodically throughout the course classes were scheduled to discuss and share ideas about ways to organize materials, kinds of resource materials to collect and where to obtain them, and different ways the materials could be used.

The file organization plan developed by one of the students is shown on pages 235 - 237. The topics listed were the folder titles in the resource file. For the classroom notes many of the students used the curriculum unit titles for main headings and organized their materials in several notebooks. One student's completed plan of organization for reference and resource materials is shown in Figure 6, page 238.

Participation in group activities

Group activities was another method used to assist the students in applying and integrating the information learned in the course. The type of planned group activity varied for the different courses and included the class participating as a group, the class divided into two groups or the class divided so that each student worked with a partner. Several of these group activities are described in the paragraphs which follow.

Working with a partner

This class was introduced to the students under the title "Stretch Your Imagination". It was designed to stimulate the students to think creatively and imaginatively and to take old ideas and look at them in a new light. The directions for the activity were as follows:

1. Select a partner to work with.
2. Select an idea for a group activity which could be carried out in a nursing home. Decide on a title for the project.
3. Develop a general plan for the activity. Include the title, purpose, plan, materials, activities, special considerations, schedule of activities, expenditures, time for preparation and ways of utilizing volunteers.
4. Plan a one hour presentation of your project for the class.

Class time was scheduled for the presentations.

These composite projects provided an opportunity for the students to take into consideration all the information they had had in the course and to apply it in a specific situation.

Two of the project ideas developed by students, "See Wisconsin in an Armchair" and "Fun in the Kitchen", are included with this unit on pages 239 - 243. Some of the other topics used by the students to develop project ideas were travel, publishing a home newspaper, assembly line production for a craft, involvement of residents in community activities, and public relations with new residents.

Class divided into two groups

The class was divided at random into two groups (Group A and Group B). Each group was given ten yards of Indianhead material - five yards of red and five yards of gold. As a group, they were to decide on a project using all of the material. To make the project they could use such things as pins, thread, or paint but could only use scrap material in addition to the ten yards of cotton material. When the projects were completed the group's efforts were to be judged on effective use of materials, creativity, ingenuity, use of imagination and appropriate use of material. The staff members were available for consultation if the group desired.

Both groups went through a period of frustration. They had difficulty in organizing themselves and in putting forth a concentrated effort. They showed resistance to the idea and questioned the staff as to the reason for such a "group project". Both groups requested consultation. The Course Director and the Assistant Course Director each served as a consultant to a group.

By a process of sharing of ideas and joint decision making, Group A arrived at an idea. Approval was then sought from the staff member who was serving as consultant but the group was encouraged to make their own decisions. Slowly the group

began to realize what it meant to work together, to use their imagination and to make decisions. Their completed project, a red and gold flag with the COTA patch in the center was the result of eight people working together as a group carrying out an idea. Seventeen gold stars represented the students and three blue stars represented the Course Director, Assistant Course Director and Instructor. (Figure 7, page 238)

The nine people in Group B had difficulty in functioning together as a group. They requested consultation, they held several group meetings and discussed many ideas but were unable to make a group decision for one single project. They finally decided to divide the material nine ways and each do an individual project. When a report was made only part of the group had completed their individual projects. The other members of the group explained what they intended to do with the material.

The original intent of the group project had been an exercise in creativity and effective and appropriate use of materials. Some group reaction and interaction had been anticipated. However, the contrast in the two groups was unexpected. In the course in which this group activity was used the final reporting on the projects was scheduled very near the end of the course and it was unfortunate that the staff was only able

to discuss briefly with the students the group interaction that had been displayed in each of these groups. If the different ways in which each group had functioned in decision making and in working together could have been discussed the students would have benefited from each other's experiences. It would also have reinforced what they had studied in the psychology sessions in the course.

Class participation as a group

The course staff utilized various methods to set the stage for the students to look at a problem and to discuss possible solutions. When the students became lax about carrying out assigned responsibilities for the care of the shop and classroom areas a cleverly written "Table of Excuses", page 244, was issued to each student. This served as a take-off point for a very amiable discussion of the subject. The students readily admitted that the excuses were very pertinent and appropriate. The existing problem was soon solved.

OBSERVATIONS

Even though many of the students in the training courses had been employed in activity programs, the concepts and principles of activity programming were new to them. The diversified approach and the variety of techniques used to integrate the teaching of this unit into all aspects of the course proved to be an effective way of helping the students learn to evaluate and select activities to meet individual

patient needs and to achieve goals of activity programming. The classroom activities in which the students were involved and participated provided additional experience through which they gained skill in relating and applying information. By the end of the course, evidence of the effectiveness of the integration of all that had been learned was shown by the ease and the extent to which the students verbalized the principles and terminology and related these in problem solving situations.

The teaching-learning approach for this important unit of the curriculum should be one which provides multiple opportunities for each student to gain knowledge and to develop skill and ability for becoming an activity director in a nursing home. It demands an innovative and creative approach in order to achieve the goal of the unit.

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AMERICAN OCCUPATIONAL THERAPY ASSOCIATION
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FUNCTION OF OCCUPATIONAL THERAPY ASSISTANTS

The preparation of the occupational therapy assistant equips him to fulfill the following functions and specifies the degree of supervision necessary by the graduate occupational therapist.

1. General Activity Programs:

General activity programs are those designed to improve hospital milieu and increase patient morale. They are used to meet the normal needs of anyone for occupation and diversion. Activities include general recreation, such as, movies, dances and parties and the non-specific use of music, library, arts and crafts, etc.

It is advisable that the occupational therapy assistants have guidance and consultation from the graduate occupational therapist in this type of program.

2. Supportive or Maintenance Programs:

Supportive or maintenance activity programs are those in which activities are performed by patients to maintain benefits of prior treatment, to encourage the highest level of function and rehabilitative goals.

The occupational therapy assistant functions with guidance and consultation from the graduate occupational therapist in this type of program. He exercises a high degree of initiative, responsibility and independent action in planning and carrying out programs for patients referred for this level of activity.

3. Specific Treatment Programs:

Specific treatment in occupational therapy for patients in the acute state of illness or disability means the use of activities to correct or improve specific pathology and involves controlled interaction with the patient for therapeutic results. The person administering treatment must have sufficient professional training to enable him to evaluate the patient's condition, plan and administer an appropriate program of

treatment and report significant response and behavior to the referring physician.

Specific treatment in occupational therapy should be administered only by a graduate occupational therapist.

The occupational therapy assistant functions only as an assistant to and under the direct supervision of a graduate occupational therapist in the treatment of patients referred for specific treatment.

If there is temporarily no graduate occupational therapist available, the occupational therapy assistant should use activities as indicated in the supportive or general type of program. The training of the occupational therapy assistant is not adequate in terms of medical background and knowledge to enable him to treat patients in the active or acute stage of illness or disability.

Revised April, 1964

PAGE 4 OF ACTIVITY GUIDE

(See pages 425 - 428 for complete guide)

ANALYSIS OF ACTIVITY

Proper selection of an activity to meet the needs of the elderly individual involve an evaluation of the following:

- A. Physical requirements
 - 1. Motions required
 - 2. Endurance needed
 - 3. Coordination needed
 - 4. Dexterity needed

- B. Mental requirements
 - 1. Degree of complexity
 - 2. Degree of creativity
 - 3. Attention span
 - 4. Understanding of directions
 - a. written
 - b. spoken

- C. Limiting factors with adaptations
 - 1. Safety
 - 2. Noise
 - 3. Odor
 - 4. One hand
 - 5. Limited
 - a. vision
 - b. hearing
 - c. range of motion

- D. Precautions

- E. Contraindications

HOW TO INSTRUCT³I. BASIC STEPS FOR PREPARATION TO INSTRUCT:

1. Have everything ready
2. Have the work place properly arranged
3. Make a breakdown of the activity

II. BASIC STEPS IN GOOD INSTRUCTION:

1. Preparation of the Patient
 - A. Put the patient at ease
 - B. Find out what he knows
 - C. Get the patient's interest
 - D. Place the patient in the correct position for observation of the demonstration
2. Presentation of the Activity
 - A. Show and tell how to do it
 - B. Teach step by step, stressing key points
 - C. Explain carefully and patiently
 - D. Teach no more than can be mastered at one time
3. Tryout Performance
 - A. Have the patient perform the activity
 - B. Ask questions and have the patient explain the process
 - C. Correct errors as they occur
 - D. Repeat until the patient knows it
4. Follow-up
 - A. Put the patient on his own
 - B. Designate the person to whom the patient is to go for help
 - C. Check frequently
 - D. Taper off

³Willard and Spackman: Principles of Occupational Therapy, 1947, Page 190

FILE ORGANIZATION PLAN
DEVELOPED BY STUDENT

I. ARTS AND CRAFT

- A. Lettering Guide
- B. Patterns
- C. Scrap Craft Books
- D. Designs
- E. Wood Working
- F. Knitting
- G. Block Printing
- H. Needle Material
 - 1. Reference Material
 - 2. Embroidery
 - 3. Applique

II. BULLETIN BOARD

- A. Poems
- B. Cartoons
- C. Announcements
- D. Pictures

III. COMMUNITY RESOURCES

- A. Newspaper Clippings

IV. HEALTH

- A. Pictures
- B. Food
- C. Poems
- D. Articles
- E. Entertainment
- F. Beginning Word List

V. LITERATURE

- A. Current
- B. Poems

VI. NATURE

- A. Scenery
- B. Poems
- C. Flowers
- D. Articles

VII. RECREATION

- A. Hobbies
- B. Dances
 - 1. Square
 - 2. Popular
- C. Games
- D. Songs

VIII. RELIGION

- A. Prayers
- B. Poems
- C. Pictures of Inspiration
- D. Articles

IX. SPECIAL OCCASIONS

- A. Christmas
 - 1. Poems
 - 2. Pictures
- B. Easter
 - 1. Pictures
- C. Thanksgiving and Halloween
 - 1. Pictures
- D. New Years
- E. Mothers Day - Fathers Day
- F. Birthday
- G. Valentines

X. TRAVEL

- A. Folders
- B. Maps
- C. Pictures

- D. Poems
- E. Articles

XI. SPORTS

- A. Golf
- B. Fishing and Boating
- C. Baseball
- D. Football
- E. Racing
 - 1. Auto
 - 2. Boat
- F. Basket Ball and Hockey
- G. Skiing
- H. Hunting
- I. Sports Unlimited

XII. PATRIOTIC

- A. Birthdays
- B. Poems
- C. Current Events
- D. Pictures

XIII. ANIMALS

- A. Pictures
- B. Articles
- C. Bird Pictures
- D. Poems

XIV. MEMORIES

- A. Pictures
- B. Poems
- C. Articles

XV. SCIENCE

- A. Industry
- B. Space
- C. Articles
- D. Medicare



FIGURE 6
COMPLETED PLAN OF ORGANIZATION
FOR COURSE REFERENCE AND RESOURCE MATERIALS

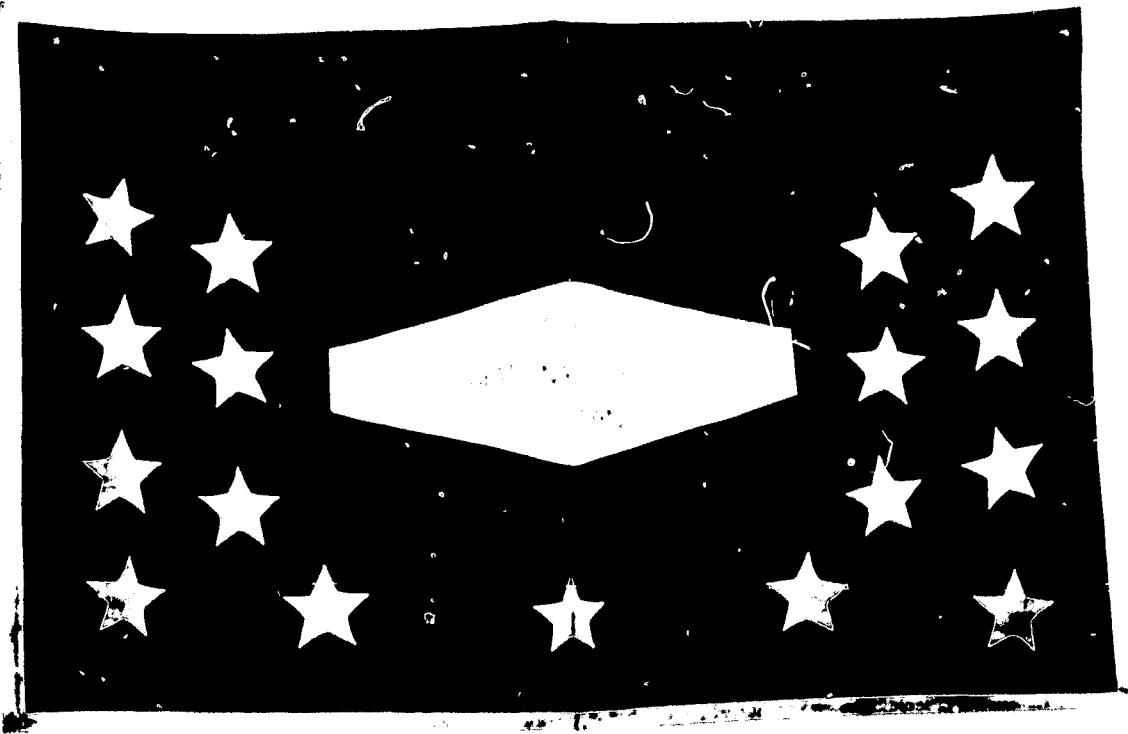


FIGURE 7
GROUP ACTIVITY - COMPLETED PROJECT
(SEE PAGE 221 FOR EXPLANATION)

UNIT V

PROJECT IDEA
DEVELOPED BY STUDENTS

- TITLE:** "SEE WISCONSIN IN AN ARMCHAIR"
(a vacation trip without leaving home)
- PURPOSE:**
- To interest patients/residents in participating in a group activity.
 - To provide an opportunity for patients/residents to talk about and learn more about Wisconsin.
- PLAN:**
- Without leaving the Nursing Home, the residents will plan and carry out a one day "vacation trip" to a point of interest in Wisconsin. A travel wardrobe will be selected, a mode of transportation will be determined and tickets will be purchased. Play money will be used for transactions. Several days will be needed for "preparations", a date will be selected for the trip, with a follow-up discussion the day after the trip.
- MATERIALS:**
- | | |
|---|--|
| <ul style="list-style-type: none"> - Posters - Catalogs - Play Money - Train Schedules - Bus Schedules - Maps | <ul style="list-style-type: none"> - Picture Post Cards - Scrap Books - Song Sheets - Travel Literature - Bulletin Board - Tape Recorder |
|---|--|
- ACTIVITIES:**
- Prepare a brief history of "point of interest" selected. Talk with residents to obtain information about any visits they may have made to the "point of interest". Tape record brief presentations by residents.
 - Prepare bulletin board display - Wisconsin map, motto, flower, bird, animal, flag.
 - Obtain bus and train schedules, travel literature.
 - Obtain catalogs to use in selecting wardrobe.
 - Obtain play money for use in transactions.
 - Prepare tickets to be purchased for travel.
- SPECIAL
CONSIDERATIONS:**
- No legal aspects of travel involved since residents are not leaving the home. The usual safety precautions observed for group activities.

PLAN FOR THE WEEK:

- MONDAY: - Announce activity. Use posters. Talk with residents. Prepare bulletin board. Decide on date for the trip.
- TUESDAY: - Plan a group discussion to choose point of interest to visit. (Note: the Wisconsin Dells was selected)
 - Tape record brief presentations by residents.
 - Begin selecting wardrobe.
 - Begin investigating transportation possibilities.
- WEDNESDAY: - Plan a group meeting to
 a. decide on transportation and buy tickets.
 b. complete selection of wardrobe.
 c. decide details of trip such as time of departure and return.
- THURSDAY: - Plan for group activity.
 "THE TRIP TO WISCONSIN DELLS"
 Collect tickets for the trip
 Sing "On Wisconsin"
 Discuss "The Dells"
 Use tape recordings, travel folders, picture post cards, map.
 Close by singing "The Happy Wanderer"
- FRIDAY - Plan a group discussion.
 Discuss the trip to "The Dells".
 Discuss other points of interest to visit via the armchair travel method.
- EXPENDITURES: - Minimal. Most of the material was obtained from travel agencies.
- PREPARATIONS: - Several hours for planning, coordinating and carrying out the various activities for the week.
- USE OF VOLUNTEERS: - Volunteers can be utilized in many ways including assisting with publicity and bulletin boards, preparing bus tickets, collecting travel materials and participating with the patients/residents during the various activities of the week.

SEE WISCONSIN IN AN ARMCHAIR

SONG SHEET

ON WISCONSIN

On Wisconsin! On Wisconsin!
 Grand old Badger State.
 We, thy loyal sons and daughters,
 Hail thee, good and great!
 On Wisconsin! On Wisconsin!
 Champion of the right,
 'Forward' our motto,
 We will win this fight.

THE HAPPY WANDERER

I love to go a wandering
 Along the mountain track,
 And as I go, I love to sing,
 My knapsack on my back.

I love to wander by the stream
 That dances in the sun,
 So joyously it calls to me,
 "Come! Join my happy song!"

I wave my hat to all I meet,
 And they wave back to me,
 And blackbirds call so loud and sweet
 From every green-wood tree.

High overhead, the skylarks wing,
 They never rest at home
 But just like me, they love to sing,
 As o'er the world we roam.

Oh, may I go a-wandering
 Until the day I die!
 Oh, may I always laugh and sing,
 Beneath God's clear blue sky!

Chorus

Val-de-ri, val-de-ra, Val-de-ra
 Val-de-ra-ha-ha-ha-ha
 Val-de-ri, val-de-ra.
 My knapsack on my back.

UNIT V

PROJECT IDEA
DEVELOPED BY STUDENTS

TITLE: "FUN IN THE KITCHEN"
(a guessing game of kitchen items)

PURPOSE:

- To stimulate interest in participation in group activities.
- To provide an opportunity for the residents to:
 - a. see and reminisce about "old" kitchen utensils used.
 - b. see and talk about the "new" modern kitchen utensils.

PLAN: A group activity will be planned. A number of "old" and "new" kitchen utensils will be assembled. The items will be numbered and displayed. Each individual will be given an opportunity to identify the utensils. During a group discussion all utensils will be identified and discussed. A follow-up discussion will be planned with the residents to talk about other ideas such as this that might interest them.

SUGGESTED LIST OF KITCHEN UTENSILS:

Hamburger press	Can opener (2) (Hand, Electric)
Cherry pitter	Bagel holder
Apple wedger	Electric knife
Carrot slicer	Cookie cutter
Pie crust piercer	Kitchen robot
Egg slicer	Vegetable slicer
Lemon rind grater	Radish rosetter
Strawberry picker	Pancake flipper
Oyster sheller	Butter cutters
Lemon juicer	Fruit decorator
Pie crust fluter	Bottle cap
String bean frencher	All-purpose knife
Cheese cutter	Egg beater
Waffle iron scraper	Pickle fork
Grapefruit wedger	Shoe string potato cutter
Jar opener	Fruit pitter
Potato peeler	Strainer
Apple corer	Egg separator
Melon baller	Pineapple cutter

- ACTIVITIES:**
- Prepare posters to announce the activity.
 - Prepare bulletin board display of pictures of kitchen utensils.
 - Talk with residents to get suggestions of kitchen utensils to include in display.
- SPECIAL CONSIDERATIONS:**
- Observe safety precautions in displaying and handling kitchen utensils.
- PLAN FOR THE WEEK:**
- MONDAY:**
- Announce activity. Put up posters and bulletin board display.
- TUESDAY:**
- Talk with residents for suggestions of utensils to include in display.
- WEDNESDAY:**
- Set up display. Provide each resident an opportunity to see the display and identify the utensils.
- THURSDAY:**
- Plan a group discussion to discuss the "old" and the "new" utensils.
- FRIDAY:**
- Plan a group meeting with residents to discuss ideas for future activities.
- EXPENDITURES:**
- Minimal. The majority of the kitchen utensils were borrowed.
- PREPARATIONS:**
- Include time for
 - planning the activity
 - collecting the utensils
 - preparing the display
 - opportunities for residents to see the display
 - group discussion
 - dismantling display and returning utensils
 - follow-up group discussion
- USE OF VOLUNTEERS:**
- Use volunteers for helping with the planning and organization of the activity including preparation of display. Volunteer can also work with the residents so that everyone has an opportunity to see the display. Volunteers can participate with the residents in the group activities.

TABLE OF EXCUSES

Things Could Be Better

DIRECTIONS:

Please check the excuses you have used.

- 1. That's his job, not mine.
- 2. I forgot.
- 3. I had more important things to do.
- 4. I didn't ask, but I thought she was going to use it.
- 5. It's been there this long so why move it.
- 6. I thought I'd have time to do it tomorrow.
- 7. I'll work now and come back and clean it up later.
(If this excuse is checked did you also check number 2?)
- 8. There's plenty of time to do it. The next class doesn't start for another five minutes.
- 9. I'm still working on organization of time. Don't bother me with my responsibilities - let someone else do it.
- 10. I wasn't asked.
- 11. What mess?
- 12. Place is a little on the sloppy side, but what the heck?

SKILLS

UNIT VI

The presentation of material in the skills unit is divided into four sections: CRAFTS, SOCIAL RECREATION ACTIVITIES, REMOTIVATION, AUDIO VISUAL AND DUPLICATING PROCESSES. In the craft section, the narrative includes a discussion of teaching methods and techniques and explains the compilation of material to be presented.

SECTION I - CRAFTS

TEACHING METHODS

Seven major crafts were taught: woodworking, weaving, needlework, art and design, ceramics, leatherwork and minor crafts. A variety of teaching methods were used to cover the topics and activities in each craft. These were:

- Lecture
- Group discussion
- Structured small group interaction

The class was divided into small groups to cover a specific topic.

- Student presentation

Each student was given experience in speaking and/or demonstrating to the class.

- Demonstration

- Laboratory session - Dual teaching

Depending on the complexity of the craft and the amount of individual attention needed, some crafts were taught to one-half of the group at a time, i. e. while the Assistant Course Director was teaching weaving to eight students, the instructor was teaching the other eight students needlework.

- Assignments

- Testing

The staff prepared mimeographed material to accompany the crafts. Because some crafts were taught by different instructors, classroom distribution material differed with each course. Each instructor was free to develop her own materials or revise those that were in the files. Throughout the three year period a wealth of material was developed, revised and refined. Selected classroom distribution material on each of the seven crafts, which was developed by the course staff, is included in the appendix.

DEVELOPMENT OF TEACHING TECHNIQUES

To aid in the presentation of material, a four page activity guide Exhibit G, page 425) was developed to go along with each of the seven crafts. The first page, which lists the objectives for the craft, procedures to be learned and essential

samples, was used as the introduction to each specific craft. The basic procedures were learned by making selected samples. Even though finished samples were produced, the emphasis was always placed on helping the students learn the correct method for carrying out each skill.

With each essential sample that was made, the students completed an essential sample sheet, which was the second page of the activity guide. Once a sample was near completion, the students and instructor, as a group, reviewed procedures learned and listed these on the essential sample sheet. The students evaluated each step of their performance and commented on their work. The completed sheet was turned in with the sample. Knowing when they made a mistake and how to correct it was just as important as evaluating the quality of their work. In summarizing their work the students were encouraged to think how they might apply what they had learned in working with patients. The students themselves decided on the due date for the completed sample. Figure 8, page 255 shows a student's woodworking sample board of woods and finishes and the essential sample sheet which accompanies it.

The third page of the activity guide provided a place where the students could list equipment and supplies needed for the craft, sources of supply, the cost and appropriate substitutes for the equipment. Through group discussions the students were taught how to order supplies and equipment.

The fourth page of the activity guide is an outline evaluating the physical and mental requirements, limiting factors, precautions and contraindications involved in teaching the craft to the geriatric individual.

COMPILATION OF MATERIAL

The compilation of material for the section on crafts follows a specific format for each of the seven crafts. The first page of the activity guide is presented. Following this, teaching methods and topics and activities are presented along with the average number of hours assigned. When several teaching methods were used concurrently, this is shown by grouping them. Of course, there is an overlap between methods, but this grouping facilitated the assigning of hours. The topics and activities are not all-inclusive but rather the major items are listed. Some topics, such as terminology and safety factors, are common to all seven craft areas but are not enumerated in each craft area in order to avoid excessive repetition.

The next page lists basic supplies and equipment needed for the crafts. The quantities listed are based on a four-month course with sixteen students. The amount of equipment takes into consideration the fact that some crafts were dual taught requiring that each student have his own set of tools, e. g. block printing. The amount of equipment also takes into consideration other items which were included in a tool box given to each student the first day of the course and remained the property of the student throughout the three months. Concluding each craft section is a compilation of faculty and student resource material.

ACTIVITY GUIDE

OBJECTIVES:

1. To know terminology related to skill
2. To be aware of safety factors related to skill
3. To develop ability to organize activity
4. To develop ability to teach activity
5. To know resource materials
6. To analyze the activity with relation to patients
7. To learn to follow written and/or verbal directions
8. To learn basic shop procedures
9. To learn essential woodworking procedures

PROCEDURES TO BE LEARNED:

Correct use of power and hand tools
Proper method of sanding, drilling, carving and finishing
Basic processes involved in assembling

ESSENTIAL SAMPLES:

Crochet hook
Chip carving sample
A sample board of types of woods and finishes (Exhibit H, Page 429)
Frame for braid weaving and Turkish knotting (Exhibit I, Page 430)

WOODWORKING

<u>TEACHING METHODS</u>	<u>TOPICS AND ACTIVITIES</u>	<u>HOURS</u>
LECTURE	Introduction to woodworking Wood identification Mounting techniques	
GROUP DISCUSSION	Terminology and safety rules Student performance sheets Purchase of supplies and equipment	4
STRUCTURED SMALL GROUP INTERACTION	Procedures learned	
STUDENT PRESENTATIONS	Organized presentation to class of intended use of wood sample board	
DEMONSTRATION	Use of hand tools Use of power tools followed by practice session and check out with instructor	15
LAB. SESSION	Opportunity to work on essential samples with instructor supervision	
ASSIGNMENTS	Mimeographed material Reading assignments in textbook Completion of four essential samples	
AUDIOVISUAL	Film - "ABC of Hand Tools"	1/2
TESTING	Pre test Quiz Post test	2
APPLICATION	Analysis of woodworking Consideration of patient's interest, capabilities and limitations	2

WOODWORKINGEQUIPMENT

- 8 CHISELS, variety of types
- 24 CLAMPS, variety of sizes
- 1 ELECTRIC DRILL WITH STAND
- 8 FILES, variety of types
- 2 HAMMERS
- 1 HAND DRILL AND BITS
- 1 JIG SAW
- 1 PAINT CABINET
- 1 PLANE
- 4 PLIERS, variety of types
- 5 SAWS, variety such as
Coping
Hand
- 4 SCREW DRIVERS, variety of types
- 6 SQUARES, variety such as:
Carpenter Steel
Framing Tri
- 1 STEP-ON-CAN
- 1 TOOL WAGON AND ACCESSORIES
- 3 VISES, variety of types
- 1 WOODWORKING BENCH WITH VISES
- 20 X-ACTO KNIVES, variety of sizes
and blades

Approximate Cost: \$565.00

SUPPLIES

- BASSWOOD BOXES
- BRUSHES, variety of sizes
- COPING SAW BLADES
- DENATURED ALCOHOL
- DOWELING
- HARDWARE, such as:
Bolts
Nails
Nuts
- LACQUER
- LACQUER THINNER
- LINSEED OIL
- LUBRICATING OIL
- SANDPAPER, variety of textures
- SHELLAC
- STEEL WOOL
- THUMB TACKS
- TURPENTINE
- VARNISH
- WOOD, variety of types
- WOOD STAINS, variety
- YARDSTICKS

Approximate Cost: \$ 45.00

WOODWORK BIBLIOGRAPHY

- Aller, Doris, Sunset Wood Carving Book: Menlo Park, California: Lane Publishing Company, 1957.
- Brown, Sam (ed.), Practical Finishing Methods. 16th ed., Book number 4543. Milwaukee: Delta Power Tool Division, 1940.
- Burton, L. A., et al., One Evening Projects. New York: The Home Craftsman, 1936.
- Champion, Paul V., Birdhouses. Milwaukee: The Bruce Publishing Company, 1961.
- Cramlet, Ross C., Woodwork Visualized. Milwaukee: The Bruce Publishing Company, 1950.
- Crowell, Ivan H. (ed.), Chip Carving. Handicrafts Series Number 4. Quebec, Canada: The Handicrafts Division, MacDonal College, 1944.
- Groneman, Chris H., General Woodworking, 3rd edition. St. Louis: McGraw-Hill Book Company, 1964.
- Hjorth, Herman and Ewell W. Flower, Basic Woodworking Processes. Milwaukee: The Bruce Publishing Company, 1961.
- How to Work With Tools and Wood. New Britain, Connecticut: Stanley Tools, 1959.
- Make It of Wood. Chicago: Kap-Pak Products, 1963.
- Mankin, Victor J., Modernistic Chip Carving. Milwaukee: The Bruce Publishing Company, 1953.

McDonnell, Leo P., Donald M. Kidd and Louis J. Siy, Hand Woodworking Tools. Albany: Delmar Publishers, Incorporated, 1962.

Moore, Harris W., Chip Carving. Peoria: The Manual Arts Press, 1942.

Sibley, Hi (ed.), 95 Plywood Projects. Chicago: The Goodheart-Willcox Company, Incorporated, 1960.

Stanley Tool Guide. New Britain, Connecticut: Stanley Tools, 1952.

Vernon, Ralph S., Modern Woodwork. Austin: The Steck Company, 1954.

Whittling is Easy with X-acto. New York: X-acto Crescent Products Company, 1961.

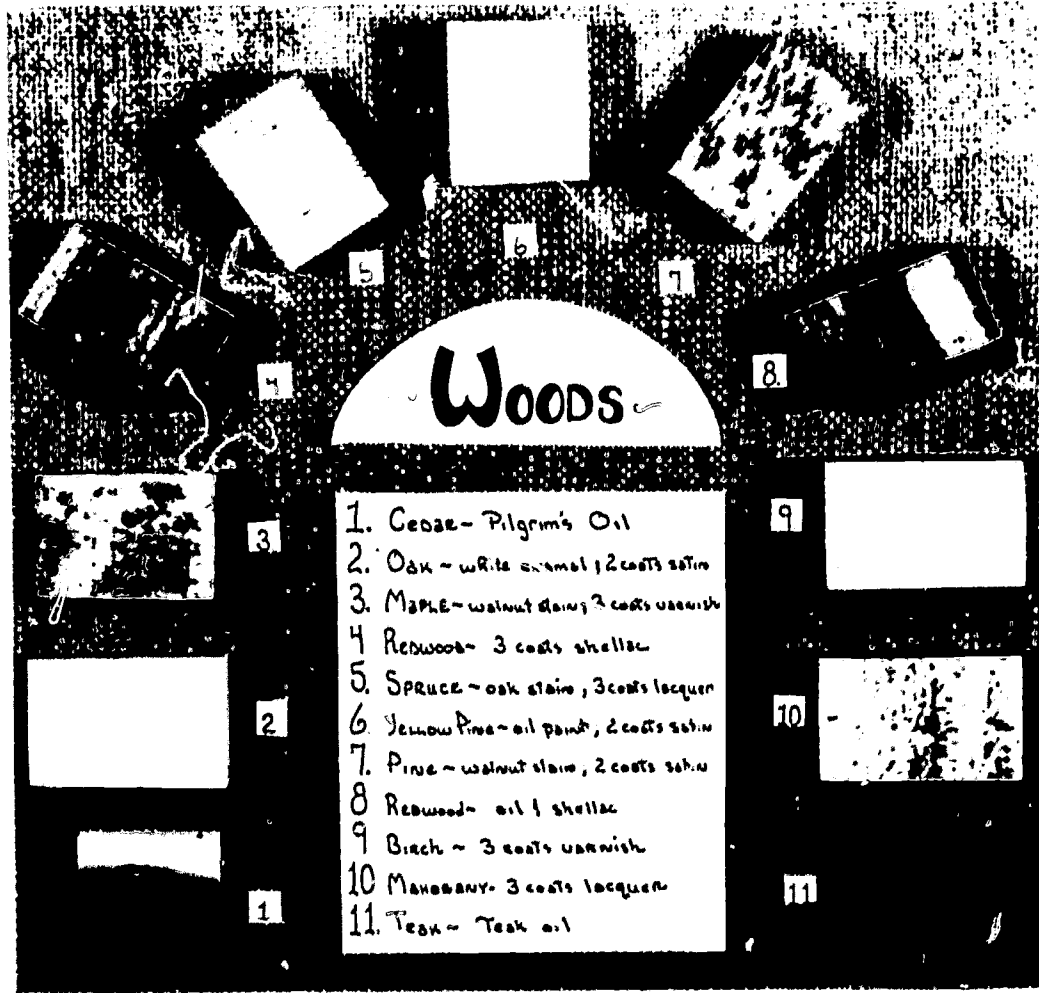
Willoughby, George A. and Duane G. Chamberlain, General Shop Handbook. Peoria: The Manual Arts Press, 1943

Wyatt, Edwin Mather, Puzzles in Wood. Milwaukee: The Bruce Publishing Company, 1956.

AUDIO - VISUAL

ABC's of Hand Tools. Detroit: General Motors Corporation, 1945.

WOOD SAMPLE BOARD and ESSENTIAL SAMPLE SHEET



SEE EXHIBIT H, PAGE 429 FOR DIRECTIONS FOR SAMPLE BOARD.

Woodworking

Date: _____

Teacher: _____

Project	Student	Instructor
1. Woodworking		
2. Woodworking		
3. Woodworking		
4. Woodworking		
5. Woodworking		
6. Woodworking		
7. Woodworking		
8. Woodworking		
9. Woodworking		
10. Woodworking		
11. Woodworking		

Summary of what I learned:

Woodworking is a complex skill involving many types of woods & finishes. The preparation of wood for a finish takes much time, care in the sanding to get a smooth surface. One learns to sand almost a day's possibilities. One learns to use hand tools and the standard finishing a wood project. One learns to use the sanding block (and how to use it) and the imagination to use the sanding block as well as the hand plane, etc. etc.

Date: 11-17-75
1000-04
100-277/65
Gunn

FIGURE 8

ACTIVITY GUIDE**OBJECTIVES:**

1. To know terminology related to skill
2. To be aware of safety factors related to skill
3. To develop ability to organize activity
4. To develop ability to teach activity
5. To know resource materials
6. To analyze the activity with relation to patients
7. To learn to follow written and/or verbal directions
8. To learn basic weaving procedures

PROCEDURES TO BE LEARNED:

Process of preparing a 2 and a 4 harness loom
Weaving on a 2 and a 4 harness loom
Various types of hand weaving

ESSENTIAL SAMPLES:

A sample from a 2 harness loom
A sample from a 4 harness loom
Hand weaving samples including loopers, colonial mat weaving
and weave-it

WEAVING

TEACHING METHODS	TOPICS AND ACTIVITIES	HOURS
LECTURE	Introduction to weaving Terminology How to plan a weaving project How to read a treadling pattern	
GROUP DISCUSSION	Purchase of a loom Correction of errors (Exhibit K, Page 432)	6
STRUCTURED SMALL GROUP INTERACTION	Identification of loom parts (Exhibit J, Page 431)	
STUDENT PRESENTATION	Planning a warp pattern Teaching hand weaving projects to small group of fellow students	
	Preparation of loom including: Planning project Chain warping Threading loom Winding warp	
LAB. SESSIONS Dual Teaching	Weaving procedure including: Reading and following basic treadling patterns Use of different materials in weaving Finishing techniques	12
DEMONSTRATION	Explanation of above steps	
ASSIGNMENTS	Work with a partner in warping a 2 harness loom using warping board or a 4 harness loom by table top method Essential samples on both a 2 and a 4 harness loom and hand weaving samples	
TESTING	Pre test Post test	1 1/2
APPLICATION	Adapting weaving to patients with special problems	1

WEAVINGEQUIPMENT

- 1 12" 2 HARNESS TABLE LOOM
- 2 14" 4 HARNESS TABLE LOOM WITH STAND
- 8 LOOPER POT HOLDER FRAMES
- 4 SPEED-O-WEAVE (COLONIAL MAT) FRAMES
- 1 WARPING BOARD
- 4 WEAVE IT FRAMES

SUPPLIES

- CARPET WARP, variety of colors
- LOOPERS, variety of colors
- SHUTTLES
- SLEYING HOOKS
- YARN, variety of types and colors including:
 - Rug filler
 - Rug roving

Approximate Cost: \$250.00

Approximate Cost: \$ 20.00

WEAVING BIBLIOGRAPHY

- Alexander, Marthann, Weaving Handcraft. Bloomington, Illinois: McKnight and McKnight, 1954.
- Allen, Helen Louise, American and European Hand Weaving. Madison, Wisconsin Democrat Printing Company.
- Atwater, Mary Meigs, The Shuttle-Craft Book of American Hand-Weaving.
- Clifford, Lois I., Card Weaving. Peoria: The Manual Arts Press, 1947.
- Cripps, Alice K. Adventures in Weaving on a 2 Harness Loom. Maysville, Kentucky: The January and Wood Company, Incorporated, 1950.
- Douglas, Harriet C., Handweaver's Instruction Manual. Kelseyville, California: The Shuttle-Craft Guild, 1949.
- Davison Marquerite Porter, A Handweaver's Pattern Book. Swarthmore, Pennsylvania: Marquerite Porter Davison, 1958.
- Francisco, Irene, Opening a Door to Two Harness Techniques. Shelby, North Carolina: Lily Mills Company, 1960.
- Gallinger, Osma Couch, The Joy of Hand Weaving. Scranton, Pennsylvania: International Textbook Company, 1950.
- Hedrick, Susanne Jackson (ed.), What Shall I Weave? Shelby, North Carolina: Lily Mills Company, 1962.
- Moseley, Johnson and Koenig, Crafts Design. Belmont, California: Wackworth Publishing Company, Incorporated, 1963.
- Polar and WNC Loop Weaving, Volume 73. New York: Wool Novelty Company Incorporated, 1950.
- Speed-O-Weave, rev. ed., Book Number 95-S, Shelby, North Carolina: Lily Mills Company.

ACTIVITY GUIDE

OBJECTIVES:

1. To know terminology related to skill
2. To be aware of safety factors related to skill
3. To develop ability to organize activity
4. To develop ability to teach activity
5. To know resource materials
6. To analyze the activity with relation to patients
7. To learn to follow written and/or verbal directions
8. To learn the basic skills in leatherwork

PROCEDURES TO BE LEARNED:

Process of planning, constructing and assembling a project
Process of tooling, modeling, stamping carving and lacing

ESSENTIAL SAMPLES:

Lacing samples (Exhibit L, Page 434)
Leather carving and stamping sample
Sample involving construction of a project, tooling and modeling
(Exhibit M, Page 435)

LEATHERWORK

<u>TEACHING METHODS</u>	<u>TOPICS AND ACTIVITIES</u>	<u>HOURS</u>
LECTURE	Talk and demonstration given by guest lecturer on types of leather, ordering of supplies and procedures in leather carving, stamping and tooling	
GROUP DISCUSSION	Points to consider in teaching activity to patients	4
STUDENT PRESENTATION	Practice in instructing each other on lacing techniques with emphasis on step by step teaching methods and organization of materials	
DEMONSTRATION	Various procedures to be learned including carving, stamping, skiving and snap setting	10
LAB. SESSIONS Dual Teaching	Opportunity to work on essential samples with instructor supervision	
ASSIGNMENTS	Reading assignments in textbook and mimeographed material	
TESTING	Pre test Post test	1
APPLICATION	Considerations given in the purchase and use of kits Analysis of leatherwork	2

LEATHERWORKEQUIPMENT

- 20 CARVING TOOLS, variety including:
 Background Seeder
 Bevelers Shaders
 Camouflage Shell
 Mulesfoot Veiner
- 2 CRAFT-O-VISE
- 2 EDGE TOOLS
- 18 FIDS
- 12 KNIVES, variety including:
 Skiving Utility
 Swivel
- 1 MARBLE SLAB
- 18 MALLETS
- 40 MODELING TOOLS, variety including:
 Deerfoot Modeler
 Double ball Tracer
- 4 PUNCHES, variety including:
 Drive
 Revolving
- 18 SCRATCH AWLS
- 2 SKIVING KNIVES AND BLADES
- 2 SNAP SETTERS
- 4 SPACE MAKERS, variety of sizes
- 2 STIPPLERS
- 4 THONGING CHISELS, variety of types
- 2 TOOL RACK

Approximate Cost: \$120.00

SUPPLIES

- BEESWAX
- CONDITIONERS, such as:
 Mel-O-Wax
 Saddle soap
- CUTTING BOARDS
- FINISHES, such as
 Antique
 Lac-Kot
 Pre-Kot
- JEWELERS ROUGE
- LACING, variety of types
 and colors including:
 Calf
 Plastic
- LACING NEEDLES
- LEATHER, Variety including:
 Carving
 Tooling calf
- LEATHERWORK FINDINGS
- OXALIC ACID
- PRE CUT KITS, variety
 including:
 Billfold
 Cigarette case
 Link belt
- RUBBER CEMENT
- RUBBER CEMENT THINNER
- SNAPS

Approximate Cost: \$ 45.00

LEATHERWORK BIBLIOGRAPHY

Cherry, Raymond, General Leathercraft. Bloomington, Illinois: McKnight and McKnight Publishing Company, 1955.

Dean, John W., Arrow Lacing Guide. Chicago: Arrow Leather Goods Manufacturing Company, 1951.

Gick Leathercraft Lacing and Saddle Stitching, Book number 3. Inglewood, California: Pacific Arts and Crafts, 1958.

Groneman, Chris H., Leather Tooling and Carving. Scranton, Pennsylvania: International Textbook Company, 1950.

Roseaman, I. P., Leatherwork. Leicester, Great Britain: The Dryad Press, 1948.

Sitkin, G. and J. Sitkin, Lacing from Start to Finish. Kit Kraft, 1947.

Thompson, R. W., How to Lace. Los Angeles: E. U. Drake, 1958.

Vaughn, Cy, 101 Uses for Craftstrip. Leominster, Massachusetts: Pyrotex Corporation, 1955.

ACTIVITY GUIDE

OBJECTIVES:

1. To know terminology related to skill
2. To be aware of safety factors related to skill
3. To develop ability to organize activity
4. To develop ability to teach activity
5. To know resource materials
6. To analyze the activity with relation to patients
7. To learn to follow written and/or verbal directions
8. To learn essential minor craft procedures

PROCEDURES TO BE LEARNED:

Process of rake knitting, copper tooling, scrapcraft, papercraft, reedwork, stickcraft, hobby knit, Turkish knotting, braidweave and rug hooking (Rake knitting, Exhibits N, O, P, pages 437 - 443).

ESSENTIAL SAMPLES:

Samples of rake knitting, copper tooling, scrapcraft, papercraft, reedwork, hobby knit, Turkish knotting, braidweave, rug hooking and mosaics

MINOR CRAFTS

<u>TEACHING METHODS</u>	<u>TOPICS AND ACTIVITIES</u>	<u>HOURS</u>
LECTURE	Introduction to skills in minor crafts	
GROUP DISCUSSION	Suitability of different minor crafts for specific patients Projects using inexpensive materials	8
STRUCTURED SMALL GROUP INTERACTION	Organizing and presenting assembly line projects	
STUDENT PRESENTATIONS	Presenting and teaching project ideas to class	
DEMONSTRATION	Steps involved in carrying out the following activities: Rake knitting Copper tooling Reedwork Turkish knotting Braidweave Rug hooking Papier mache Mosaics	20
LAB. SESSION	Opportunity to work on essential samples with instructor supervision	
ASSIGNMENTS	Mimeographed material Essential samples	
TESTING	Pre test Post test	1 1/2
APPLICATION	Use of various activities in nursing home setting Adapting and simplifying crafts	3

MINOR CRAFTSEQUIPMENT

- 5 COPPER TOOLING MOLDS, variety
- 8 COPPER TOOLING TOOLS, variety
of shapes
- 4 DIAGONAL CUTTING PLIERS
- 1 HOBBY KNIT MACHINE
- 4 RAKE KNITTING FRAMES, including:
Circular
Straight
- 2 TILE NIPPERS
- 2 TINNERS SNIPS

Approximate Cost: \$ 45.00

SUPPLIES

- ALUMINUM
- BASKETRY BASES
- BRUSHES
- COPPER
- COPPER FINISHES
- ESCUTCHEON PINS
- GLUE, variety including:
Duco
Elmers
- GRAVEL MOSAIC
- GROUT
- LIVER OF SULPHUR
- MODELING CLAY
- MOSAIC TILES
- NOVELTY ITEMS, such as:
Chenille sticks Sequins
Glitter
- REED, variety of sizes
- SILICONE SEALER
- SLAP STICKS
- THUMB TACKS
- TRIVET TRAYS
- WHEAT PASTE

Approximate Cost: \$ 40.00

MINOR CRAFTS BIBLIOGRAPHY

- Aller, Doris, Handmade Rugs. Menlo Park, California: Lane Book Company, 1961.
- Aller, Doris and Diane Lee Aller, Mosaics. Menlo Park, California: Lane Book Company, 1962.
- Amon, Martha Ruth and Ruth Holtz Rawson, Handcrafts Simplified. Bloomington, Illinois: McKnight & McKnight Publishing Co., 1961.
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- Christmas Gifts and Trimmings. Chicago: Kap-Pak Products, 1961.
- Colorado Occupational Therapy Association, At Your Fingertips. Denver, Colorado: Smith Brooks Printing Company, 1954.
- Copper Handicraft. New York: Copper & Brass Research Association.
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- Dubin, Sidney, Creating with Ice Cream Sticks.
- Easy-to-Make Bazaar Specialties. Chicago: Quality Publications, 1962.
- Fortunato, Carlo, The Art and Application of Mosaic Tile. Niles, Illinois: Korsin Crafts, Inc., 1962.
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- Graff, Michelle, ed., Make It with Coffee Cans. Vol. 6, No. 6, Chicago, Illinois: Graff Publications, Inc., 1964.
- Graff, Michelle, ed., Make It with Milk and Cream Cartons. Vol. 6, No. 3, Chicago: Graff Publications, Inc., 1963.

- Graff, Michelle, ed., Make It with Oatmeal Boxes. Vol. 6, No. 5, Park Ridge, Illinois: Graff Publications, Inc., 1963.
- Graff, Michelle, ed., Make It with Plastic Bottles. Vol. 6, No. 1, Chicago: Graff Publications, Inc., 1963
- Graff, Michelle, ed., Make It with Paper Plates, Vol. 6, No. 4, Chicago: Graff Publications, Inc., 1963
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- Ideas & Instructions on How to Make Craft Stick Projects. Book No. 1103, Relaxation Publications, 1963.
- Ideas & Instructions on How to Make Felt Projects. Book No. 1106, Relaxation Publications, 1963.
- Jessen, Bibbi, How to Work with Raffia. Milwaukee: The Bruce Publishing Company, 1955.
- Johnson, Pauline, Creating with Paper. Seattle: University of Washington Press, 1958.
- Lukowitz, Joseph J., 55 New Tin-Can Projects. Milwaukee: The Bruce Publishing Company, 1962.
- Marsh, Chester G., Arts and Crafts with Inexpensive Materials. New York: Girl Scouts of the United States of America, 1941.
- Minkin, Naomi, How to Make Worthwhile Items from Odds & Ends. Book No. 1109, Relaxation Publications, 1963.
- Pack-O-Fun. Vol. 9, No. 6. Park Ridge, Illinois: Clapper Publishing Company, Inc., 1960.
- Paper Projects. Chicago: Kap-Pak Products, 1962.
- Parisi, Tony, Craftsmans Instruction Handbook. New York: Educational Materials, Inc., 1951.

Pauly, Almarin, Copper Tooling. Inglewood, California: Pacific Arts and Crafts, 1949.

Perry, L. Day, Seat Weaving. 3rd ed., Peoria, Illinois: The Manual Arts Press, 1940.

Priscilla Basketry Book, No. 1, Leicester, Great Britain: The Dryad Press.

Robinson, Jessie, Things to Make from Odds & Ends. New York: D. Appleton-Century Company, Inc., 1945.

Sperling, Walter, How to Make Things Out of Paper. New York: Sterling Publishing Company, Inc., 1962.

Toys and Novelties to Make and Sell. Chicago: Kap-Pak Products, 1963.

Voss, Gunther, Reinhold Craft and Hobby Book. New York: Reinhold Publishing Corporation, 1963.

Wilson, Della F., Basketry and Weaving. Book No. 3, Peoria, Illinois: The Manual Arts Press, 1935.

Womens Day Library, How to Hook a Rug, Needlework Series #2 (106). Greenwich, Connecticut: Fawcett Publications, Inc.

Zweybruck, Emmy, The New Stencil Book. Sandusky, Ohio: Prang Company Publishers.

ACTIVITY GUIDE

OBJECTIVES:

1. To know terminology related to skill
2. To be aware of safety factors related to skill
3. To develop ability to organize activity
4. To develop ability to teach activity
5. To know resource materials
6. To analyze the activity with relation to patients
7. To learn to follow written and/or verbal directions
8. To learn essential art and design procedures

PROCEDURES TO BE LEARNED:

Color and design techniques
Process of poster making, lettering, painting, liquid embroidery, stenciling and block printing

ESSENTIAL SAMPLES:

Samples showing the basic elements of design and color
Samples showing poster making, lettering, different types of painting, liquid embroidery, stenciling and block printing

ART AND DESIGN

<u>TEACHING METHODS</u>	<u>TOPICS AND ACTIVITIES</u>	<u>HOURS</u>
LECTURE	Basic elements of design Basic elements of color Different lettering techniques	
GROUP DISCUSSION	Techniques of painting with media such as water color, oil, tempera and finger paint Evaluation of posters	2 1/2
STRUCTURED SMALL GROUP INTERACTION	Planning and carrying out bulletin board ideas	
DEMONSTRATION	Different methods of painting Proper use of tools How to enlarge a design (Exhibit Q, page 444)	
LAB. SESSION	Samples of the following, applying principles of color and design: Poster making Liquid embroidery Stenciling Block printing Linoleum Common objects	14
ASSIGNMENTS	Use of design and color techniques in everyday life Reading assignments from mimeo- graphed material and textbook Essential samples	1 1/2
TESTING	Pre test Post test	
AUDIOVISUAL	Film - "Discovering Color"	1/2
APPLICATION	Points to consider in adapting activity to geriatric individuals	1 1/2

ART AND DESIGNEQUIPMENT

- 2 BLOCK PRINTING BRAYER
- 2 BLOCK PRINTING PRESS
- 2 COMPASS
- 8 LINOLEUM CUTTERS, variety of blades
- 8 LIQUID EMBROIDERY HOOPS
- 18 PALETTE TRAYS
- 18 RULERS

SUPPLIES

- BLOCK PRINTING INK
- BRUSHES, variety including:
Stencil Watercolor
- CHALK
- COLORED PENCILS
- CRAYONS
- FELT TIP PENS
- LINOLEUM BLOCKS
- LIQUID EMBROIDERY BLOTTERS
- MASKING TAPE
- PAINT, variety including:
Finger Textile
Lacquer Watercolor
Liquid embroidery
Tempera
- PAPER, variety including:
Construction Manila
Crepe Poster board
Finger paint Stencil
Graph Tracing
- PASTE
- SCOTCH TAPE
- SPEEDBALL PENS AND TIPS
- SPONGES
- SPRAY FINISH
- TEXTILE PAINT EXTENDOR
AND THINNER
Approximate Cost: \$ 12.00

Approximate Cost: \$ 50.00

ART AND DESIGN BIBLIOGRAPHY

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Bates, Kenneth F., Basic Design (Principles and Practice). Cleveland: The World Publishing Company, 1960.

Blanch, Arnold and Doris Lee It's Fun to Paint (Painting for Enjoyment). New York: Tudor Publishing Company, 1947.

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Brow, Francis, Collage. New York, Toronto, London: Pitman Publishing Company.

de Lemos, Gordon, A Handbook of Designs and How to Use Them. New York: Educational Materials, Inc., 1947.

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- Gorbaty, Norman, Print Making With a Spoon. New York: Reinhold Publishing Corporation.
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ACTIVITY GUIDE

OBJECTIVES:

1. To know terminology related to skill
2. To be aware of safety factors related to skill
3. To develop ability to organize activity
4. To develop ability to teach activity
5. To know resource materials
6. To analyze the activity with relation to patients
7. To learn to follow written and/or verbal directions
8. To learn the basic skills in needlework

PROCEDURES TO BE LEARNED:

Basic processes in hand and machine sewing
Reading patterns
Basic stitches in knitting, crocheting, embroidery and huck weaving

ESSENTIAL SAMPLES:

Sample showing use of sewing machines
Knitting sample
Crocheting sample
Embroidery sample
Huck weaving sample

(Embroidery stitches, Exhibit R, pages 446 - 453)

NEEDLEWORK

<u>TEACHING METHODS</u>	<u>TOPICS AND ACTIVITIES</u>	<u>HOURS</u>
LECTURE	Terminology and abbreviations How to read patterns	
GROUP DISCUSSION	Considerations involved in how to instruct Observation of teaching technique of others in the group	3
STRUCTURED SMALL GROUP INTERACTION	Working in groups of four on hand and machine sewing samples	
STUDENT PRESENTATION	Practice in teaching various stitches to fellow students who were role playing special disabilities	
DEMONSTRATION	Students divided into small groups for instruction in reading patterns Flannel board and other visual aids to demonstrate basic stitches involved in: Knitting Embroidery Crocheting Huck weaving Needlepoint (optional)	12
LAB. SESSION Dual Teaching	Work on essential samples with opportunity for individual instructor attention	
ASSIGNMENTS	Mimeographed material Completion of essential samples	
TESTING	Pre test Instructing fellow class members Post test	3
APPLICATION	Use of adaptive devices Consideration of patient's interests, capabilities and limitations	1

NEEDLEWORKEQUIPMENT

- 34 CROCHET HOOKS, variety of sizes
- 20 EMBROIDERY HOOPS, variety of sizes and types including:
Adjustable embroidery hoop
- 1 IRONING BOARD
- 16 KNITTING NEEDLES, variety of sizes
- 1 MAGNIFYING GLASS, adaptable
- 8 RUG HOOKS
- 18 SCISSORS, variety of sizes and types including:
Blunt
Lefty
Pinking
- 1 SCISSORS RACK
- 2 SEWING MACHINE
Electric
Treadle
- 1 STEAM IRON
- 18 THIMBLES

Approximate Cost: \$150.00

SUPPLIES

- FABRIC, variety of types and colors including:
Burlap
Gingham
Huck toweling
Indian head
Muslin
Rug canvas
Terry cloth
- NEEDLES, variety including:
Embroidery
Huck
Rug
Tapestry
- NEEDLE THREADERS
- STRAIGHT PINS
- TAPE MEASURES
- THREAD, variety of colors and types including:
Crochet
Embroidery
Sewing
- TRANSFER PATTERNS
- YARN, variety of colors and types

Approximate Cost: \$ 45.00

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Carroll, Alice (ed.), The Goodhousekeeping Needlecraft Encyclopedia. New York: Rinehart and Company, Incorporated, 1947.

Cartier-Bresson, Embroidery Stitches.

Guild, Vera P., Creative Use of Stitches. Worcester, Massachusetts: Davis Publications, Incorporated, 1964.

Karasz, Mariska, Adventures in Stitches, rev. ed. New York: Funk and Wagnalls Company, 1959.

McCalls Needlecraft Treasury, New York: McCalls Corporation.

Spears, Ruth Wyath, The Work Basket Embroidery Book. New York: M. Barrows and Company, Incorporated, 1941.

PAMPHLETS AND LEAFLETS

The American Thread Company
260 West Broadway
New York, New York

Star Book, The ABC of Embroidery, Number 85.

Star Book, The ABC of Embroidery Stitches, Number 165.

Star Pot Holder Book, Number 101.

Star Rug Book, Number 106.

In addition a variety of free leaflets are available upon request.

Coats and Clark, Incorporated
Educational Bureau
430 Park Avenue
New York, New York 10022

The ABC of Crochet for Left Handed Students.

Coats and Clark, Cont'd.

The ABC of Crochet for Right Handed Students.

The ABC of Knitting for Left Handed Students.

The ABC of Knitting for Right Handed Students.

Creative Embroidery, Number 143.

Embroidery Book, Number 119.

Embroidery on Gingham.

Grain in Fabric.

How to Choose the Right Thread.

Knitting is Fun.

Learn How Book, Number 170-B.

One Hundred Embroidery Stitches, Number 150.

In addition a variety of free leaflets are available upon request.

Krieg, Mildred, Huck Towel Patterns, 2nd, 3rd and 4th series. Riverside, Illinois.

Learn How Book, Number 170-A. The Spool Cotton Company, 1952.

PERIODICALS

Family Circle.

McCalls: Needlework and Crafts, Summer Make-it Ideas and Christmas Ideas.

Womans Day.

The Work Basket.

ACTIVITY GUIDE

OBJECTIVES:

1. To know terminology related to skill
2. To be aware of safety factors related to skill
3. To know resources available for more information
4. To analyze the activity with relation to patients
5. To be aware of the cost of equipment and supplies
6. To gain an awareness of the basic principles involved in ceramics

PROCEDURES TO BE LEARNED:

Pouring a mold
Decorating greenware
Firing a kiln

ESSENTIAL SAMPLES:

None

CERAMICS

<u>TEACHING METHODS</u>	<u>TOPICS AND ACTIVITIES</u>	<u>HOURS</u>
LECTURE	Introduction to the various ways of working with clay Terminology Use of kiln (safety factors)	1
GROUP DISCUSSION	Cost of various types of equipment and supplies needed	
DEMONSTRATION	How to use a mold Use of glazes and their effects Ways of decorating greenware	2
LAB. SESSION	Sample of decorating greenware	
APPLICATION	Possible uses of ceramics in nursing homes	1

CERAMICS BIBLIOGRAPHY

Jansma, Frank, Drakenfeld Handbook for the Studio Potter. New York.

Lion, Helen, How to do Ceramics. Walter Foster, Incorporated.

McCalls Needlework and Crafts, Spring-Summer, 1966. "Craft Clay" and "Pottery".

McCalls Summer Make-It Ideas, Volume I. "Pinch Method"

Minkin, Naomi, Ideas and Instructions on How to Make Cold Pottery, Number 1105.
Relaxation Publications, 1963.

Sanders, Herbert H., How to Make Pottery and Ceramic Sculpture. Menlo Park,
California: Lane Book Company, 1964.

Tart, Carlie, The Beginner and the Wheel. Indianapolis: American Art
Company, 1962.

SECTION II

SOCIAL RECREATION ACTIVITIES

METHODS OF PRESENTATION

Thirty eight hours were assigned to social recreation activities and were divided as follows:

Games	10 hours
Dramatics	4 hours
Music	10 hours
Party planning	10 hours
Special interest groups	4 hours

Where it was feasible, people in the community who were specialists in certain areas taught the activity. These individuals included a music therapist, community recreation consultant, recreation program supervisor, recreation leader, speech and dramatic art professor, graduate student specializing in dramatics, retired school teacher, free lance writer and bowling instructor. When it was not possible to obtain people in specialty areas, classes were taught by the course staff and other Registered Occupational Therapists.

TEACHING TECHNIQUES

Students were required to keep a recreation file. Games were grouped into the categories of semi-active, active, wheelchair, quiet and circle, and were noted on 4" x 6" file cards. Starting with Course I each class of students developed a compendium of games which they shared among themselves. In addition, the compendiums from previous courses were given to them. Students found their file useful not only when they went on their month of practical experience but also had a handy reference for games when they returned to the job.

During the course one group of students took a trip to a bowling alley and learned of classes and activities available for senior citizens.

Though ten hours were assigned to party planning, an average of three hours was spent on this. Two courses planned and carried out a party as if it were in a nursing home. The students role played the types of disabilities found in geriatric individuals. Role playing a party did not appear to be an effective teaching method because some students found it difficult to visualize how the techniques would apply in a nursing home.

One group of students received a lecture and demonstration on flower arranging and indoor gardening. The students not only learned the skill, but the value of good organization of time and materials was further reinforced by an excellent guest lecturer.

GAMES

Value of games in nursing home setting

Quiet

Active

Individual

Group

Selection of games - considerations of physical status of individual

Bed

Wheelchair

Semi-ambulatory

Ambulatory

Variations and adaptations

Leadership techniques

Resource material

DRAMATICS

Drama in nursing home setting

Uses

Value

Types of drama

Pantomime

Shadow play

Skit

Simple plays

Puppetry

Reading stories

Leadership techniques

Community resources

Considerations in selection of materials

MUSIC

Basic principles of music in activity programming

Types

Community singing

Music appreciation

Rhythm bands

Exercises to music

Considerations for programming

Physical area

Equipment

Selection of materials

Community resources

Leadership techniques

Application of music in nursing home setting

PARTY PLANNING

Basic principles of party planning in nursing home setting

Considerations in programming

Publicity

Decorations

Program

Refreshments

Evaluation of results

SPECIAL INTEREST GROUPS

Considerations in organization

Use in nursing home setting

Resource materials

Cooking

Service clubs

Flower arranging

Gardening

Bird watching

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DRAMATICS

Eisenberg, Helen, and Larry Eisenberg, Fun with Skits, Stunts and Stories. New York: Association Press, 1964.

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Kerman, Gertrude Lerner, Plays and Creative Ways with Children. Irvington-on-Hudson, New York: Harvey House, 1961.

Ward, Winifred L., Stories to Dramatize. H. W. Wilson Co.

RECORDS

"Dance a Story", Ginn & Company, 205 West Wacker Drive, Chicago, Ill. "Story Telling", Prentiz Co., Ruth Tooze.

GAMES

ABC Senior League Program for Bowlers. Milwaukee: American Bowling Congress.

ABC Seniors Division Open House Promotion. Milwaukee: American Bowling Congress.

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Dacheau, Douglas, Song Session - Community Song Book. New York: Remick Music Corporation.

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Stuart, Marjorie, Birds Around Us. Racine, Wis.: Whitman Publishing Company, 1961.

"Sunset Books" published by Lane Magazine and Book Co., Menlo Park, California.

1. Flower Arranging. Shinno, Tat.
2. Flower Preservation.
3. Gifts You Can Make (Gardens included).

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SECTION III

REMOTIVATION

Briefly stated, remotivation is a technique of simple group interaction which enables the leader, through a structured activity, to reach patients in a meaningful and constructive way. The leader builds a discussion around one of eight major topics. These are shown in the remotivation symbol on this page. Although the technique was originally designed for use with patients suffering from mental illness, it was felt that it could be adapted to the less capable and less sociable resident in a nursing home.

Two instructors, from the regional training center in Milwaukee were employed to teach the 30 hour remotivation course. One week was set aside for this in the curriculum and no other classes were taught. Twice during the week students went to a county mental hospital to practice the technique of remotivation with patients. A member of the course staff coordinated these practice sessions with hospital personnel.

Upon completion of the 30 hour remotivation course, each student received a certificate as a remotivator which was issued by the regional training center.



FIGURE 9
REMOTIVATION SYMBOL

REMOTIVATION BIBLIOGRAPHY

Dowling, Eleanor B. , "They're Giving the Aged a New Will to Live!" R. N.
(October 1964): 57.

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(November 1964): 71.

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Remotivation: Basic Facts About a Useful Nursing Home Program. Philadelphia:
Smith, Kline and French Laboratories.

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Wright, Margaret, Alma Erb, and Pearl Lawrence, Remotivation Technique in the
Nursing Care of the Mentally Retarded. Philadelphia: Smith, Kline and
French Laboratories.

Dunning, Howard, "An Introduction to Remotivation Technique," American Journal
of Occupational Therapy, Volume XIII, No. 5, pages 235 - 238, 1959.

AUDIO - VISUAL

Remotivation, (20 minutes). Smith, Kline, French, 1500 Spring Garden Street,
Philadelphia, Pennsylvania 19101.

SECTION IV
AUDIO VISUAL MATERIALS
AND
DUPLICATING PROCESSES

APPROACH AND METHOD OF PRESENTATION

The original curriculum included a section on the use of audio visual materials and duplicating processes indicating that these procedures would be taught in the course when appropriate. No hours were assigned. In each course an average of five hours was used to teach these procedures with the classes being taught by one of the staff members.

A film projector, slide projector, tape recorder, stencil printer (mimeograph) and a duplicator were all standard equipment for the course and were available for demonstration and practice. A hecto printer gelatin plate was purchased to demonstrate the hand process of duplication.

USE OF AUDIO VISUAL EQUIPMENT

The basic procedures involved in the use of audio visual equipment were demonstrated to the class. This was supplemented by each student receiving mimeographed resource material outlining the procedures.

Each student was expected to practice and become familiar with basic processes involved in the operation of a film projector. This included assembly and preparation of the projector, rewinding the film, dismantling the projector for storage, plus a knowledge of common problems encountered in the operation of a projector. Over a

period of several weeks of the course, the projector and practice film were available so that each student could plan times to practice. During the practice periods an instructor was available if any of the students needed guidance or further instruction. Whenever a student felt that he had learned the basic procedures, an appointment was made with the instructor so that the individual could be checked on the proper use of the film projector.

Less time was assigned for developing skill in the use of the slide projector and tape recorder. Following the demonstration of the procedures to the class the equipment was available to the students for practice if they so desired.

USE OF DUPLICATING EQUIPMENT

The procedures involved in the use of the stencil printer and duplicator were demonstrated to the class. The equipment and the supplies necessary for preparing stencils or ditto masters were available for any of the students desiring additional experience or practice.

OBSERVATIONS

Few of the students entering the training course were familiar with or skilled in the use of the equipment. In working with the students it was learned that many of them had not had the opportunity to learn to operate the machines or as was the case with a few students, they had avoided it because they had a fear of operating machines. The combination of techniques -- demonstration, the opportunity to practice, and supportive guidance and encouragement from the instructor -- proved to be very effective in assisting many of the students to develop skill and confidence in the use

of the equipment. Some of the students also were able to overcome some of their fear of operating machines.

From our experience, it seems very appropriate to include the teaching of these skills in the curriculum. It would be recommended that a minimum of five to seven hours be assigned for this purpose.

BIBLIOGRAPHY

How To Use Your Bell & Howell Filmosound 16 mm Sound-Film Projector. Chicago:
Bell & Howell Co.

UNIT VII

RELATIONSHIP TO OTHER SERVICES

COMPILATION OF CONTENT

A series of lecture - discussions presented by representatives of the various professional services.

- A. CLERGY
- B. DIETETICS
- C. MEDICAL SERVICES
- D. NURSING
- E. NURSING HOME ADMINISTRATION
- F. PHYSICAL THERAPY
- G. PSYCHOLOGY
- H. SOCIAL WORK
- I. SPEECH THERAPY
- J. VOCATIONAL REHABILITATION SERVICES

APPROACH AND METHOD OF PRESENTATION

An average of six hours with a range from four to seven hours, were used in presenting this unit. The number of assigned hours was ten. All presentations were given by guest lecturers. The discrepancy in hours resulted for two reasons. First, some of the lecturers felt they only needed one-half hour to present the information and secondly, some guest lecturers felt that this type of information could be more interestingly and appropriately presented if integrated with other material being

presented as a part of another unit. The latter was true for presentations given by physical therapy, psychology, social work and speech therapy.

Some of the topics suggested for the guest lecturers to include in describing the service were:

Education
 Registry, licensure
 Professional organization, name
 Types of positions held and types of services offered

It was also suggested that the lecturer include information with regard to specific functions or types of services that members of this profession might offer in a nursing home or long term care facility. For those services which were available primarily as a community resource, the lecturer was asked to explain the methods for obtaining the service.

OBSERVATIONS

There were no bibliography materials submitted by the guest lecturers. However, for many of the presentations the lecturers provided classroom distribution materials such as brochures describing the service. In many instances this was information describing a service available as a community resource, and the students were able to add this information to their files for future reference.

For this unit of the curriculum, as the course moved to different locations in the state, no particular problems were encountered in locating guest lecturers from the various professional services. However, the difficulty that was encountered was in locating guest lecturers who were familiar with the problems of and the services available to the aging population.

UNIT VIII

ORGANIZATIONAL SKILLS

COMPILATION OF CONTENT

A. THE NURSING HOME

1. Definition
2. Types of homes
3. Administrative code, nursing home rules
 - a. Standards for patient care
 - b. Regulations concerning patient activity programs

B. THE ACTIVITY DIRECTOR

1. Role in nursing home
 - a. Full time
 - b. Part time
 - c. Part time two or more homes
2. Relationships to other services
 - a. Administration
 - b. Nursing service
 - (1) Registered Nurse
 - (2) Practical Nurse
 - (3) Aide, orderly
 - c. Dietary
 - d. Volunteers
3. Relationship to Occupational Therapy Consultant
 - a. State Board of Health Consultant
 - b. Consultant employed by home
4. Supervision
 - a. Accepting supervision
 - (1) Administration
 - (2) Registered Occupational Therapist
 - b. Giving supervision
 - (1) Activity assistants
 - (2) Aides
 - (3) Volunteers

C. THE ACTIVITY PROGRAM - POINTS TO CONSIDER IN PLANNING AND IMPLEMENTING

1. Defining the need
 - a. Methods of determining individual patient's/resident's interests and needs
 - b. Elements included in planning a total program to meet the needs of all patients/residents
2. Need for medical referral to activity
 - a. Referral as part of medical record
 - b. Methods of obtaining referral
3. Physical facilities
 - a. Square feet of space
 - b. Location
 - c. Floor plan for utilization of space
 - d. Storage
 - e. Shared or dual use of space
 - f. Space used on wards or day rooms
 - g. Maintenance
4. Equipment/Supply
 - a. Determining type and amount based on program needs
 - b. Available storage space
 - c. Inventory
5. Budget
 - a. Planning a budget
 - (1) Source and amount of funds
 - (2) Items to include
 - b. Financial record of expenditures/money received
 - c. Charge vs. no charge for supplies
6. Disposition of products
 - a. Selling vs. no selling of items made
 - (1) Advantages, disadvantages
 - (2) Affect on total program planning
 - b. Taking orders for items to be made
 - (1) Advantages, disadvantages
7. Planning an activity schedule
 - a. Purpose
 - b. Types, variety
 - c. How used

8. Record keeping
 - a. Purpose
 - b. Kinds
 - c. Types of information recorded
 - d. Projected use of recorded information

9. Methods of informing residents about program
 - a. Examples
 - (1) Bulletin boards
 - (2) Home newspaper
 - (3) Public address system
 - b. Appropriateness of use

10. Legal considerations
 - a. Accident, incident reports
 - b. Insurance coverage
 - (1) Use of private automobile
 - (2) Bus trips
 - (3) Volunteers
 - c. Health regulations regarding food

11. Program analysis
 - a. Need for periodic evaluation
 - b. Key points in evaluation of total program
 - (1) Participation by residents
 - (2) Involvement of residents in activity planning
 - (3) Types and variety of activities
 - (4) Frequency of activities
 - (5) Location of activities
 - (6) Changes to be made based on evaluation

D. THE VOLUNTEER

1. Determining need
 - a. Role of volunteers in nursing home
 - b. Adult volunteers
 - c. Teen-age volunteers

2. Recruitment
 - a. Locating potential volunteers
 - b. Interviewing
 - c. Screening

3. Orientation
 - a. Planned number of hours
 - b. Topics included
 - c. By whom given

4. Placement
 - a. Regular weekly schedule
 - b. Assignments
 - c. Reporting on and off duty
5. Supervision
 - a. Amount
 - b. By whom
 - c. Need for
6. Recognition
 - a. Established criteria for recognition
 - b. Held annually

E. THE COMMUNITY

1. Resident participation in community
 - a. Tours
 - b. Outings
 - c. Concerts
 - d. Sports events
 - e. Church
2. Community participation in nursing home
 - a. Programs
 - b. Special events
 - c. Visiting
 - d. Transportation
 - e. Service projects
3. Library services
 - a. Bookmobile
 - b. Materials for the handicapped
 - (1) Projected book
 - (2) Large print book
 - (3) Library for blind
4. Public relations
 - a. Importance of public relations
 - b. Role of activity director
 - (1) Talks to community groups
 - (2) Preparing lists of needed items
 - (3) Writing acknowledgments
 - (4) Publicity items in local newspaper

APPROACH AND METHOD OF PRESENTATION

An average of twenty-seven hours with a range from twenty to thirty-five hours was used in presenting the topics in this unit. The number of assigned hours was twenty-five. The topics included under B, "The Activity Director", and C, "The Activity Program", were taught by the Course Staff. Because of the direct relationship between the subjects being discussed and the Consultants' knowledge and experience in activity program development, some of the classes were jointly presented by a member of the Course Staff with the Occupational Therapy Consultant as a resource person. The information in Topic D, "The Volunteer", was presented by the Course Director and guest lecturers. Topic A, "The Nursing Home", and Topic E, "The Community" were presented by guest lecturers. A field trip was scheduled for the "Library Services" presentation.

The teaching method used for most of the classes was group discussion. Since many of the students had had some experience in an activity program, they were encouraged, first, to identify their concerns and problems and, secondly, to explore ways of solving the problems. The instructors, who frequently served not only as discussion leaders but also resource persons, placed emphasis on helping the students identify factors needed in evaluating situations for making decisions. Extremely useful in the classroom discussions were a number of resource materials which were developed or collected.

Some of the resource materials developed for use in the discussion of topics in the curriculum are included with this unit. A sample job description (page 309) was used in the discussion of the role of the Activity Director (Point B). For the

discussions of Point C, 1 and 2, "Defining the Need" and the "Need for Medical Referral to Activity", a sample Resident Interest Sheet (Page 312) and a sample Referral to Activity (Page 311) were developed. Copies of the samples were distributed to each of the students. In the discussion it was pointed out that the samples were useful as a guide but to meet the needs of each individual situation it would be advisable to make changes and adaptations.

The resource materials collected were obtained from many different organizations and individuals and included nursing homes, hospitals, occupational therapy departments, volunteer organizations, government agencies, libraries, individual therapists and students. Two types of materials were collected. One was samples of forms such as those used for attendance records, weekly or monthly activity schedules, and application blanks suitable for adult and/or teen age volunteers. The second type of material collected was samples of manuals, brochures and home publications including volunteer manuals, brochures such as "Services to the Blind" and many different mimeographed or printed newspapers from nursing homes. As the course moved to different locations in the state, new resource materials were added. This collection provided a wealth of information for classroom discussion and sharing of ideas.

OBSERVATIONS

The topics included in this unit represented the reason expressed by many of the students for wanting to take the training course. They were eager to obtain immediate answers to their questions and displayed some impatience at not receiving

them during the first few days of the course. Through sharing of ideas and the use of the problem solving method a very good learning situation occurred as each topic was discussed. Experienced and inexperienced students benefited from the use of this plan.

In general, additional time could have been used in discussing the topics in this unit. Although each student's concerns differed, as a group the students seldom seemed satisfied with the amount of time devoted to the different topics. For future planning it would be recommended that more hours be added to this unit and that the additional hours be used to strengthen those areas of specific need and concern of the students. This plan requires flexibility in the structure of this unit.

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CERTIFIED OCCUPATIONAL THERAPY ASSISTANT

SAMPLE JOB DESCRIPTION

(Applies primarily to Nursing Home setting)

KIND OF WORK

Plan and carry out comprehensive activity program which will encourage patients to function at the highest level of independence possible. Work is carried out with consultation from a Registered Occupational Therapist.

JOB DUTIES

Evaluates patients to determine each individual's interests, physical ability, mental alertness and level of socialization and establishes realistic goals with patients.

Selects appropriate activities, both individuals and/or groups. Adapts activity where necessary.

Plans and schedules activities - creative work, recreational and educational to meet both the interests and needs of the most patients within the available time.

Invites and encourages patients to participate in each day's program where appropriate.

Teaches activities to patients.

Establishes and maintains effective relationships with patients.

Together with other staff finds methods to motivate patients to take an interest in life and the community.

Supervises the day's program, taking care of any problems that may arise.

Coordinates activities with other programs in the institution (nursing, religious, etc.) through conferences with administrator, nursing supervisors, and other appropriate persons.

Keeps a record of attendance at activities.

(Continued - next page)

Maintains effective working relationships with other staff members and volunteers.

Writes and maintains record on patient progress including initial evaluation findings and subsequent periodic summary of patient's participation, attitude, behavior, physical and mental condition.

Procures and maintains supplies and equipment in good order.

Maintains activity area in good order.

Attends weekly supervisory conferences to coordinate activity program with other aspects of the home operation.

Arranges for special entertainment when appropriate.

Recruits, screens, orients, and supervise volunteers in the activity program.

Writes rules, procedures and job description for volunteers in the activity program with assistance from the administrator or designated person.

Confers periodically with Occupational Therapy Consultant (or Registered Occupational Therapist on the staff), or supervisor to discuss questions, problems and progress.

Evaluates program periodically and makes appropriate adjustments.

ESSENTIAL REQUIREMENTS

Desire to work with ill, aged and disabled.

Ability to establish and maintain effective working relationships with administrator, staff, volunteers and residents.

Knowledge of activities.

Ability to assume responsibility for planning and carrying out an activity program.

Certification as an Occupational Therapy Assistant with the American Occupational Therapy Association.

REFERRAL TO ACTIVITY PROGRAM
(Sample Form)

Name of Home: _____

A variety of activities planned and supervised by a Certified Occupational Therapy Assistant are available to the residents in the Home. If you wish your patient to participate in the program, the following referral form needs to be completed. If you have a specific request or objective for your patient, please indicate this or contact the Certified Occupational Therapy Assistant.

Patient's Name: _____ Date: _____

Room Number: _____ Date of Admission: _____ Age: _____

Diagnosis: _____

Other Diagnoses: _____

I grant permission for the above patient to participate in the activity program of the _____ to the fullest extent of his abilities.
(name of Home)

Limitations: _____

Precautions: _____

Objective of referral: _____

(Physician's Signature)

_____ Nursing Home

RESIDENT INTEREST SHEET
(sample)

Date: _____ Age: _____ Sex: _____ Name: _____

Home town: _____ Religion: _____ Ward or Room: _____

Education (grade completed): _____ Languages spoken: _____

Former occupation: _____

Member of following organizations (past or present): _____

Hobbies: _____

(Continued - next page)

<u>ABILITY LEVEL</u>	<u>COMMENTS</u>
<u>AMBULATION:</u> <input type="checkbox"/> walks alone <input type="checkbox"/> walks with assistance <input type="checkbox"/> wheels chair <input type="checkbox"/> wheelchair, assisted <input type="checkbox"/> essentially bed-patient	
<hr/> <u>COORDINATION:</u> <input type="checkbox"/> poor <input type="checkbox"/> fair <input type="checkbox"/> good	
<hr/> <u>HEARING:</u> <input type="checkbox"/> poor <input type="checkbox"/> moderate <input type="checkbox"/> good	
<hr/> <u>SIGHT:</u> <input type="checkbox"/> poor <input type="checkbox"/> fair <input type="checkbox"/> good	
<hr/> <u>SPEECH:</u> <input type="checkbox"/> none <input type="checkbox"/> yes, no <input type="checkbox"/> short responses <input type="checkbox"/> useful	
<hr/> <u>ALERTNESS:</u> <input type="checkbox"/> poor <input type="checkbox"/> fair <input type="checkbox"/> good	
<hr/> READING <input type="checkbox"/> no <u>COMPREHENSION:</u> <input type="checkbox"/> yes	
<hr/> <u>WRITING:</u> <input type="checkbox"/> no <input type="checkbox"/> yes	
<hr/> TYPING: <input type="checkbox"/> no <input type="checkbox"/> yes	

(Continued - next page)

Might be interested in these activities (check beside each item of interest; double-check those of special or real interest):

GAMES

- | | | |
|-----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Chess | <input type="checkbox"/> Croquet |
| <input type="checkbox"/> Monopoly | <input type="checkbox"/> Dominoes | <input type="checkbox"/> Horseshoes |
| <input type="checkbox"/> Checkers | <input type="checkbox"/> Carroms | <input type="checkbox"/> Darts |
| <input type="checkbox"/> Scrabble | <input type="checkbox"/> Bowling | <input type="checkbox"/> Shuffleboard |

- Cards: List kind _____
- Others: List _____

ARTS & CRAFTS

- | | | |
|--|---|---|
| <input type="checkbox"/> Holiday decorations | <input type="checkbox"/> Rug-making | <input type="checkbox"/> Posters |
| <input type="checkbox"/> Leatherwork | <input type="checkbox"/> Shellcraft | <input type="checkbox"/> Painting or coloring |
| <input type="checkbox"/> Basketry | <input type="checkbox"/> Greeting cards | <input type="checkbox"/> Model building |
| <input type="checkbox"/> Copper tooling | <input type="checkbox"/> Bulletin board
displays | <input type="checkbox"/> Flower-making |
| <input type="checkbox"/> Clay or ceramics | <input type="checkbox"/> Mosaics | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Weaving | |

- Others: List _____

NEEDLEWORK

- | | | |
|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Knitting | <input type="checkbox"/> Crocheting | <input type="checkbox"/> Embroidery |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Mending | <input type="checkbox"/> Needlepoint |
| <input type="checkbox"/> Tatting | | |

- Others: List _____

WOODWORK

- | | | |
|---------------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Carving | <input type="checkbox"/> Chip carving | <input type="checkbox"/> Inlay |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Decorating | |

- Others: List _____

ENTERTAINMENT

- | | | |
|----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Movies | <input type="checkbox"/> TV | <input type="checkbox"/> Music |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Radio | <input type="checkbox"/> Magician |
| <input type="checkbox"/> Parties | <input type="checkbox"/> Variety Show | <input type="checkbox"/> Talking books |
| <input type="checkbox"/> Plays | <input type="checkbox"/> Rides | |

- Others: List _____

(Continued - next page)

MUSIC Singing Rhythm Band Play instrument(s): What _____ Others: List _____PERFORMING (You take part) Plays Amateur night Quiz show Fair Dancing Hobby show Pageant Picnic Others: List _____HOBBY Gardening Walks Creative writing Photography Discussion groups Aquarium Correspondence Collecting: What _____ Reading: What _____ Others: List _____ Outings Chapel Newsletter Planning activitiesSERVICE Community Home

COMMENTS, SUGGESTIONS, REQUESTS:

Completed by: _____

Date: _____

WORK SCHEDULE FOR THE MONTH OF _____

UNIT XII

PERSONNEL POLICIES

COMPILATION OF CONTENT

A. POINTS TO CONSIDER IN APPLYING FOR A POSITION

1. Job description
 - a. Training and/or experience required
 - b. Description of work
 - c. Responsibilities
 - d. To whom responsible
2. Hours of work
3. Salary
4. Fringe benefits

APPROACH AND METHOD OF PRESENTATION

In the original curriculum one hour was assigned for this topic. For each of the six courses, a similar plan was followed with a two hour session scheduled the morning of the final day of the course. The class was conducted jointly by the Course Director and the Occupational Therapy Consultant assisted by one of the students.

During the first part of the two hour session, the students were asked to identify some of the frequently expressed questions or concerns with regard to

applying for a position. This was followed by a "role playing" situation in which an Administrator of a Nursing Home was interviewing an applicant for the position of Activity Director. The roles of the "prospective employer" and the "applicant" were assumed by the Occupational Therapy Consultant and a student. These two individuals who had been briefed previously arranged to include a number of pertinent and controversial points in the "interview situation". The student group was asked to participate by actively listening during the interview and writing down questions, opinions and points of interest. The discussion which followed provided an opportunity to explore with the students the many different considerations involved in applying for a position.

OBSERVATIONS

During all of the courses the students expressed considerable interest in and a need for information related to personnel policies. Throughout the course many of the questions asked were included in topics discussed in Unit VIII (Organizational Skills). The "role playing interview situation" scheduled the final day of the course proved to be an efficient and effective way of emphasizing and summarizing many of the points related to personnel policies. For future consideration, it would seem feasible and appropriate to increase the number of assigned hours in the curriculum so that several discussions of the various aspects of this topic could be scheduled periodically throughout the course. This would provide opportunities not only for presenting information to the students but also for integrating information and experience from many students.

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UNIT XIII

MEDICAL TERMINOLOGY

COMPILATION OF CONTENT

A. UNDERSTANDING MEDICAL TERMINOLOGY

1. Use of medical dictionary
2. Use of abbreviations

B. APPLICATION OF TERMINOLOGY

1. Body structure and function
2. Medical lectures
3. Psychiatric lectures
4. Clinical conditions
 - a. Observing
 - b. Reporting
5. Analysis of activity

APPROACH AND METHOD OF PRESENTATION

An average of three hours with a range from one to five hours was used in presenting medical terminology in the six courses. In the original curriculum no hours were assigned for this topic but the statement was made that "Terminology is included as a part of all units of the curriculum and it is anticipated the students will accumulate a glossary of terms". Basically this original curriculum plan was followed.

Early in the course the students were provided with mimeographed materials to use as study aids. Several classroom discussions, usually about one-half hour in length, were held to interpret or to clarify the meaning or use of some of the medical terminology. Although the Course Staff felt that clarification of terminology used was an important part of all the units, these classroom sessions were considered particularly essential as a part of Unit III, Personality Development, Unit IV, Physical Development and Unit V, Use of Activity.

OBSERVATIONS

The understanding and use of medical terminology was basic for the entire course. The information was taught as an integral part of the units rather than as a separate entity. In the discussions emphasis was placed on the correct and appropriate use of terminology. For future planning it would be recommended that curriculum hours be assigned to the various units to allow for covering the topic medical terminology rather than considering it a separate unit.

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UNIT XIV

PRACTICAL EXPERIENCE

This unit of the curriculum is presented in two sections. The first section deals with the process of development and includes: the selection of training centers; the objectives of the month of practical experience; and tools developed and methods used to achieve objectives.

The second section presents information concerning the setting, case load and program of the sixteen centers used during the three year period.

SECTION I

SELECTION OF TRAINING CENTERS

"When the practical experience is not given within the same hospital or agency, the centers used for this purpose shall be carefully selected by the director of the training program and/or appropriate committee. Any occupational therapy department utilized shall have a competent, registered occupational therapist, qualified to supervise trainees."⁴

Following the American Occupational Therapy Association's requirements for centers used for practical experience, the criteria for selection of training centers used throughout the three year project were based upon the type of facility and the employment of a full time Registered Occupational Therapist. Nursing homes and other long term care facilities were assessed by course personnel to determine whether or not they could serve as centers for practical experience.

The number of centers used for clinical training differed with each course. The following chart gives the location of each course, the number of students per

⁴American Occupational Therapy Association Requirements of a Training Program for Occupational Therapy Assistants, February, 1965.

course, the number of centers used per course and the approximate distance of practical experience centers from the course site.

CHART V. PRACTICAL EXPERIENCE CENTERS

Course Number	Location	Students	Number of Centers Used	Approximate Distance Of Practical Experience Centers From Course Site
I	Milwaukee	10	4	1 - 5 miles
II	Milwaukee	16	7	1 - 20 miles
III	Madison	16	9	60 - 90 miles
IV	Eau Claire	17	10	20 - 200 miles
V	Green Bay	16	7	30 - 100 miles
VI	Madison	17	7	80 - 100 miles

Four centers in the Milwaukee area were selected for the ten students in Course I. With a total of sixteen students in Course II, the need for additional training centers was evident. The selection of centers was limited because of the small number of nursing homes and other long term care facilities employing a Registered Occupational Therapist full time. Finding appropriate centers remained a problem throughout the three years. Milwaukee continued to provide the majority of centers, but course personnel assessed other facilities throughout the state.

Throughout the three year period, several factors influenced whether or not a center was used. Two centers specialized in mental retardation and one center treated those patients with rehabilitation potential. These centers were used selectively for students who would be employed in this type of facility upon completion of the training program. One center was discontinued when it was evident that the students did not receive adequate supervision from the Registered Occupational Therapist. During the three year period, several Registered Occupational

Therapists stated that they would not be able to accept students for that particular month for reasons such as illness, staff changes and lack of staff.

CHART VI
CENTERS USED FOR PRACTICAL EXPERIENCE AND TOTAL NUMBER
OF CENTERS USED PER COURSE

Centers	Course I	Course II	Course III	Course IV	Course V	Course VI
1			*	(*) *		
2					*	*
3	*	*	*	(*) *	*	*
4	*	*	*	(*) *	*	*
5	*				*	
6		*				
7		*		(*) *	*	*
8				(*) *	*	*
9	*	*	*			
10			*	(*) *	*	*
11				(*) *		
12			*	(*) *		
13		*		(*) *		*
14			*			
15			*	(*) *		
16		*	*			
Totals	4	7	9	10	7	7

(*) Pre planning visits to center

The above chart shows the centers used for practical experience for each course. Each center received a regularly scheduled visit by course staff each time it was used. Before student assignments were made for Course IV, a pre planning (*) visit was made to each center by one of the course staff members.

OBJECTIVES OF PRACTICAL EXPERIENCE

Prior to sending the Course I students on their month of practical experience a meeting was held between the Registered Occupational Therapist supervisors and course staff to determine the experiences which would be available to the students at each of the centers and to discuss objectives for the month. These objectives were written as guidelines for practical experience. Upon completion of the first course another meeting was held with the practical experience supervisors. Opportunities for the students to apply the academic learning to the clinical situation were discussed. The objectives of the training period were reviewed and revised by the course staff and practical experience supervisors. These "Guidelines for Practical Experience" (found on page 330) were then used throughout the remaining five courses, and served as a basis for presenting, in the next section of this unit, a composite picture of the various programs offered by the centers.

After the completion of three courses an evaluation meeting was held by the course staff and the project director and coordinator to review all aspects of practical experience. This included the types of experience available to the students and the type and amount of supervision received. Areas of strength and weakness were identified. Particularly pertinent seemed to be a need for additional planning so that students might be involved in assessing, planning for and conducting activities with the same group of patients throughout the entire month of practical experience.

TOOLS DEVELOPED AND METHODS USED TO ACHIEVE OBJECTIVES

Throughout the three years, tools were developed by the course staff for use in correlating the practical experience phase with the academic phase of the course.

During the academic phase, in order to further involve the student in his learning, the selection of the center became a joint decision between the student and the course staff. Class time was spent in presenting basic information on all of the centers. The students then wrote down their first and second choices and the reasons for their selections. Each student subsequently had a conference with course personnel and a center was mutually agreed upon.

As part of the course requirements each student was asked to keep a daily record of his experiences. The purpose of the record and directions for its use may be found on page 333. An analysis of these records is included in the next section.

To aid in providing a framework for the weekly conferences between the occupational therapy supervisor and students, a student-supervisor conference form was developed (Exhibit T, page 455). The topics included were suggested to facilitate a sharing of information and pinpoint areas of concern.

Before students were sent to a center, a visit was made to the center by a member of the course staff. A meeting was held with the director of occupational therapy to gain basic information about the center and to interpret to her the guidelines for practical experience. Each center was asked to complete an agency information form and a general information sheet (Exhibits U & V, pages 456-56). The Registered Occupational Therapist was also asked to submit a tentative schedule for the month of training. (Exhibit W, page 459)

During the month of clinical training, a visit was made to each center by one member of the course staff. A form (Exhibit X, pages 460-64) was developed by the course staff to aid the occupational therapy supervisor and course personnel to review the present program and make any needed changes and additions. The form also afforded an opportunity to focus on the guidelines for practical experience and to discuss ways in which the students were meeting the objectives contained in the guidelines.

After Course III, a need for further planning was evidenced in order to better correlate the practical experience phase with the academic phase of the course. Therefore, during the fourth course, visits were made to the center a month prior to the arrival of the students. These visits enabled the occupational therapy supervisor and course staff to further define and develop a more complete and meaningful program and to discuss ways to integrate the student into the center's existing program. A form was used (Exhibit Y, pages 465-68) to identify activities available to the student which would provide contact with both individual patients and patient groups and the type and amount of supervision the student would receive.

Even though there is little objective evidence to indicate that these pre-planning visits significantly affected the quality of the experience the students received at the centers, some value was realized. In some centers the type of experience was better defined, and the amount of supervision became more adequate. Because of the amount of time required to make these pre-planning visits, it was not possible to continue to make them to all centers during subsequent courses.

However, new centers which were used were always visited and some of the other centers were contacted by telephone. It is the strong impression of the course staff that it would have been highly desirable to have continued to visit all centers for each course.

It was necessary to allow considerable time for these important visits to the practical experience centers both before the students were assigned to them and during their month of practical experience. An average of about two and one-half hours was spent for pre-planning visits to each center. In addition, about three and one-quarter hours on the average was spent for the visit during the month of practical experience, with a range of one and one-half hours to five hours. A total of 238 hours was spent in visits to the practical experience centers by the course staff during the six courses.

SALIENT OBSERVATIONS

The course staff feels that the need to plan and discuss the month of clinical training with the practical experience supervisors cannot be overemphasized. Ideally, such planning would result in the natural integration of students into the ongoing program of the center rather than have an artificial time-limited situation set up to accommodate the students while they were there. It is also important for the clinical supervisors to be familiar with the material taught during the academic phase of the course to enable them to provide opportunities for the students to apply the knowledge they had learned and to reinforce appropriate behavior.

There is little doubt that the practical experience phase of the course leaves a strong impression on the student; therefore, it can and should be of the highest quality possible.

GUIDELINES FOR PRACTICAL EXPERIENCE

I. GENERAL OBJECTIVE

To assist the Occupational Therapy Assistant Student in bringing together teaching and reality.

II. SPECIFIC OBJECTIVES

To provide experience for the student and to determine ability in the following specific areas:

1. Establishing and maintaining relationships with patients.
2. Assessing patients' interests and abilities and establishing realistic goals and activities.
3. Planning, organizing and implementing activities for individual patients and patient groups in the department and on the wards.
4. Observing patients and recording information about patients.
5. Orienting, training and supervising volunteers.
6. Accepting and seeking the supervision of a Registered Occupational Therapist on a joint problem solving basis.
7. Working cooperatively with other staff members.

III. REQUIRED EXPERIENCES

In order to accomplish the general and specific objectives, it is important to correlate curriculum emphasis with practical experience. The following assignments provide good opportunities for learning and for accomplishing the objectives of the practical experience. Though it is recognized that each institution differs, the practical experience supervisors should include in their planning as many as are feasible.

1. Responsibility for selected number of individual patients during the four-week period. With supervision from the registered therapist the student should:
 - a. assess the patient's interests, abilities and needs
 - b. establish goals and plan and carry out a program for the patient
 - c. periodically evaluate the patient's progress (or lack of progress)
 - d. make revisions in the patient's program when indicated
 - e. make and record observations for each individual patient
2. Responsibility for group activity with supervision from the registered therapist. This responsibility should include:
 - a. initial planning
 - b. organizing the activity
 - c. carrying out activity
 - d. evaluating results of the activity
3. Responsibility for keeping routine departmental records.
4. An opportunity to orient, train, and supervise volunteers for a specific assignment.
5. Opportunities to communicate and cooperate with other departments and staff members in the institution.

The supervisors of practical experience should evaluate carefully the abilities of each individual student. Consideration should be given to the degree of supervision necessary according to the assignment and the increasing experience of the student.

IV. O. T. A. COURSE REQUIREMENTS ARE

1. WEEKLY CONFERENCE WITH EACH STUDENT

Each student should have a weekly conference with her immediate supervisor to discuss the various aspects of the experience. The material in the student's daily record may be used as a basis for the discussion.

2. RECORD OF EXPERIENCES

Each student is required to keep a daily record of experiences.⁵ At the end of the practical experience the student is required to return the daily record to the Occupational Therapy Assistants Course Director. All information will remain confidential. It will be used as a guide in evaluating and developing the supervised practical experience phase of training.

3. EVALUATION FORM

Supervisors of the practical experience will use the "Occupational Therapy Assistant Trainee Practical Experience Rating Form" as a guidance and rating tool. Four copies of the form will be supplied to the center. The form is to be filled out at midpoint to guide the student in improvement and at the end of the experience as a final rating. One copy of both the mid and final forms are to be returned to the Occupational Therapy Assistants Course Director at the end of the practical experience. A copy may be retained for the center's file.

4. SCHEDULED VISITS DURING EXPERIENCE

The Course Director or Assistant Course Director will make scheduled visits to the center during the month of practical experience. These visits will be by appointment and will be arranged through the Director of Occupational Therapy at the center.

⁵ See page 333 for directions for use.

DAILY RECORD
(directions for students' use)

The daily record is to be kept by each student during the month of Supervised Practical Experience. All information recorded is confidential and will remain as a permanent part of the files of the Occupational Therapy Assistants Training Course.

PURPOSE OF RECORD

Notes kept in the Daily Record provide excellent material for discussion at the weekly conference of the student and his supervisor. Later, analysis of the records by the Course Director will provide data for further correlation of the academic and practical experience phases of the training course.

DIRECTIONS FOR STUDENT'S USE OF RECORD

1. Please write in record each day.
2. Use one side of paper.
3. When you have your weekly conference with your supervisor, take the Daily Record with you. Your recorded notes can help provide the focus for points to be discussed.
4. At the time of the conference fill out the summary of experiences jointly with your supervisor.
5. At the end of the one month of Practical Experience, return the Daily Record to the Director of the Occupational Therapy Assistants Course.

WHAT TO RECORD

1. Brief outline of schedule for each day. Please include:
 - a. patient activities (individual and/or group)
 - b. special events, such as, movies, parties, picnics
 - c. departmental administration, such as planning and preparation time, record keeping, care of supplies and equipment, housekeeping
 - d. staff meetings and conferences
 - e. educational activities, such as lectures, home work
 - f. individual assignments
2. Brief comments about:
 - a. activities selected for use with patients
 - b. reason for selection of activity
 - c. your observations of patients reaction or what happened to patient as result of activity
3. Brief comments about experience gained from special events, departmental administration, staff meetings, conferences, educational activities, contacts with volunteers.
4. Questions and/or items you would like to have discussed during your conference.

SECTION II

"Centers used shall have the setting, case load and program to provide a well defined practical experience."⁶ The purpose of this section is to present a composite picture describing the program, case load and setting of the sixteen centers used for practical experience in order to identify factors which may lead to an optimal learning experience.

PROGRAM

SOURCE OF INFORMATION

Information gained from the students' daily record was used as one source to describe the centers' programs. Though it was recognized that much of this information was subjective in nature, it was felt that the experiences recorded were indicative of the types of existing programs. Although all records were read, a sampling from all six courses was reviewed carefully in an effort to present as complete a picture as possible. One record was analyzed from each group of students at a center. A total of 44 records was reviewed representing 47% of the students.

The other source of information was an analysis of the visits to the practical experience centers made by one member of the course staff who recorded impressions following conferences with the supervising Registered Occupational Therapist and the students.

⁶ American Occupational Therapy Association Requirements of Training Program for Occupational Therapy Assistants, February, 1965.

CONTENT

The objectives found in the "Guidelines for Practical Experience" provide a framework for presenting information relating to the programs of the sixteen centers. In the following paragraphs, five of the seven specific objectives, found in the guidelines, are stated and are followed by some of the ways in which the practical experience centers met the objective.

Assessing patients' interests and abilities and establishing realistic goals and activities

Opportunities provided for the student to assess patients varied greatly at the different centers. At most of the centers the Registered Occupational Therapist assigned a specific number of patients to the student to work with. This ranged from one to ten patients as shown on chart IX, page 343.

At some centers the initial assessment included an evaluation of the mental physical and social needs of the patient. These were discussed with the Registered Occupational Therapist. At one center the assessment consisted mainly of talking with the patient and filling out an interest sheet. At another center the student was instructed to meet a number of newly admitted residents and read their case histories, but was not afforded an opportunity to follow through on assessment.

Several centers had less structured approaches with little guidance from the Registered Occupational Therapist. One center assigned the same "special" patients to each group of students. In addition, there was little indication that the Registered Occupational Therapist discussed the goals of activity with the students beyond that of keeping the patient occupied.

Planning, organizing and implementing activities for individual patients

Experience in this area ranged from total planning and implementing of activities for a selected number of patients by the student, to little opportunity for the student to actually plan a program and follow through with an activity. In the latter situations, students functioned within the framework of the existing program with little opportunity to initiate new ideas. They were expected to assist the Registered Occupational Therapist and/or other staff members in the usual shop program with insufficient time to work with assigned patients.

At other centers students had the opportunity to plan with the Registered Occupational Therapist. Initially they worked closely with her. As the month progressed their responsibilities increased until they functioned independently in carrying out activities.

Planning, organizing and implementing activities for patient groups

A list of the major types of group activities and the number of centers providing these are enumerated:

Sing-along	9
Movies	8
Dances	3
Birthday parties	8
Picnics	5
Games	10
Remotivation	7
Group exercises	1
Card parties	2
Outings	7
Gardening	2
Shopping trips	2
Ward parties	4
Discussion groups	3
Outside entertainment	2

In all but four centers students were responsible for carrying out one or more organized large group activities. At other times they assisted staff members or just observed. Chart IX on page 343 shows the number of patients involved in both small and large group activities in the sixteen centers. In general, small group activities such as remotivation were held weekly. Large group activities were held monthly. For such events students' responsibilities involved planning, initiating new ideas, organizing, communicating with other departments, conducting the activity and clean-up afterwards. Also included was publicity for the event.

The degree to which the students functioned independently varied. At some centers planning was done jointly with the Registered Occupational Therapist with some decision making left to students. At other centers two or more students worked together and discussed their plans with the Registered Occupational Therapist. With certain activities the student had the opportunity to observe the Registered Occupational Therapist before leading the activity herself.

Comments from the records indicated that an evaluation of the activity afterwards proved beneficial, but it appeared that some centers were lacking in a followup evaluation.

Observing patients and recording information

It was significant to note that the majority of students observed patients and noted progress or lack of it. In over 50% of the centers, these observations were discussed with the Registered Occupational Therapist. In three of these centers there were frequent opportunities to discuss the status of patients with the Registered Nurse and other staff members at conferences. In 25% of the centers it was

difficult to determine to what extent observations were discussed with the Registered Occupational Therapist.

Opportunity to record information was lacking at many of the centers. At three centers, students received no experience in record keeping; while at one center this consisted only of recording attendance. The following list gives the types of records kept by students and the number of centers in which this was an assignment of the student:

Activity interest questionnaire	2
Initial evaluation	2
Treatment plan	4
Observation and/or progress notes	8
Summary on each assigned patient	5
Attendance	3

Orienting, training and supervising volunteers

Eleven of the sixteen centers utilized volunteers; and of these, seven centers scheduled them regularly for various programs. Duties of the volunteers ranged from daily assistance in the clinic to conducting monthly programs such as bingo and birthday parties.

At only four of the sixteen centers were the students given an opportunity to orient and/or supervise volunteers. Their specific assignment usually consisted of having volunteers assist the student in conducting a party.

At the other centers the students only assisted the volunteers and were not given an opportunity to supervise them. Several factors seemed to influence this.

At some centers where the volunteers were a well established part of the program, they preferred to function independently and resented outside interference. Examples of this occurred at two centers when volunteers refused to work with the students on the wards. At one center a student was given a patient assignment on the days when the volunteers were absent in order to avoid conflict.

Accepting and seeking the supervision of a registered occupational therapist on a joint problem solving basis

During the first two courses, supervision consisted mainly of informal discussions with the Registered Occupational Therapist. From statements made repeatedly in the students' records, it was clear that they were desirous of more opportunities to observe the Registered Occupational Therapist and her approach to patients and to discuss these afterwards with her. As stated in Section I, a student-supervisor conference form was developed to aid in forming a framework for the weekly conference. These forms were incorporated in the daily record beginning with Course III (Exhibit T, page 455).

Pre-planning visits, discussed in Section I, were used to define more thoroughly ways in which supervision could be given. It was suggested that initially the student should receive more guidance and direct supervision and gradually taper off as the month progressed. Direct supervision did not imply continuous observation but involved more than an occasional glancing in on the student. At centers where the Registered Occupational Therapist and student worked together, direct supervision was given unobtrusively. Discussions following the sessions enabled the student to profit from constructive suggestions.

This type of supervision was lacking at other centers where there seemed to be few opportunities for discussion directed toward joint problem solving.

CASE LOAD

SOURCE OF INFORMATION

The following two charts describe the students' case load at the sixteen centers used for practical experience. Sources of information are the students' daily records, analysis of the visits to the practical experience centers made by one member of the course staff, and oral reports given by the students upon their return to the classroom following practical experience.

Centers are identified by number only. Identification numbers used for centers are not the same on any two charts because of the way the information is presented.

INFORMATION OBTAINED

Chart IX describes the students' average case load and the average number of hours per day spent in patient contact at each of the sixteen practical experience centers. Chart VIII enumerates the types of patient disabilities at each of the sixteen centers.

SETTING

SOURCE OF INFORMATION - The information presented on chart VII was obtained from the students' daily records, agency information sheets, and oral reports from the students upon their return to the classroom following practical experience.

INFORMATION OBTAINED - Chart VII gives the approximate patient census of the sixteen centers, the age range of the patients at each center and the setting for activities.

CHART VII. PATIENT CENSUS, AGE RANGE OF PATIENTS, SETTING FOR ACTIVITY AT SIXTEEN PRACTICAL EXPERIENCE CENTERS

CENTER	APPROXIMATE PATIENT CENSUS	AGE RANGE	SETTING FOR ACTIVITIES						
			O. T. Shop	Dining Room	Wards	Patient's Room	Recreation Room	On the Grounds	Off the Grounds
1	50	45-91	*	*		*	*		*
2	90	65-101	*			*	*		
3	90	62-95	*		*	*			*
4	100	14-76	*						
5	135	52-99	*		*		*		*
6	150	45-99	*		*		*	*	*
7	175	40-101	*		*	*			
8	185	62-95	*	*					
9	200	61-101	*		*				
10	250	18-96	*		*	*			*
11	270	65-96	*		*	*	*	*	*
12	300	58-90	*		*		*		*
13	430	18-93	*	*			*	*	*
14	550	30-97	*	*	*		*	*	*
15	1500	6-35	*						
16	1550	4-50	*						

COMMENTS ON THIS CHART (VII)

The chart shows a range of ages from 4 to 101. The centers for patients in the younger age group were specialized long-term care facilities such as those caring for the mentally retarded.

Centers 15 and 16 were institutions for the mentally retarded.

It was possible to identify seven major settings in which activities were conducted.

Off the grounds of the center, activities included bus rides, trips to the museum, zoo, conservatory, circus and dinner parties.

CHART VIII
TYPES OF PATIENT DISABILITIES BY CENTER

DISABILITIES	CENTERS																TOTALS
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Amputee	*	*	*	*		*		*		*		*					8
Aphasia	*	*	*	*		*	*	*		*		*	*			*	11
Arteriosclerosis	*	*				*		*				*		*			6
Arthritis	*		*	*	*	*	*	*	*	*	*	*	*	*		*	13
Blindness	*	*	*	*		*	*	*		*		*	*			*	11
Cardiac Conditions		*	*		*	*		*	*			*		*			8
Cerebral Palsy	*			*				*		*		*			*		6
Cerebral Vascular Accident	*	*	*	*	*	*	*	*	*	*	*	*	*			*	13
Chronic Brain Syndrome	*	*		*		*	*	*		*		*	*			*	10
Deafness	*	*	*	*		*	*	*		*		*	*			*	11
Diabetes			*	*		*	*	*	*	*	*	*	*	*	*	*	11
Emotional Disturbance	*	*	*	*	*			*		*	*	*	*	*	*	*	13
Epilepsy	*			*				*		*		*			*		6
Fractures		*			*					*			*				4
Hemiplegia	*		*		*	*	*	*		*		*	*			*	10
Mental Retardation				*				*		*	*				*	*	6
Multiple Sclerosis	*			*				*	*	*	*	*					8
Muscular Dystrophy										*							1
Parkinsonism	*		*	*		*		*		*		*		*			8
Senility	*	*	*	*		*	*	*		*		*	*			*	11
Spinal Cord Injuries	*				*			*	*	*							5
Totals of Disabilities by Center	16	11	12	15	7	13	10	19	6	19	3	17	11	5	5	11	180

COMMENTS ON THIS CHART (VIII)

The number of different disabilities at each of the sixteen centers used for practical experience ranged from 3 to 19 with an average of 11.

The number of times that the disability was reported in the centers ranged from one for muscular dystrophy to 13 for arthritis, cerebral vascular accident and emotional disturbances.

CHART IX

AVERAGE NUMBER OF PATIENTS ASSIGNED TO STUDENTS FOR INDIVIDUAL AND GROUP ACTIVITY AND AVERAGE NUMBER HOURS PATIENT CONTACT

Center	Average Number of Patients Assigned for Individual Activity	Average Number of Patients Involved in Group Activity		Average Number Hours Per Day Spent in Patient Contact
		Small Group	Large Group	
1	3	20	90	5
2	8	8	40	5
3	5	0	0	5
4	10	10	80	4 1/2
5	8	10	50	4
6	4	10	28	4
7	4	8	30	4
8	10	5	30	4
9	3	8	20	4
10	1	8	60	3 1/2
11	3	10	20	3 1/2
12	4	0	50	3 1/2
13	3	10	0	3 1/2
14	5	0	0	3 1/2
15	2	10	0	2 1/2
16	1	10	35	2

COMMENTS ON THIS CHART (IX)

The average number of patients which were assigned to the students for individual activity ranged from 1 to 10 patients. Two of the practical experience centers assigned an average of ten patients to the students.

The average number of patients which were assigned to the students for small group activities ranged from 0 to 20 patients. The average number of patients which were assigned to the students for large group activities ranged from 0 to 90 patients. At centers 3 and 14, the patients seen in occupational therapy had specific disabilities and were seen on a one-to-one basis for functional occupational therapy and not in group activities.

At center 12 the students were not afforded an opportunity to work with patients in small group activities. At centers 13 and 15 the students were not afforded opportunity to work with patients in large group activities.

OBSERVATIONS

While the data obtained from the 16 centers during the 3 year period may not be conclusive, it is felt that pertinent observations should be made. Those centers having greatest patient contact in a variety of activities provided the students with more opportunities to apply what they had learned in the classroom. This combined with frequent contacts with the Registered Occupational Therapist, observing her approach to patients, sharing and contributing ideas and being given responsibilities enabled the students to further enhance their skills in working with people.

It is recognized that time and skillful planning are required of a Registered Occupational Therapist in order to provide an optimal learning situation for the occupational therapy assistant student. Though some of the experiences suggested in the guidelines may not have been feasible at some centers, it was evident that the majority of these could have been included. Where certain types of experiences were not available, some therapists showed imagination and ingenuity in providing appropriate substitutes.

The strengths of the program were not dependent on a set number of physical factors. Instead, the qualities of the therapist and the relationship she established with her students proved to be the primary factor. A therapist who was willing to share her philosophy, to give support and guidance to the student, and to see her as a contributing member of the staff compensated for deficiencies the program might have had.

UNIT XV
EVALUATION

The degree to which the students learned the material presented in the course, as measured by their performance on tests, in classroom projects and during the month of practical experience was used as the primary indication of the effectiveness of the curriculum and of the teaching - learning methods. In the early phase of the project, Lawrence Fisher, Ph.D., Office of Research in Medical Education, College of Medicine, University of Illinois provided assistance and guidance in the development of evaluation procedures. The course staff developed the evaluation tools used to implement the procedures.

In the original curriculum outline, no hours were assigned for the evaluation unit (XV) but the statement was made that "during the four month period there would be continuing evaluation of all aspects of the project." The arbitrary decision was made by the Project Staff to assign to Unit XV the hours used during the course for testing, including pre and post tests, final examination and research investigations, and the hours used for student counseling. The average number of hours per course for Unit XV was thirty-seven. The range was from thirty-four to forty-one hours.

This unit will be reported in three sections. Section I describes the evaluation tools and methods used, Section II reports student performance during the course and Section III summarizes related information.

SECTION I

EVALUATION TOOLS AND METHODS

Academic and performance evaluation was an integral part of the course. In addition to measuring student progress, the testing procedures and rating forms were designed to interest and involve the student in evaluating his own learning process. Some of the ways in which this was done are presented in the information which follows in this section.

EVALUATION OF ACADEMIC PERFORMANCE

One method used to assess the academic performance of the students was the use of unit pre and post tests.

The unit pre test was given prior to any teaching on a subject. The results of the pre test showed the level of the students' knowledge and helped the instructor determine content areas which would need special emphasis. Also, by checking the results of the pre test each student was able to recognize his own level of understanding or degree of knowledge about a given subject.

By design, unit pre tests were brief, requiring only ten to fifteen minutes. Sufficient time was given for the students to read all of the questions, but insufficient time to become frustrated by being unable to answer all of the questions. The types of questions included multiple choice, identification of tools or other items, brief definitions of terms pertinent to the subject and judgment questions in which there was no one correct answer.

Two types of questions which were avoided on the pre test were sentence completion and definitions or statements requiring memorization of facts. The pre test for organizational skills, woodworking and body structure and function illustrate the types of tests given (Exhibits Z, AA, BB, pages 467-475).

When the test was completed the instructor discussed it with the class briefly emphasizing again the purpose of the pre test. The correct answers were given with each student checking his own paper. The pre tests were collected and filed so that the students could later compare them with the post tests.

The scores from pre tests were not recorded as a part of academic evaluation for the course.

The post test was given at the end of the unit or upon completion of a section of a unit such as the various skills sections in Unit VI. The day or date for the test was agreed upon mutually by the students and the instructor with the students having the opportunity to indicate or express when they felt they would be ready to take the test. The length of the test was dependent upon the amount of material covered in the unit. The post test included some of the questions from the pre test and questions covering material taught in the unit. The types of questions included matching, multiple choice, true and false, filling in blanks and essay. Rote memory questions or those asking for definitions of terms without relating or applying the information to specific subject matter were avoided. Questions also were included to test the student's ability to use reasoning and judgment in applying knowledge gained. Sufficient time was given to permit all students to complete the post test. The tests were scored by the instructor with the results being recorded as a part of the

academic rating of the student. The post test for woodworking is included in Exhibit CC, page 477 to illustrate the types of questions used. The pre test questions for Organizational Skills and Body Structure and Function were combined with additional questions for the post test covering those units.

When the post tests were returned to the students for discussion, the pre tests were included. This gave each student the opportunity to evaluate his own performance by comparing the results of his two tests.

Classwork tests or quizzes were given periodically throughout the course with the scores being combined with the post test scores and recorded as 25% of the final grade for the course.

Particularly popular with the students was the open book review. This was planned for the third or no later than the fourth week of the course. This type of review provided the students with an opportunity to assess how well they were applying some of the principles of studying and note taking. It also stimulated a lively discussion of methods of organizing notes and reference materials for "use ability purposes". The answers to all the questions in the open book review could be found in the textbooks, classroom distribution materials or material which had been presented in the classroom by the instructors or guest lecturers. A point was made of asking questions covering material that had been stressed in class or which had been given to the students as resource information for future reference. Although the open book review differed for each course some of the types of questions included were:

1. What is a source for obtaining the film Second Chance to show to a group?

2. A bulletin board is a good method for communicating a message. Why?
3. Can shellac be applied over varnish?
4. Explain the difference between acute and chronic.
5. Name the defense mechanism used when a person makes a conscious effort to put something distasteful out of his mind.
6. What is the address of the American Occupational Therapy Association?

When the students had completed the open book review the class discussion included not only providing the answer to the question, but also identifying where the answer to the question could be found.

The scores for the open book review were not recorded as part of the academic evaluation for the course.

At the close of the one month of practical experience the students returned to the classroom for two days for evaluation and sharing of experiences. During this time, a written examination was given and each student presented an oral report of practical experience.

Included in this report in the Appendix III, pages 481 through 516 are all of the evaluation materials used for Course VI. It seems important to include these materials in their entirety as an example of illustration of a planned, structured evaluation which could be developed for a course such as this. In including these materials it is important to emphasize two points:

1. These evaluation materials were developed specifically for this four-month course and were based on the curriculum content taught in the course.

2. These evaluation materials were developed as a part of the three-year project and were subject to continuing study, review and revision following each course. Therefore, the materials included in this report are the result of five revisions. In the opinion of the course staff who developed them, if the materials were used again, further revision would be advisable.

Two-hour periods were set aside for the written examination (Exhibit DD, page 480) with Sections I through V being given in one period and Sections VI through X in the second period. It will be noted that the ten Sections of the examination included a variety of different types of questions and provided a wide sampling of the curriculum content.

Each student was expected to plan a fifteen minute oral report of practical experience. The students were given a guide and a specific outline to follow (Exhibits EE and FF, pages 508 - 516) in preparing the report. The students were given class time for preparing the reports with the course instructors available to answer questions or to assist in planning. The oral reports provided an excellent opportunity for the students to share experiences from as many as eight to ten different centers used for each course. One class day was set aside for the reports with time included for questions and discussion.

The scores from the written examination and the oral report were recorded as 30% of the academic achievement for the final grade for the course. A summary of data related to the academic achievement of the students in all six courses is included in Section II of this unit (page 355).

EVALUATION OF PERFORMANCE

The general and personal performance rating forms used during the course

were developed by the course staff (Exhibits GG, HH, pages 517 - 519). Items on the forms were selected for two purposes:

1. To make the students aware of the many factors that contribute to successful performance on the job.
2. To serve as a guide for evaluation of student performance during the course.

The general performance rating contained twenty-one items and included, as examples, the following:

Is able to follow written/verbal directions
 Uses supplies wisely/effectively
 Assumes responsibility for clean-up of own
 work area
 Uses time wisely
 Observes established rules/regulations/safety
 precautions
 Accepts direction
 Asks for direction

The personal performance rating contained thirty-one items organized under the following nine headings:

attitude
 communication
 initiative
 interpersonal relationships
 judgment
 maturity
 personal appearance
 punctuality
 resourcefulness

Early in the course each student was given copies of the forms. Students were encouraged to consider the items on the forms as a guide in evaluating their own performance. Through classroom discussion, opportunities were provided for interpretation or clarification of any or all items on the forms. Some use of the

forms was made by members of the course staff when meeting with students individually. However, since the amount of time available to meet with students individually to discuss performance was very limited in each course, the full potential for the use of the forms for this purpose was not realized during the project.

During the third month of the academic phase of the course each student was rated on the general performance and the personal performance forms by the course staff and a combined score was recorded. This score was 20% of the final grade for the course.

The method of scoring the forms was as follows:

<u>RATING</u>	<u>POINTS</u>
Rarely	1
Part of the time	2
Most of the time	3
No basis for judgment	0

The range of possible points for each of the forms was:

	<u>LOW</u>	<u>HIGH</u>
General Performance	23	69
Personal Performance	<u>31</u>	<u>93</u>
Combined TOTAL	54	162

The scores from the two forms were combined for one total score with the low score (54) being the poorest rating possible and the high score (162) being the best possible rating.

The practical experience rating form (Exhibit II, page 520) used for all of the courses was obtained from the American Occupational Therapy Association in 1964.

This form included seventy-one questions under sixteen different items as follows:

attitudes toward patients	judgment
adaptability	professional behavior
relationship to personnel	observation
relationship to patients	improvement
supervision	punctuality
sense of humor	economy
resourcefulness	appearance
competency	neatness

The scoring for the form was as follows:

<u>RATING</u>	<u>POINTS</u>
Excellent	1
Very good	2
Satisfactory	3
Fair	4
Poor	5

The range of possible points was 71 to 355 with the low (71) being the best possible score and the high (355) being the poorest score. It should be noted that this scoring is the opposite of the previously discussed general and personal performance rating, that is, the better performance received the lower score (71).

The course staff included in the orientation plan for practical experience a discussion of the evaluation form and its use. Each student received a copy of the form. Each practical experience supervisor was supplied with a sufficient number of copies of the form for a mid and final evaluation of each student. As indicated in the Guidelines for Practical Experience, page 332, a mid evaluation was considered to be very important as a preliminary assessment of the student's performance. If the supervisor did not schedule a mid evaluation, it was suggested that the students request one. One copy of the mid and final evaluations was returned to the course. Only the score on the final evaluation was recorded and it was considered as 25% of

the performance rating for the final grade.

GRADE FOR THE COURSE

The final grade for the course was based on a combination of academic achievement and performance rating with an assignment of values as follows:

<u>ACADEMIC ACHIEVEMENT</u>		25%
Scores on post tests		
Average of scores on classwork tests		
<u>FINAL EXAMINATION</u>		30%
Written examination	20%	
Oral report	10%	
<u>PERFORMANCE</u>		
Personal and General		20%
Practical Experience (Final evaluation)		<u>25%</u>
	TOTAL	100%

The American Occupational Therapy Association does not prescribe a method for determining the final grade for each student even though an examination rating and a director's rating of the student must appear on the graduate's certification application. This makes it necessary for each course to establish its own method for deriving a final grade.

For the purposes of the six courses which were a part of this three-year project, the project staff decided that the final grade should be based on a combination of academic and performance rating. This then reflected not only the student's academic performance and the judgment of the course staff, but also the judgment of the practical experience supervisors.

SECTION II

Section I of this unit described the evaluation tools developed, how they were used and methods of scoring. This section presents summaries of the results obtained through the use of the various tools.

Two of the most valuable aspects of the testing materials and performance ratings were realized through their use during the course as an aid to each student in evaluating his own performance and as a method for measuring each student's progress. It was considered that these materials from the six courses would yield additional data for continuing studies of the several aspects related to the four major objectives of the project (pages 8 - 9). For this reason, all evaluation materials, such as pre and post tests, final examination and performance ratings were retained as a part of the permanent files of the project.

The information in this section represents studies of the data from all six courses conducted as a part of the three year-project.

ACADEMIC ACHIEVEMENT

Since the total possible score for classroom achievement (which was the sum of scores on post tests and an average of scores on classroom tests) differed with each course, these scores were converted to percentages for the purpose of comparison among the courses. The chart (page 356) shows the high, low and mean percent scores for each course.

CHART X

CLASSWORK ACHIEVEMENT - PERCENTAGE SCORES

COURSE	HIGH	LOW	MEAN
I	97.9	86.1	93.8
II	92.6	73.3	86.5
III	98.2	80.7	90.9
IV	98.3	85.1	91.8
V	96.8	84.2	91.9
VI	97.6	74.6	89.3

The high scores for the six courses are comparable with the exception of Course II (92.6) which was four percentage points below any of the other five courses which had scores ranging from 96.8 percent to 98.2 percent. Greater variance is evident in the low scores with Course II being 73.3 percent and Course VI being 74.6 percent while the scores for the other four courses ranged from 80.7 to 86.1 percent. Similar differences may be noted in mean scores with Courses II (86.5) and VI (89.3) being lower than the other four courses which had mean scores between 90.9 and 93.8 percent.

A comparative study was done of the students' scores on pre and post tests for the six courses. Although only the post test scores were included in the final grade, scores from pre tests were available from the data on file. The raw scores from each student's tests were converted to percents and from this the mean percent score for each test was obtained.

The graphs on pages 357 and 358 are the Pre and Post Test Mean Scores for one topic for all six courses: that is, the Body Structure and Function portion of Unit IV and Organizational Skills, Unit VIII. The graphs on pages 359 and 360 are a selection of several Pre and Post Test Mean Scores for two of the Courses, V and VI. Scores for the pre and post tests for the other courses although available are not included in this report.

FIGURE 10
BODY STRUCTURE AND FUNCTION
COURSES I THROUGH VI

PRE AND POST TEST MEAN SCORES

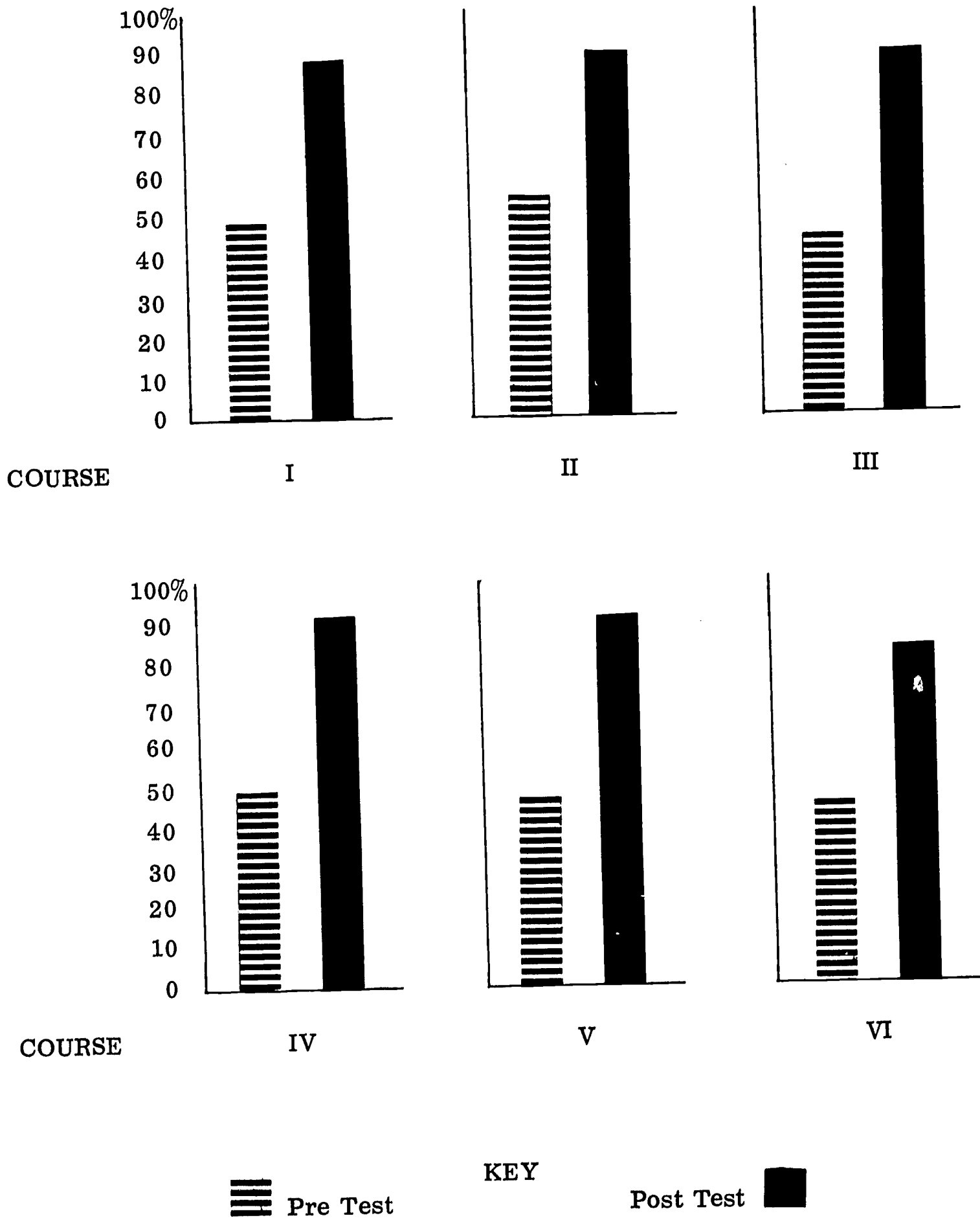


FIGURE 11
 ORGANIZATIONAL SKILLS
 COURSES I THROUGH VI

PRE AND POST TEST MEAN SCORES

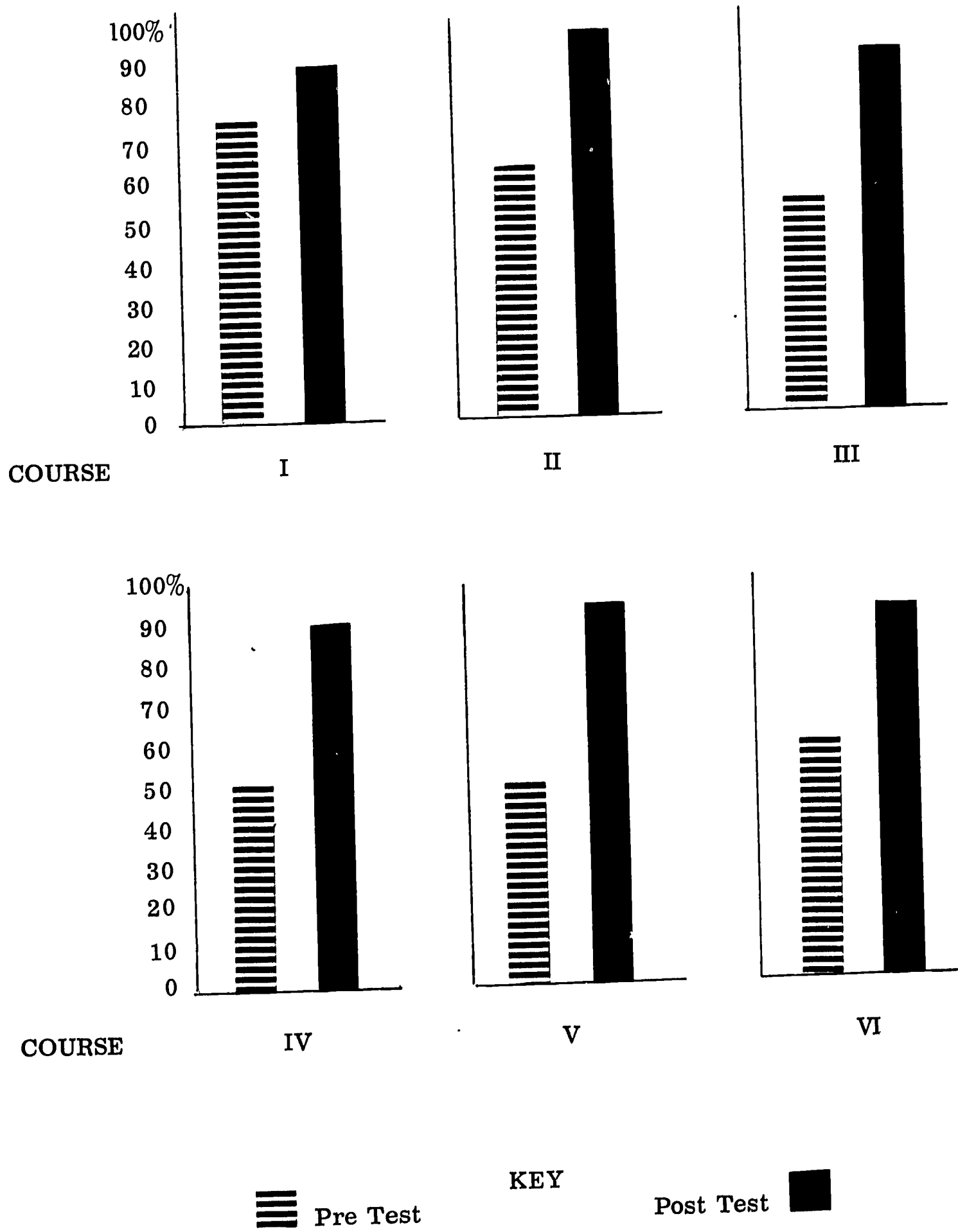


FIGURE 12

PRE AND POST TEST MEAN SCORES

COURSE V

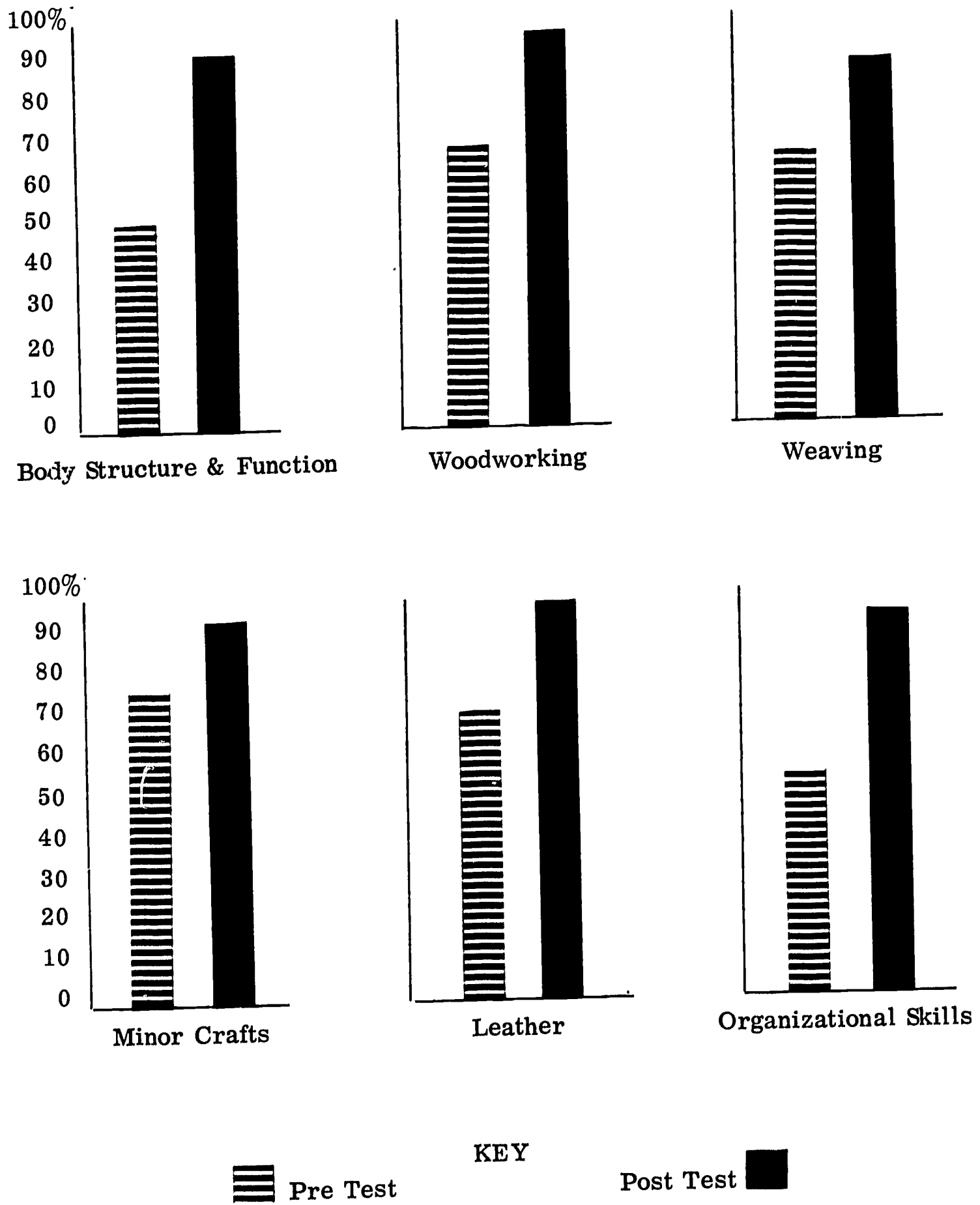


FIGURE 13

PRE AND POST TEST MEAN SCORES

COURSE VI

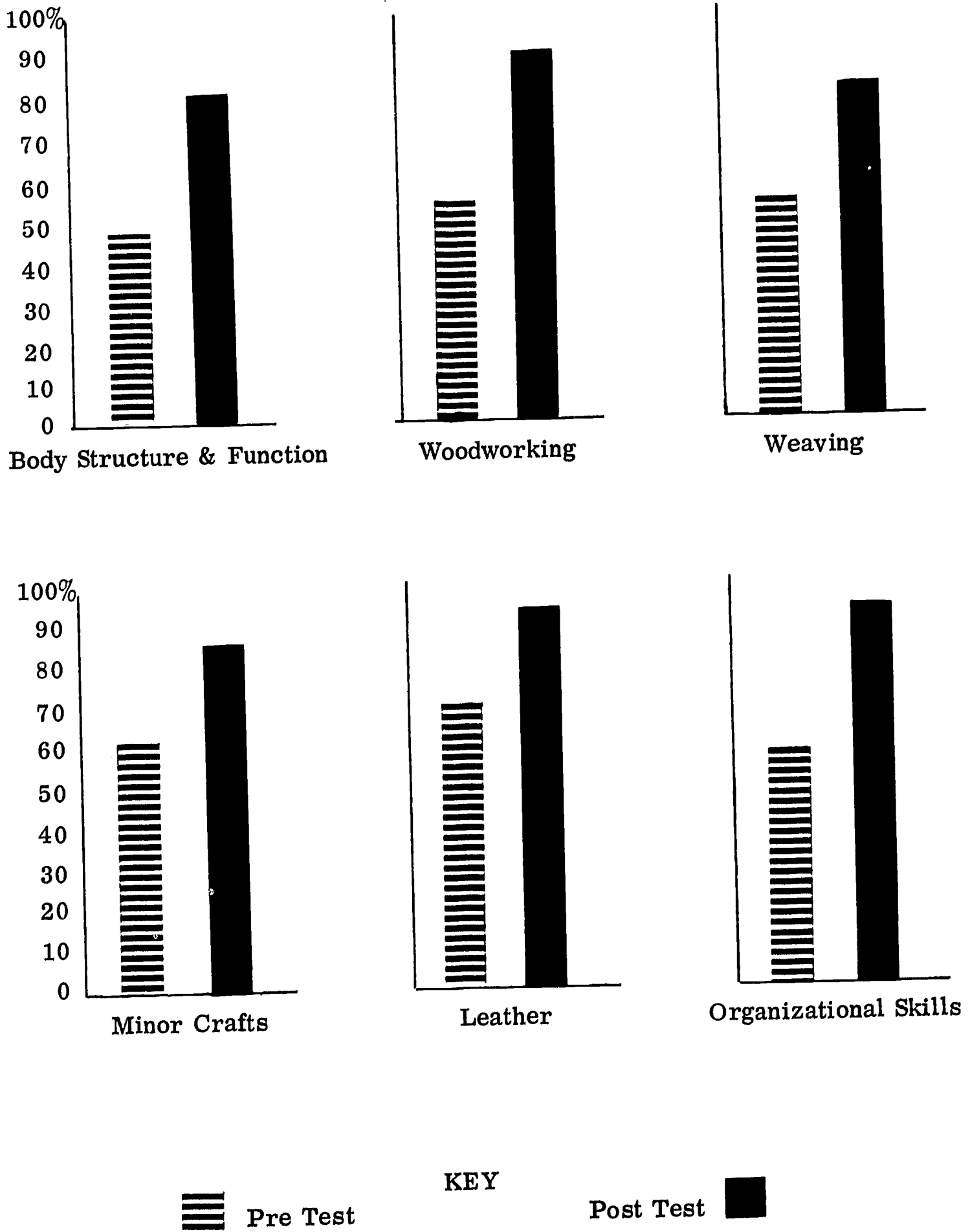
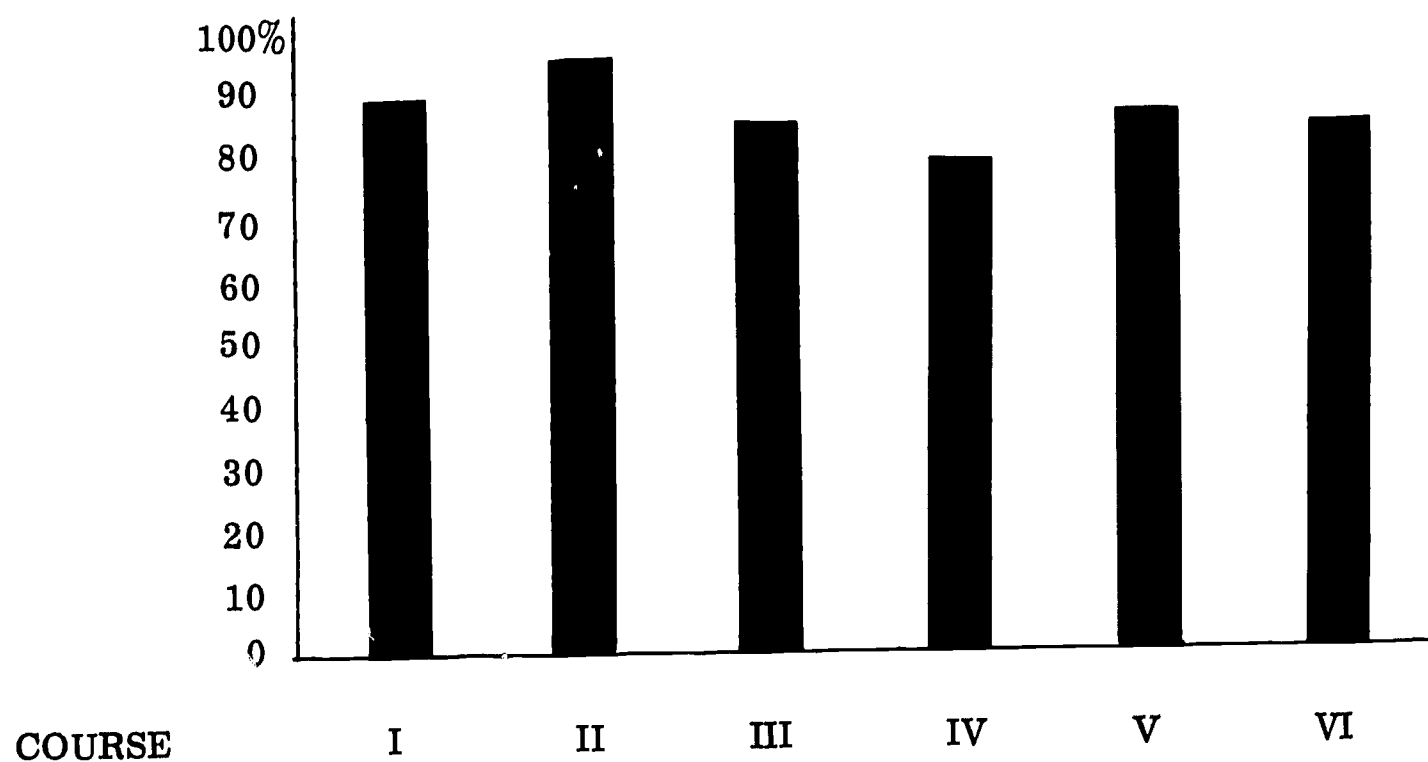


FIGURE 14
FINAL EXAMINATION
COURSES I THROUGH VI

MEAN SCORES



FINAL EXAMINATION
RANGE IN SCORES

<u>Course</u>	<u>Range</u>
I	81 - 95
II	88 - 99
III	73 - 90
IV	76 - 91
V	76 - 93
VI	70 - 95

From the graphs it is interesting to note the level of achievement between the pre and post tests in each of the courses. While there is some variance in achievement among the courses the graphs indicate a consistent level of achievement among all of the courses. While it may not be significant, the consistency factor is interesting since the course was conducted in several different locations with portions of the curriculum being taught by different instructors.

The final examination score achieved by each student was obtained by combining the two scores from the oral report and written examination. Since the total score differed for each course, for purposes of comparison the raw scores for the final examination were converted to percent scores. The mean score for the examination for each course was obtained and is shown on the graphs on page 361. The range of scores is also indicated.

PERFORMANCE EVALUATION

A description of the general and personal performance rating, including the method of scoring, was presented in Section I of this unit on page 351. A summary of the scores achieved by the students follows:

Best possible score:	162
Poorest possible score:	54

Since the same rating form was utilized for all courses, the scores for all 92 students were combined into a "high-to-low" ranking.

The distribution was as follows:

<u>SCORES</u>	<u>NUMBER OF STUDENTS</u>
160-162	2
151-159	15
141-150	25
131-140	15
121-130	15
111-120	12
101-110	3
91-100	3
81- 90	2
80- Below	0

The practical experience rating form with the method for scoring was described in Section I on page 353. The form was used for all six courses. Scores achieved by all 92 students on the final evaluation were combined into a "high-to-low" ranking.

The distribution was as follows:

<u>SCORES</u>	<u>NUMBER OF STUDENTS</u>
71-79	8
80-89	4
90-99	1
100-109	6
110-119	8
120-129	13
130-139	21
140-149	13
150-159	6
160-169	6
170-179	3
180-189	1
190-199	1
200-209	1
210-Below	0

SCORING

Best possible score:	71
Poorest possible score:	355

No attempt has been made at this point to analyze the data for the individual items on the performance ratings. However, it might be productive to correlate these characteristics with achievement for their possible predictive value.

CHART XI

REPORT OF STUDY OF FINAL EVALUATION SCORES
RECEIVED BY STUDENTS AT ELEVEN PRACTICAL EXPERIENCE CENTERS⁷

Center	Number of Students Assigned During Six Courses	Range in Student Scores ⁸	Mean Score For Each Center	Mean Score For All Other Centers
1	10	71 - 142	95.0	135.9
2	8	73 - 159	111.5	132.8
3	9	103 - 161	122.3	131.7
4	10	108 - 159	132.5	130.4
5	4	126 - 154	135.3	130.4
6	9	122 - 168	139.3	129.5
7	4	122 - 169	140.8	130.1
8	3	109 - 169	143.7	130.1
9	7	132 - 175	147.4	129.0
10	11	84 - 203	148.5	127.7
11	4	133 - 187	149.3	129.6

⁷ Scores received by 79 of the 92 students are included in this study.

⁸ The possible range in scores was 71 (best) to 355 (poorest).

USE OF THE PRACTICAL EXPERIENCE RATING FORM

The same practical experience rating form (Exhibit II, page 520) was used for all six courses. A standard method of scoring was used with the low score (71) being the best possible rating and the high score (355) being the poorest possible rating. Even though the same form was used and the same interpretation was given to each center, when the scores of the 92 trainees were studied differences in the scores received by students assigned to the different centers began to emerge.

During the three years of the project, at eleven of the sixteen centers used for practical experience, the same Registered Occupational Therapist was the supervisor and provided the final evaluation for the assigned students. At five of the sixteen centers the supervising therapist changed or too few students were assigned to the center to include the data in this report.

The final evaluation scores received by 79 students were used for this study. These scores were divided into eleven groups according to the center to which the student had been assigned. Using these scores, a mean score for each center was calculated, and a mean score for all other centers excluding that center was calculated. The chart (page 364), on which the eleven centers are identified by number only, shows the number of students assigned to each center during the six courses, the range in scores received by students, the mean score for each center and the mean score for all other centers.

The number of students assigned to any one center during the six courses ranged from eleven at center number ten to three at center number eight.

Considerable difference may be noted in the range of scores received by the students at the various centers. There appears to be a contrasting difference between scores received by students assigned to center one (71 - 142) or center two (73 - 159) as compared to center nine (132 - 175) and center eleven (133 - 187).

The differences in the mean scores for each center is also apparent from the chart. Center number one has a mean score of 95.0 as compared to a mean score of 149.3 for center number eleven. By comparing the mean score for one center with the mean score for all other centers, the differences in scoring at the various centers becomes apparent. The mean score for center number one was 95.0 as contrasted with a mean score of 135.9 for all other centers. The mean score for center number nine was 147.4 as compared to a mean score of 129.0 for all other centers. In contrast to the above mentioned centers are the mean scores for center number four (132.5) and center number five (135.3) as compared to the mean score for all other centers which was 130.4.

Two needs may be implied from the foregoing data. There may be a need for a more careful, thorough interpretation of the use of the form to those who will be evaluating students. There also appears to be a need for a careful study of the items on the form with consideration of possible revisions and standardization.

SPECIAL STUDIES

Several studies have been completed using the data related to the four areas included in the final grade for the course, that is, classroom achievement, final examination, general and personal performance and practical experience performance. The scores achieved by each student in each course in each of the four areas were

CHART XII
 REPORT OF ACADEMIC ACHIEVEMENT AND PERFORMANCE RATINGS
 OF STUDENTS
 BY
PRIORITY GROUPS

PRIORITY GROUP	TOTAL IN GROUP	ACADEMIC ACHIEVEMENT					
		CLASSROOM ACHIEVEMENT			FINAL EXAMINATION		
		Upper 1/3	Middle 1/3	Lower 1/3	Upper 1/3	Middle 1/3	Lower 1/3
First	40	13	15	12	16	12	12
Second	21	7	7	7	6	8	7
Third	27	11	8	8	9	10	8
Out of State	4	1	2	1	1	1	2
TOTALS	92	32	32	28	32	31	29

PRIORITY GROUP	TOTAL IN GROUP	PERFORMANCE					
		GENERAL AND PERSONAL			PRACTICAL EXPERIENCE		
		Upper 1/3	Middle 1/3	Lower 1/3	Upper 1/3	Middle 1/3	Lower 1/3
First	40	14	17	9	16	13	11
Second	21	5	8	8	4	6	11
Third	27	11	5	11	8	11	8
Out of State	4	1	1	2	3	1	0
TOTAL	92	31	31	30	31	31	30

ranked from the highest to the lowest. The data was then studied in terms of how certain defined groups of students ranked in relationship to the upper one-third, middle one-third or lower one-third of their particular group. The information from the total group of 92 has been summarized for presentation here.

BY PRIORITY GROUPS

The data was studied to determine whether any significant differences could be observed in the academic and performance evaluations of the students when classified according to the three priority groups (Chart, page 367).

In classroom achievement, students in the first priority group showed a tendency toward ranking in the middle one-third of the class. The second priority group showed an equal distribution among the upper, middle and lower one-third of the class. For those in the third priority group, although the numbers are too small to be statistically significant, a greater proportion of the students ranked in the upper one-third of the class.

On the final examination it is interesting to note that a larger proportion of the first priority group of students ranked in the upper one-third. Scores achieved by students in the second and third priority group tended toward a normal curve.

In general and personal performance, a greater proportion of the students in the first priority group scored in the upper and middle one-third. Distribution of the scores for the students in the third priority group is unusual. No explanation is apparent for the large proportion of this group ranking in the upper and lower one-third of the class.

It is gratifying and to be expected that in the area of practical experience

CHART XIII
 REPORT OF ACADEMIC ACHIEVEMENT AND PERFORMANCE RATINGS
 OF STUDENTS
 BY
AGE GROUPS

		ACADEMIC ACHIEVEMENT					
AGE GROUPS	TOTAL	CLASSROOM ACHIEVEMENT			FINAL EXAMINATION		
		Upper 1/3	Middle 1/3	Lower 1/3	Upper 1/3	Middle 1/3	Lower 1/3
18 - 19	14	6	6	2	6	6	2
20 - 24	17	7	4	6	10	2	5
25 - 29	6	2	2	2	2	2	2
30 - 34	2	0	0	2	1	0	1
35 - 39	13	6	4	3	5	3	5
40 - 44	8	3	2	3	1	6	1
45 - 49	14	3	6	5	3	7	4
50 - 54	9	4	4	1	3	2	4
55 - 59	9	1	4	4	1	3	5
TOTALS	92	32	32	28	32	31	29

		PERFORMANCE					
AGE GROUPS	TOTAL	GENERAL AND PERSONAL			PRACTICAL EXPERIENCE		
		Upper 1/3	Middle 1/3	Lower 1/3	Upper 1/3	Middle 1/3	Lower 1/3
18 - 19	14	3	4	7	2	5	7
20 - 24	17	5	5	7	2	9	6
25 - 29	6	1	3	2	1	2	3
30 - 34	2	0	2	0	1	0	1
35 - 39	13	6	3	4	5	3	5
40 - 44	8	4	2	2	3	3	2
45 - 49	14	6	7	1	9	4	1
50 - 54	9	4	3	2	4	2	3
55 - 59	9	2	2	5	4	3	2
TOTALS	92	32	32	30	31	31	30

performance a significantly large proportion of the students in the first priority group ranked in the upper one-third of the class. The students in the third priority group followed a normal pattern of distribution. It has to be noted that with general and personal performance as well as practical experience the scores of the students in the second priority group tended toward the lower end of the scale; this is particularly marked in the area of practical experience performance. Further studies correlating the scores of these people in the second priority group with their other known characteristics might reveal the reason for this trend. It might be conjectured that in their desire to have somebody take the course, the nursing home administrators may have chosen the more available person rather than the better qualified individual for the course.

BY AGE GROUPS

The data was studied to determine whether differences could be noted if the students were categorized in age groups. The number of students in each of the age categories was small and few significant differences could be noted. (Chart, page 369).

When the age groups are combined and comparisons made, it is interesting to note that those students in the 18-19 and 20-24 age groups ranked slightly higher in the areas of classroom achievement and final examination as compared to a trend toward a lower ranking in the areas of general and personal and practical experience performance. By contrast, those students in the age groups 40-44, 45-49 and 50-54 ranked higher in the performance areas and lower in the academic achievement areas.

STATISTICAL STUDY

The scores achieved by each student in each of the four areas included in the final grade were submitted to Statistical Services, Section of Vital Statistics, Department of Health and Social Studies, Wisconsin Division of Health, for a Spearman Rank Correlation Test. The report of the correlation study follows:

CHART XIV. SPEARMAN RANK
CORRELATION COEFFICIENTS

Course	N	Comparison		
		(1)	(2)	(3)
I	10	.421	.394	.142
II	16	.483	.060	.456
III	16	.522	.324	.163
IV	17	.353	.434	.566
V	16	.087	.103	.467
VI	17	.484	.129	.075

When the following comparisons are made

- (1) Academic Achievement with General Performance
- (2) Academic Achievement with Practical Experience
- (3) Practical Experience with General Performance

by applying the Spearman Rank Correlation Test, some of the rank correlations show marginally significant positive correlations; others do not. A few negative correlations are obtained (3 out of 18) but they do not approach significance. For the six courses only one significant (.05 level) correlation is obtained when comparing academic achievement with practical experience. Three out of six courses produce significant positive correlations when comparing academic achievement with practical experience, and again three significant positive correlations are obtained when comparing practical experience with general performance. No demonstrable patterns emerge consistently for all of the six courses for any of the three comparisons.

REPORT OF STUDENTS WHO HAD TAKEN G. E. D. TEST

Twelve of the students (13%) who took the course had not completed the twelfth grade. This fact was known only to the course staff. These twelve individuals took the General Education Development test. The results are reported in the chapter on Student Selection on page 104.

<u>PRIORITY GROUP</u>	<u>NUMBER</u>
First	5
Second	4
Third	2
Out-Of-State	<u>1</u>
TOTAL	12

As may be seen, some of these individuals were classified in each of the project priority groups.

<u>AGE GROUPS</u>	<u>NUMBER</u>
20 - 24	1
25 - 29	1
30 - 34	1
35 - 39	2
40 - 44	1
45 - 49	4
55 - 59	<u>2</u>
TOTAL	12

In the age groups, for those who had not completed the twelfth grade, nine (75%) of the individuals were over the age of thirty-five and six (50%) were over the age of forty-five.

The ranking of these students in the upper, middle or lower one-third of the class in the four areas included in the final grade for the course is shown on the following charts:

CHART XV
ACADEMIC ACHIEVEMENT
(Students who took G. E. D. Test)

TOTAL	CLASSWORK			FINAL EXAMINATION		
	Upper 1/3	Middle 1/3	Lower 1/3	Upper 1/3	Middle 1/3	Lower 1/3
12	0	2	10	1	2	9

CHART XVI

PERFORMANCE RATING
(Students who took G. E. D. Test)

TOTAL	GENERAL & PERSONAL			PRACTICAL EXPERIENCE		
	Upper 1/3	Middle 1/3	Lower 1/3	Upper 1/3	Middle 1/3	Lower 1/3
12	2	6	4	5	2	5

Some differences may be noted in comparing the academic achievement and performance ratings of the individuals in this group. In both the classwork and final examination the majority of the group ranked in the middle or lower one-third of the class. In general and personal performance, eight individuals were in the upper or middle one-third of the class as compared to four in the lower one-third. In practical experience there were five individuals in the upper and lower one-third of the class with two in the middle one-third. In presenting this summary it is recognized that the number in the sample (12) is small. It does, however, seem significant to include these data because of their predictive value.

SECTION III
RELATED INFORMATION

STUDENT EVALUATION OF THE COURSE

On the final day of the course the students were given the opportunity to complete a "Student Evaluation of the Four Month Occupational Therapy Assistants Training Course", Exhibit JJ, page 525.

Question I, Parts A - B, (Exhibit JJ, page 525) was added to the questionnaire following Course II. Answers to this question were obtained from all students in Courses III through VI for a total number of 66 in the sample.

In Question I, Part A, the students were asked to check x activity skills used while on practical experience and to circle the x if they did not feel that they knew enough about the activity to use it effectively with patients. The activity skills listed in the question were those which had been included in the curriculum for the academic three months of the course. To obtain a summary, three categories were set up to facilitate transfer of the information to punch cards:

- 0 - not used
- 1 - used
- 2 - used, but not confident

The total number of responses in each of the three categories was obtained for each of the 47 activity skills. These totals provided data about the number of students who had used the activity, the number who had used it but were not confident in its use with patients and the number who had not used it.

The number of responses in the category USED were converted to percents. The graphs for each activity skill on pages 376-377 show the percent of students who

indicated they had used the activity during the practical experience month.

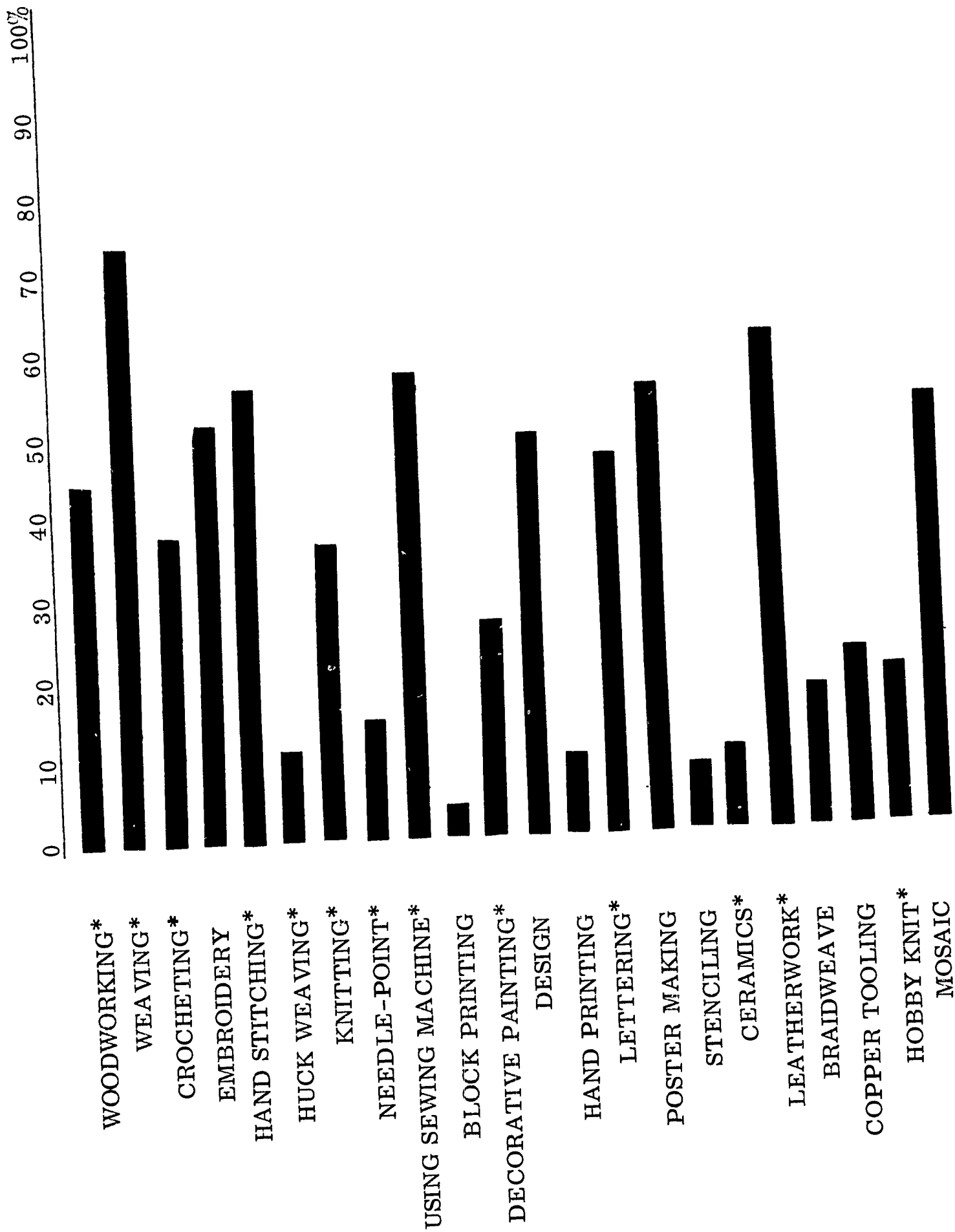
From the graphs it may be seen that the percent of students using an activity during the month of practical experience ranged from 10% or less for some activities to more than 90% for one activity (games). Activities such as block printing, stenciling, reedwork, dramatics, music appreciation, slide projection and duplicating processes were among those used by 10% or less of the students. Those activities in which a high percent of the students indicated usage included more than 90% for games, 70% or more for weaving and community singing and 60% or more for leatherwork and party planning. A number of activities were in the 50% or more category as well as the 10% to 50% category.

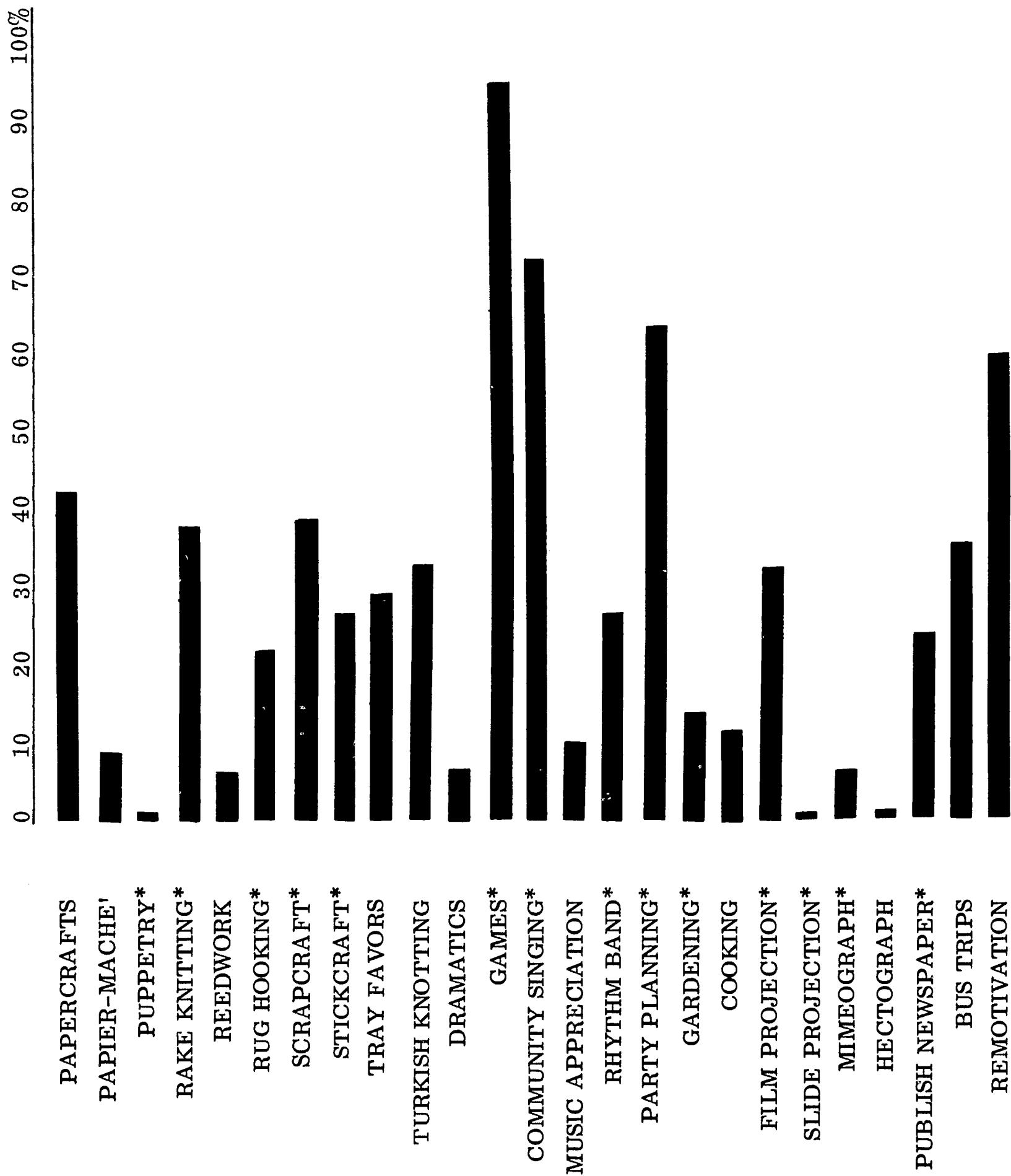
Activities marked with an asterisk are those in which the students indicated they did not feel sufficient confidence to use effectively with patients. Since the totals were small, these numbers were not converted to percentages. Six students indicated lack of confidence in using weaving and ceramics. Five students did not feel confident in using stick craft and in doing party planning. The other activities in which students did not feel confident were so indicated by five or less students.

Part B of Question I asked for activity skills, other than those listed, that were used or were taught during the month of practical experience. Many of the students listed specific activities which had not been taught in the curriculum. These are summarized under the following general headings:

Games:	card games, pool, shuffleboard, horseshoe, dexterity games
Outings:	dinner/picnics for residents

FIGURE 15
 REPORT OF ACTIVITY SKILLS USED BY STUDENTS DURING ONE MONTH OF PRACTICAL EXPERIENCE
 (Number in Sample: 66)





<u>Arts and Crafts:</u>	<u>art/design activities</u> - making wall hangings or murals, yarn plaques, paint by number <u>minor craft activities</u> - ribbon dolls, foam rubber novelties, cork craft <u>weaving</u> - sectional warping, techniques in braid weaving
<u>Miscellaneous:</u>	knotting quilts, tearing carpet strips, flower arranging, dancing, preparing bulletin boards/display cases, sorting buttons, making sandwiches for the U. S. O. (United Service Organization), cutting gauze for Red Cross, making candy
<u>Departmental Procedures:</u>	purchase of supplies, preparing a canteen cart, ordering refreshments for party, use of printing press

This type of graphic study has provided some interesting data for use in a study of curriculum content. Additional analysis will be necessary to determine whether an approach such as this would yield significant information in support of the need for curriculum revisions.

A similar chart of activities used by graduates of the course during their first year of employment may be found in the Follow Up Chapter of this report on pages 612-613.

On the Student Evaluation of the Course, Questions II, III and IV (Exhibit JJ, page 526) were a part of the questionnaire for all six courses. Answers to the questions were obtained from all of the students for a total of 92 responses. The answers to each question have been hand tabulated and a summary of responses is presented. Numerical totals are not included since many of the students mentioned several items in answering each question.

In response to Question II - A, "Considering the whole four-month training

course, what parts do you feel have been the most valuable?", the students indicated that the parts of the course which they felt had been most valuable were body structure and function, medical lectures, practical experience, application of activity, skills, psychology, remotivation and organizational skills. Many of the students did not list specifics but felt all aspects of the course were valuable.

To the question "In the three months classroom work, what parts do you think you would like to spend more time on?", by an overwhelming majority the students were interested in spending more time on many of the subjects in the curriculum (Question II - B). Ranking highest on the list were application of activity, psychology, and skills. The students were also interested in more time for medical lectures, psychiatry, organizational skills and practical experience. Some students indicated an interest in spending more time on all aspects of the course.

A majority of the students indicated there was nothing in the course on which they would spend less time. (Question II - C). A few students indicated a specific subject or skill on which they felt less time could be spent. These included recreation, needlework, medical lectures and remotivation.

The majority of the students responded "No" to the question of whether anything should be omitted from the course (Question II - D).

In response to Question II - E, the students felt that more time should be devoted to minor crafts, organizational skills, psychology and skills.

In answer to Question III - A, "How do you feel about the length of the course ---four months?", sixty-one students (over two-thirds) replied "Too short", while thirty-one students replied "Just right". There were no "Too long" responses.

Interestingly, additional comments from many of the students indicated they felt they could have benefited from a longer course. However, since they were on leave of absence, four months was about as long as it was feasible as well as reasonable to be away from their place of employment. Many of the students indicated that from a course of this length the materials presented and the information gained provided many new insights for development of the activity program when they returned to their place of employment.

OBSERVATIONS

The tools and testing devices used to evaluate the students' academic achievement and performance during the course were developed as a part of the demonstration project. Their content was specific to the four-month course, and the extent to which they were used was limited because of the length of the course. However, the analysis of the data collected seems to indicate that these evaluation tools have yielded a certain amount of valuable information in relation to academic achievement and performance. It is our feeling that these tools are worthy of additional extensive use and evaluation to further determine their value.

The number of hours used for the various aspects of evaluation was one of the interesting outcomes of the study of this unit. While the original curriculum had no assigned hours, an average of thirty-four hours per course was used for evaluation. This includes four hours which would not normally be a part of evaluation since they

were assigned to special studies related to the fulfillment of project objectives.

Experience in this project clearly indicates that in curriculum planning it is important to consider assigning hours for evaluation. The number of hours may be dependent upon such factors as the length of the course, the extent of evaluation, and the topics included under the term evaluation such as unit tests and final examination, student counseling, and special studies.

COMPLETION OF THE COURSEREPORT OF 92 STUDENTS WHO TOOK THE COURSE

In the original project grant request the following statement was made:

Close account will be taken of the number of drop-outs during the course and the number of trainees by priority group who subsequently do not function as Occupational Therapy Assistants.

There were no drop-outs during any of the courses. After entering the course, no student requested to be dropped. Although some students were accepted on a probationary status at the beginning and others experienced some difficulty during the academic three months, all students met the course requirements. The ninety-two applicants selected to take the training successfully completed the course.

Since completing the training course, eighty-two of the ninety-two graduates have at some time been employed as Certified Occupational Therapy Assistants. Of the ten who have not been employed as Certified Occupational Therapy Assistants, one was from the first priority group, four were from the second priority group, and five were from the third priority group.

On February 1, 1968, seventy-one of the ninety-two graduates were employed as Certified Occupational Therapy Assistants. This total included thirty-four of the forty from the first priority group, fifteen of the twenty-one from the second priority group, eighteen of the twenty-seven from the third priority group and four of the four from out-of-state. Detailed information about the employment status of the graduates may be found in Section I of Chapter IV.

GRADUATION

Certificates in recognition of successful completion of the course were presented to the students by the Wisconsin State Board of Health at graduation ceremonies held during the afternoon of the final day of the course. Relatives and friends of the students were invited to attend.

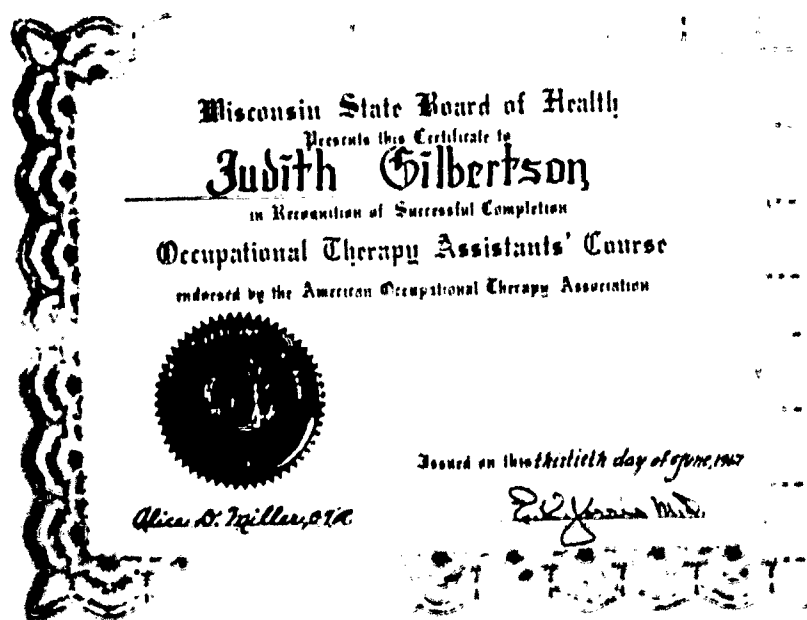


FIGURE 16

CERTIFICATE PRESENTED TO GRADUATES

CERTIFIED OCCUPATIONAL THERAPY ASSISTANT (COTA)

Since the training course was endorsed by the American Occupational Therapy Association, the graduates were eligible for certification by that organization. Applications and fees were forwarded to the American Occupational Therapy Association for processing. Each individual was notified of the action taken to the application to become a Certified Occupational Therapy Assistant. Following the initial certification, re-certification each year became the responsibility of the individual.

SUMMARY OF CURRICULUM HOURS

During each of the six courses a record was kept of the hours of teaching responsibilities of each of the staff members, the hours of teaching by guest lecturers and the number of hours utilized in presenting each unit. A summary of this information follows.

TEACHING RESPONSIBILITIES OF STAFF

A summary of the hours of teaching responsibilities for the two full-time staff members and the part-time instructor for the academic three months of the six courses is shown on the chart on page 385. Indicated are the range and the average number of hours and whether the teaching was single, dual, or joint.⁹ The range and average number of hours of auditing of guest lectures is also included. The hours used for classroom preparation and/or administrative responsibilities by the staff members are not included on the chart.

The range of hours taught by guest lecturers for the six courses was from 127 to 159 with the average number of hours being 143.

The Occupational Therapy Consultant from the area of the state in which the course was being presented spent time in the classroom for individual appointments with students and for joint teaching with one of the staff members. The range of hours was from 4 to 14 with the average number of hours being 9.

⁹ See page 164 for a definition of terms.

CHART XVII

SUMMARY OF THE RANGE AND
THE AVERAGE NUMBER OF HOURS TAUGHT
BY THE STAFF
DURING THE ACADEMIC THREE MONTHS
FOR THE SIX COURSES

	SINGLE		DUAL		JOINT		AUDIT	
	Range	Average	Range	Average	Range	Average	Range	Average
COURSE DIRECTOR	60-127	90	3-32	14	3-32	22	9-53	32
ASSISTANT COURSE DIRECTOR	39-154	79	6-59	31	6-27	19	37-85	63
INSTRUCTOR	17-128	50	3-56	26	3-16	8	6-25	16

GUEST LECTURERS:

RANGE OF HOURS

127 - 159

AVERAGE NUMBER OF HOURS

143

OCCUPATIONAL THERAPY CONSULTANT:

RANGE OF HOURS

4 - 14

AVERAGE NUMBER OF HOURS

9

CHART XVIII
SUMMARY OF CURRICULUM HOURS
COURSES I THROUGH VI

ORIGINAL CURRICULUM			COURSES I THROUGH VI	
UNIT TITLE	UNIT NUMBER	ASSIGNED HOURS	RANGE OF HOURS	AVERAGE NUMBER OF HOURS
Introduction to Course	I	7	13-27	20
Introduction to O. T.	II	5	6-7	6
Personality Development	III	43	27-45	40
Physical Development	IV	57	44-58	52
Use of Activity	V	50	43-71	56
Skills	VI	171	165-180	172
Relationship to Services	VII	10	4-7	6
Organizational Skills	VIII	25	20-35	27
Personnel Policies	XII	1	2	2
Medical Terminology	XIII	--	1-5	3
Practical Experience	XIV	160	161-169	165
Evaluation	XV	--	34-41	37
TOTAL		529	TOTAL 586	

HOURS USED IN PRESENTING EACH UNIT

The above chart provides a summary of the range of hours and the average number of hours used for presenting each unit of the curriculum. Also shown is the number of hours assigned to each unit in the original curriculum.

The total number of hours in the original curriculum was 529. The average

number of hours used per course was 586.

Two units showed large increases in the number of hours used in presenting them. In Unit I, Introduction to the Course, an average of 20 hours was used in presenting the material. The assigned number of hours was 7. For Unit XV, Evaluation, which had 0 assigned hours, an average of 37 hours per course was used. Other units which showed an increase of 5 or 6 hours in the average number used for presenting were: Unit V, Use of Activity, and Unit XIV, Practical Experience.

Three units, Unit III - Personality Development, Unit IV - Physical Development, Unit VII - Relationship to Services, showed a slight decrease in the average number of hours used in presenting the unit.

SEQUENCE OF CLASSES

A pattern for the scheduling of classes developed as each succeeding course was planned during the three year period. The sequence of classes on pages 388 and 389 indicates the number of weeks in the course, the unit numbers and the average number of hours used in presenting the unit. The sequence of presentation is indicated for the units and the major topics. From the chart it is important to note several points in the planning:

- Week 1 was a three day week with the course beginning on Wednesday.
- Practical experience began in mid-week 13 and extended to mid-week 17.

CHART XIX

SEQUENCE OF CLASSES

Unit	Average No. Hrs.	3 day wk. 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
I	20	Orientation to Course		and				
II	6	History of O. T.			Prof. Ethics			
III	40	Introduction to Psych. Terminology						
			Psychiatry					
			Psychology					
IV	52	Body Structure and Function						
V	56	Application Aspects of						
			Principles of Activity					
					Methods			and
					Methods			for
					Considerations			in the
VI	172	Woodwork						
		Art and Design						
				Minor Crafts				
					Weaving			
					Needlework			
						Social		
							Remoti- vation	
								Projector
VII	6							Relation-
VIII	27	Organizational Skills						
XII	2							
XIII	3	Medical Terminology						
XIV	165							
XV	37	Pre Tests						Post
					Open Book Review			
		Student Counseling			Scheduled			

CHART XIX

SEQUENCE OF CLASSES

Week 8	Week 9	Week 10	Week 11	Week 12	Weeks 13, 14, 15, 16	2 days	3 days
Routine Procedures							
Medical Lectures							
Activity Programming							
Programming							
Procedures for Observing and Assessing Patients							
Determining Goals of Activity							
Selection of Activity							
Recreation Activities							
Skills							
Leatherwork							
Ceramics							
ship to Other Services							
							Personnel Policies
							Practical Experience
Tests							
Scheduled							
							Final Exam Evaluation Graduation

- Week 17 the students returned to the classroom for 3 days for completion of the course.

For each of the courses there was flexibility and variation in the scheduling of classes. The sequence which is shown on the accompanying chart presents the units at the time and in the sequence which seems to be optimum. Some examples are:

- The History of Occupational Therapy was basic and was presented early in the course.
- Professional Ethics was scheduled prior to the Remotivation week. During the teaching of Remotivation some of the students had their first experience in a psychiatric hospital setting.
- The optimum time for teaching the Remotivation Skills was week 5 or no later than week 6.
- Ideally an Open Book Review was most helpful to the students if it was used during the third week.
- Individual appointments with students were scheduled during week 4 and week 10. Staff members were available for student counseling throughout the course.

CHAPTER III

RESUME OF SALIENT POINTS

CURRICULUM - PROCESS OF DEVELOPMENT

THE CURRICULUM COMMITTEE

The Curriculum Committee, composed of selected advisory committee members, three Registered Occupational Therapists working in the field of geriatrics or chronic illness and the district Occupational Therapy Consultants with the State Board of Health, met a total of eight times during the planning phase for the project (May - October, 1964) to develop the curriculum outline for the course.

CURRICULUM CONTENT

The curriculum outline developed for the course was in the area of general practice with emphasis in geriatrics. The Requirements of an Acceptable Program for Occupational Therapy Assistants, American Occupational Therapy Association, 1962, was used as a guide. After revisions were made following the completion of Course I, the curriculum outline remained unchanged for Courses II through VI so that the emphasis could be placed on the study and development of curriculum content and related resource materials for the four month course.

BASIC PLAN FOR THE COURSE

The course was full-time for four months with classes Monday through Friday from 8:15 A.M. to 4:30 P.M. The academic three months of classes were taught by the course staff and guest lecturers. This was followed by one month of practical experience with supervision from a Registered Occupational Therapist. Upon successful completion of the course, students were recommended for certification by the American Occupational Therapy Association.

SPECIAL PLANNING FOR A COURSE

Arrangements for each course were the responsibility of the Course Director and Assistant Course Director. At each location of particular importance in the advance planning was the preparation of a class schedule for the four months, the recruitment, employment and orientation of a part time instructor and making contacts and arrangements for guest lecturer participation in the course.

APPROACH TO TEACHING - LEARNING PROCESS

The approach to the teaching - learning process was designed with the students in mind. Each course brought together a group of persons who shared a common vocational objective but each of whom had his own personal needs and goals. Throughout the course the classroom experiences were planned to meet the needs of this group of mature, adult students, most of whom had had previous life and job experience and all of whom at the time of taking the course were eager and motivated to acquire new knowledge.

CURRICULUM CONTENT

The curriculum content presented in chapter III of the report is a compilation of information and materials from all six courses. This will not be summarized. A summary of approach and methods used in presenting each unit and observations about the unit follow:

UNIT I - Introduction to Course - The major part of the unit was presented by the staff during the first two weeks. Materials issued to each student were textbooks, general information guide to the course, and a tool kit containing frequently used basic tools and supplies. Hours assigned to this unit, in addition to introduction to the course, were those used for routine procedures. If this plan is followed for future curriculum planning, consideration should be given to increasing the number of hours assigned to this unit.

UNIT II - Introduction to Occupational Therapy - Illustrated lectures and group discussions were planned for presenting the topics history of Occupational Therapy, relationships between the Registered Occupational Therapist and the Certified Occupational Therapy Assistant, and professional ethics. The experience in the project indicates that a more adequate coverage of these topics would be provided if four to six hours were added to the present five assigned to the unit.

UNIT III - Personality Development - Lecture and informal discussion were used by guest lecturers in presenting the content of this unit. Classes were audited by a staff member. Outlines of material to be presented were prepared for advance distribution to the student. The guide for psychiatric lectures which was developed was helpful as an aid to the interpretation of essential materials. Case presentations were an effective teaching method. In this unit the number of hours was sufficient for presenting the topics. However, for future curriculum planning, consideration should be given to increasing the hours so that additional time would be available to discuss topics such as interpersonal relationships and group dynamics.

UNIT IV - Physical Development, Normal and Abnormal - During the first eight weeks of the course, body structure and function was taught by a member of the staff. The medical lectures, presented by physicians, followed during the ninth through the twelfth week. The primary teaching methods were discussion or lecture followed by a question and answer period. The effectiveness of the presentations was enhanced by the use of visual aids, copies of lecture outlines for each student and case presentations. Experience in this project indicates that the scope and the depth of content presented in this unit was necessary to adequately prepare the students for the types of positions for which they were being trained. No significant changes are indicated in the content of the unit, the methods of presentation, or the faculty.

UNIT V - Use of Activity with the Chronically Ill and Geriatric Patient - The objective of this unit was to assist the students in learning to evaluate and to select activities to meet individual patient needs and to achieve goals of activity programming. This was approached in two ways. First, the students were made aware of the scope and the different aspects of occupational therapy and were introduced to the concepts and principles of occupational therapy and to ways of applying principles. This was accomplished through lecture, discussion, use of visual aids and field trips. Secondly, a number of teaching methods, ideas and plans were incorporated into classroom activities to assist the students to integrate all the information they had had and to apply it in different situations. The diversified approach and the variety of techniques used to integrate the teaching of this unit into all aspects of the course proved to be an effective way of helping the students learn to evaluate and select activities to meet individual patient needs and to achieve goals of activity programming.

UNIT VI - Skills - Included in the teaching methods used to cover the topics and activities in the skills unit were lecture, group discussion, structured small group interaction, student presentations, demonstration, and laboratory sessions. Resource information to accompany the various skills was developed for classroom distribution. Extremely useful in presenting and teaching the seven major crafts was a four page activity guide which listed the objectives for the craft, the procedures to be learned, the essential samples to be made and also provided an outline for evaluating the physical and mental requirements, limiting factors, precautions and contraindications involved in teaching the craft to the geriatric individual. Provided in the report in the compilation of content for each of the skills is information about the teaching methods used, the topics and activities presented and the average number of hours assigned. Information is summarized for social recreation activities, remotivation and use of audio visual materials and duplicating processes. The range and average number of hours used is indicated.

UNIT VII - Relationship to Other Services - Lecture followed by a question and answer period was used by guest lecturers to present the material in this unit. As the course moved to different locations in the state, although no problems were encountered in locating guest lecturers to represent the various professional services, some difficulty was encountered in locating lecturers who were familiar with the problems of and the services available to the aging population.

UNIT VIII - Organizational Skills - Group discussion was the teaching method used for most of the classes. These were presented by the staff and guest lecturers with some classes being presented jointly by a member of the Course Staff and the Occupational Therapy Consultant because of the direct relationship between the subjects being discussed and the Consultant's knowledge and experience in activity program development. Resource materials, developed or collected, provided a wealth of information for classroom discussion and sharing of ideas. From the experience in the project, there are several indications that additional hours should be used for this unit, with time being used to strengthen those areas of specific need and concern of the students.

UNIT XII - Personnel Policies - Role playing and group discussion was used in presenting this topic. In each of the courses the students expressed considerable interest in and a need for information related to personnel policies. For future consideration it would seem feasible and appropriate to increase the number of assigned hours in the curriculum so that several discussions of various aspects of this topic could be scheduled periodically throughout the course.

UNIT XIII - Medical Terminology - Correct and appropriate use of medical terminology was taught as an integral part of all the units rather than as a separate entity. For future planning it would be recommended that curriculum hours be assigned to the various units to allow for covering the topic rather than considering it a separate unit.

UNIT XIV - Practical Experience - Reported in this unit is information about the several aspects of practical experience. Section I describes the selection of training centers, the development of objectives for the month of practical experience and the methods used to achieve objectives. Section II presents information concerning the setting, case load, and program of the practical experience centers. The information summarized was obtained from sixteen centers during a three year period. While it may not be conclusive, some pertinent observations can be made about practical experience:

- the need to plan and discuss the month of training with the practical experience supervisors cannot be overemphasized.
- it is important for the clinical supervisors to be aware of what was taught during the academic phase of the course.
- there is little doubt the practical experience phase of the course leaves a strong impression on the student. It can and should be of the highest quality possible.
- the strengths of the practical experience program may not be dependent on a set number of physical factors. A therapist who is willing to share her philosophy, to give support and guidance to the student and to see the student as a contributing member of the staff may compensate for deficiencies the program might have.

UNIT XV - Evaluation - Three different aspects of evaluation are described in Unit XV. Section I pertains to the tools developed and the methods used for academic and performance evaluation of the students during the course. Section II presents summaries of the results obtained through the use of the various tools. Section III summarizes the students' evaluation of the course at the end of the four month period. A number of tools and testing devices used to evaluate the students' academic achievement and performance during the course were developed as a part of the three year project. Once these were developed, the extent to which it was possible to use them was limited by the length of the training course and the duration of the project. However, an analysis of the data collected seems to indicate that these evaluation tools have yielded a certain amount of valuable information in relation to academic achievement and performance. It is the feeling of the Project Staff that these tools are worthy of additional extensive use and evaluation to further determine their value.

COMPLETION OF THE COURSE

Certificates in recognition of successful completion of the course were presented to the students by the Wisconsin State Board of Health. Since the course was endorsed by the American Occupational Therapy Association, the graduates were

eligible for certification by that organization. Applications and fees were forwarded for processing and each individual was notified of the action taken to the application to become a Certified Occupational Therapy Assistant.

SUMMARY OF CURRICULUM HOURS

A summary of the hours of teaching responsibilities for the two full-time staff members, the part-time instructor and the guest lecturers is presented in this section. A chart provides a summary of the range of hours and the average number of hours used for each unit in the curriculum.

SEQUENCE OF CLASSES

A pattern developed for the sequence of presentation of classes during the conduct of the courses. This is shown in chart form on pages 388 and 389.

A P P E N D I X I I I

CURRICULUM COMMITTEE

Miss Alice D. Miller, O. T. R.
 Director, Occupational Therapy
 Assistants' Course
 Division of Chronic Disease and Aging
 Wisconsin State Board of Health
 Madison, Wisconsin
Chairman, Curriculum Committee

C. Panagis, M. D.
 Director of Chronic Illness
 Milwaukee County Institutions
 Milwaukee, Wisconsin

Miss Laura Braunel, O. T. R.
 Occupational Therapy Consultant
 District 6 Health Office
 Green Bay, Wisconsin

Miss Virginia Reeves, O. T. R.
 Occupational Therapy Consultant
 District 7 Health Office
 Eau Claire, Wisconsin

Miss Marilyn Hennessy, O. T. R.
 Occupational Therapy Consultant
 Division of Chronic Disease and Aging
 Wisconsin State Board of Health
 Madison, Wisconsin

Sister Mary Arthur, O. T. R.
 Director
 School of Occupational Therapy
 Mount Mary College
 Milwaukee, Wisconsin

Mrs. Jean Kiernat, O. T. R.
 Madison, Wisconsin
 Representative from Wisconsin
 Occupational Therapy Association

Miss Mary Taugher, O. T. R.
 Supervisor
 Occupational Therapy Department
 Rehabilitation Center, Unit II
 Milwaukee County Institutions
 Milwaukee, Wisconsin

Mrs. Ruth Knox, O. T. R.
 Occupational Therapy Department
 Home for Aged Lutherans
 Milwaukee, Wisconsin

Miss Patricia Thornton, O. T. R.
 Chief, Activity Therapy
 Division of Mental Hygiene
 Wisconsin State Department of
 Public Welfare
 Madison, Wisconsin

CURRICULUM COMMITTEE DELIBERATIONS**DEFINING OBJECTIVES AND FUNCTIONS****OBJECTIVES OF THE CERTIFIED OCCUPATIONAL THERAPY ASSISTANTS COURSE:**

1. To prepare the Certified Occupational Therapy Assistant to function with minimal guidance in general activity and supportive or maintenance programs of occupational therapy.
2. To prepare the Certified Occupational Therapy Assistant to function under the supervision of a Registered Occupational Therapist in a specific treatment program of occupational therapy.
3. To differentiate the role of the Registered Occupational Therapist and the Certified Occupational Therapy Assistant.

FUNCTIONS OF THE CERTIFIED OCCUPATIONAL THERAPY ASSISTANT:

1. Plan and direct a general activity or supportive program of occupational therapy designed to meet the normal social, emotional and physical needs of individual patients and to maintain the individual at the highest level of function.
2. Train individual patients in independent performance of activities of daily living utilizing special techniques and adapted equipment and serve as a resource to nursing personnel in this area.
3. Assist the Registered Occupational Therapist in carrying out a specific treatment program of occupational therapy designed to correct or improve specific pathology.

A GUIDE FOR THE DEVELOPMENT AND ADMINISTRATION
OF THE
TRAINING PROGRAM FOR OCCUPATIONAL THERAPY ASSISTANTS¹⁰

PREAMBLE

Establishment of a training program should be dependent upon the need for occupational therapy assistants in the geographical area. Such need may be ascertained by a survey.

1. ORGANIZATION

1. Although individual agencies with adequate facilities may find it feasible to conduct a training program, it is often more advantageous for state, county and/or city agencies to develop a cooperative community training program.

2. Where the facilities may not be available in each state to meet the minimum requirements of the training program for assistants, consideration may be given to the establishment of a psychiatric program through the resources of regional groups, i. e., the Southern Regional Education Board, and the Western Interstate Commission for Higher Education.

3. Advisory committee: An advisory committee is invaluable in the early planning of the program, and serves as a consulting, reviewing, and evaluating body. It may provide guidance to the training program director and the working committee on professional, educational and public relations items. The course content, selection of teaching personnel, methods of obtaining funds, etcetera, represent possible agenda items.

Working committee: It is generally advisable to supplement the advisory committee with a working committee of occupational therapists who help to plan and develop the content and mechanics of the program. Experience has shown that this is a good device for eliciting interest and support.

Membership on these two groups may overlap.

4. Contact with the American Occupational Therapy Association should be maintained to avoid problems which may hinder or delay endorsement of the program.

¹⁰ American Occupational Therapy Association, Revised, October, 1961.

Exhibit C. (Continued)

5. Consultation services may be arranged by AOTA at the request of the local planning committee. The requesting agency will bear the expense of this service. Such services might be considered desirable in developing program content and/or when there are a limited number of registered occupational therapists in the area.

II. RESOURCES

6. Financial support is deemed to be adequate when budget allowances are available for salaries for personnel, i. e., director, instructors, secretarial help, etc.; honorariums, when necessary teaching aids and reference materials; supplies and equipment and travel.

III. PERSONNEL

7. The director administers the training program and shall meet with the advisory committee in an ex officio capacity. He may serve as chairman of the working committee if one is established.

8. It is advisable to invite additional registered occupational therapists as well as qualified representatives from appropriate disciplines to assist in the instruction.

9. For practical experience in workshop areas, a single instructor can usually supervise about fifteen trainees. It is essential for trainees and faculty members to have opportunity for close personal contact.

10. A permanent file of credentials will be maintained on each member of the permanent staff and guest lecturers.

IV. PLANT

11. The term "plant" includes administrative offices, classroom facilities, library and workshop areas.

12. Such items as lighting, toilet and rest facilities, sinks, electrical outlets, telephones, etcetera, are all considered part of the plant.

13. Adequate equipment is considered to include tools and supplies in sufficient quantity to insure a good learning situation. Audio-visual aids should be made available when appropriate.

V. PREREQUISITES

14. The Employer Reference Form and the Medical Reference Form are

Exhibit C. (Continued)

suggested for use in programs which will be established to accept candidates from the community.

VI. ADMINISTRATION

15. A permanent individual file must be maintained on each trainee. The file, which will include credentials, health record, performance evaluation and other pertinent material, will be made available to the survey teams who make both the initial endorsement visit and the re-endorsement visit.

16. The validation of education and the certificate of health may not have to be obtained if these are already included in the employment records of the agency sponsoring the training program.

VII. TRAINING PROGRAM

17. The number of clock hours required by the program should be completed in no less than twelve consecutive weeks of full-time participation.

18. A member of the faculty should be responsible for auditing all classes given by other specialists.

VIII. CENTERS FOR PRACTICAL APPLICATION

19. The training ratio of registered occupational therapists to trainee occupational therapy assistants should be maintained at a level in keeping with good educational practice to insure a true learning experience for each trainee.

20. Occupational therapy supervisors of practical experience are considered to be faculty members. Their qualifications must be included in the file on credentials.

IX. ENDORSEMENT PROCEDURES

21. When the application for endorsement is made, the director will be sent the required number of forms to be completed and returned to the education division of the American Occupational Therapy Association. These forms must be accompanied by the same number of syllabi and the other materials listed in Section IX: 24, a, b, c, d, of the Requirements.

22. The survey team consists of two registered occupational therapists with an understanding of both the educational and clinical practice areas.

23. The agency will be billed by the American Occupational Therapy Association at the rate of \$25.00 per day, per person, for the survey visit.

Exhibit C. (Continued)

24. The training program director in a psychiatric hospital should have information pertaining to the qualifications of the psychiatrists and members of allied disciplines so that the survey team can readily determine whether the hospital has properly accredited personnel. (Requirement I: 1)

25. Information on the patient census and the number and qualifications of personnel in the occupational therapy department should be available.

26. Where the practical application is not conducted within the same hospital or agency, this information (IX: 24, 25, and Section VIII: 23c, of the Requirements) will also be required from the director of each center of practical application.

27. The training program director should have available a description of the material in each unit as follows:

- a. General Objectives
- b. Specific Objectives
- c. Course Content (Topical Outline)
- d. Teaching Techniques
- e. Reading Assignments
- f. Bibliography

Each lecturer should submit an outline based on these points.

PLEASE NOTE: This document, which was used as the guide for this project, has been replaced by AOTA Requirements of a Training Program for Occupational Therapy Assistants, May 1967, American Occupational Therapy Association, 251 Park Avenue South, New York, New York 10010.

EXHIBIT D.

REQUIREMENTS OF AN ACCEPTABLE TRAINING PROGRAM
FOR
OCCUPATIONAL THERAPY ASSISTANTS^{11 - 12}

The American Occupational Therapy Association endorses the following requirements for the preparation of occupational therapy assistants. The Committee on Occupational Therapy Assistants serves as a consulting, reviewing and evaluating body working in conjunction with the education office of AOTA. Occupational therapy assistants are trained to work under the supervision of registered occupational therapists.

I. ORGANIZATION

1. Assistant programs may be established in the types of hospitals or agencies which require their services. To be acceptable for the psychiatric training, hospitals should be staffed with properly accredited psychiatrists and properly accredited personnel in allied disciplines. It is further highly desirable that there be an educational program in at least one other discipline.

2. There shall be a local advisory committee comprised of occupational therapists, physicians, and members of allied disciplines. The terms of these committee members should be at least three years and should overlap.

II. RESOURCES

3. The training program shall have assurance of adequate financial support for effective implementation.

III. PERSONNEL

4. The director of the training program shall be a registered occupational therapist, qualified by education and experience to administer and teach the principles and practices of occupational therapy.

5. A minimum of two additional registered occupational therapists should be included on the occupational therapy teaching staff. Such personnel may be employed full-time or part-time, or be on loan from other institutions as circumstances require.

¹¹ American Occupational Therapy Association, Revised, November, 1962.

¹² Revised, 1965, Replaced by new document, 1967.

Exhibit D. (Continued)

6. Licensed physicians shall conduct lectures, discussion groups, and/or clinics for the trainees in the given disability area.

7. Qualified representatives from appropriate disciplines shall conduct lectures, discussion groups, and/or demonstrations in their specialty in the given disability area.

8. Records on qualifications of the above-mentioned personnel shall contain information on general and professional education, professional experience, and membership in professional organizations.

IV. PLANT

9. The classroom facilities should include adequate lecture rooms, workshop areas, and administrative offices. Adequate equipment for efficient teaching shall be provided.

10. Adequate space should be provided for a combined library and study room. This shall contain books, pamphlets, and periodicals to supplement classroom teaching, and shall be easily available. Provision shall be made for annual additions and subscriptions.

V. PREREQUISITES FOR ADMISSION

11. Education. Candidates shall have a minimum education of senior high school graduation or high school equivalency. (Satisfactory job experience and appropriate recommendations may be substitutes for two years of education.)

12. Health. All candidates should be in good physical and emotional health.

13. Age. The minimum age for candidates shall be eighteen years. Applicants over fifty-five years of age will not ordinarily be accepted unless exceptionally well qualified.

14. Personality. Applicants should be intelligent, mature, emotionally stable, flexible, cooperative, and have the ability to establish and maintain effective interpersonal relations.

15. A personal interview with the program director, or his designate, is required of each applicant. The application should include completion of the application form, personal references, validation of education and certificate of health.

Exhibit D. (Continued)

VI. ADMINISTRATION

16. Standards. The established standards of the training program shall be effectively maintained by its director and the advisory committee.

17. Credentials. The admission of trainees to the program of instruction shall be in the hands of the advisory committee and the director of the program. Data on the trainees' preliminary education shall be obtained and kept on file.

18. Records. Current records of trainees and graduates shall be easily available. Trainee records shall contain information on credentials, health, attendance, grades and suitability for work in the particular disability area.

19. Trainees.

- a. The number of trainees accepted shall be determined by the number of personnel available for the training program and the facilities of the hospital or agency.
- b. The director and the advisory committee shall reserve the right to drop a trainee at any time for any cause deemed sufficient.

VII. TRAINING PROGRAM

20. Length of Program. The required hours for training programs for occupational therapy assistants in both psychiatry and general practice shall be a minimum of 430 clock hours. The length of the program shall be no less than 12 consecutive weeks of didactic instruction, specialty skills and supervised practical experience and no more than 18 consecutive weeks. The time shall be allocated in accordance with the requirements of the program outline for the designated area.

21. Publication. The hospital or agency offering the program shall have an appropriate pamphlet or outline of the training program available for the information of potential trainees.

VIII. CENTERS FOR PRACTICAL APPLICATION

22. Hospitals or agencies conducting the training program may integrate the didactic instruction and practical application within their own center.

23. Where the practical application is not given within the same hospital or agency, the centers used for this purpose shall be carefully selected by the director of the training program.

Exhibit D. (Continued)

- a. No occupational therapy department shall be considered as a training center for practical application unless the person who serves as supervisor is a competent, registered occupational therapist qualified to supervise trainees.
- b. Supervisors of the trainees during practical application shall be familiar with the content of the courses in the training program for effective correlation of the didactic instruction and practical application.
- c. Each associated hospital or agency shall have a well-defined program to give the trainees practical experience in the function of an occupational therapy assistant in one specialty area.
- d. Pertinent information on the trainees shall be sent to the center where the trainees receive practical experience prior to arrival.
- e. Records covering the trainees' performances and adjustment shall be sent to the training program director on completion of the period of practical experience.

IX. ENDORSEMENT PROCEDURE

Training programs for occupational therapy assistants must be endorsed by the American Occupational Therapy Association to enable the graduates of such programs to apply for certification as occupational therapy assistants.

24. The application form for endorsement of the training program is available upon request from the education division of the American Occupational Therapy Association. It must be completed and returned with:

- a. An explanation of the personnel (including responsibilities), facilities, and other resources available, and plans made to meet the training program requirements outlines in Items I and through VI.
- b. The syllabus of the training program developed from AOTA's program outline for occupational therapy assistants.
- c. A sample of the proposed examination and a description of procedures to be used in evaluating trainees.
- d. A listing of the center(s) to be used for practical application with pertinent information as outlined in Item VIII.
- e. The application fee.

Exhibit D. (Continued)

25. Based on the written material submitted with the application for program endorsement, the committee may grant tentative approval pending final action on the survey report.

26. A survey must be made during the operation of the training program. It will require a minimum of two full days. Additional time may be needed if there are several affiliation centers to be visited. Preliminary arrangements shall be made by the training program director to insure adequate time for the following:

- a. Conference with the program director.
- b. Conference with the advisory committee.
- c. Conference with key instructors to discuss training program.
- d. Private conference with group of trainees.
- e. Visits to classroom facilities, workshop areas and the combined library and study room.
- f. Auditing sessions.
- g. Visits to associated hospitals or agencies, if any are used.
- h. Reviewing appropriate records.

27. Following the survey visit, the team submits a report to the Committee on Occupational Therapy Assistants for action. Copies of the committee's action with recommendations will be sent to the hospital or agency by the education division.

X. CONTINUING ENDORSEMENT

28. To maintain endorsement, a training program will be required to complete a report on each training program held and to return it to the American Occupational Therapy Association within one month of the completion of the program.

29. Re-endorsement of the program, following the pattern of the initial survey, is required every three years. Previous recommendations, changes in curriculum, credentials of graduates and added personnel, and the interim reports will be considered.

NOTE: This document has been replaced by AOTA Requirements of a Training Program for Occupational Therapy Assistants, May, 1967.

OCCUPATIONAL THERAPY ASSISTANTS COURSE

GERIATRICS

WISCONSIN STATE BOARD OF HEALTH
DIVISION OF CHRONIC DISEASE AND AGING

P. O. Box 309
Madison, Wisconsin
53702

CURRICULUM OUTLINE

SUBJECT TO REVISION

Curriculum outline presently being used for training course. Curriculum outline and course content are SUBJECT TO REVISION following analysis of data obtained during a three year demonstration project, 1964-1967.

Exhibit E. (Continued)

UNIT I - - 7 HOURSIntroduction to the Occupational Therapy Assistants Training Program.

An orientation to course procedures and responsibilities.

A. Procedures

1. Introductions
 - a. Students
 - b. Faculty
2. Tour of physical facilities at course site
3. Classroom area
4. Regulations
 - a. Absences
 - b. Class make up
 - c. Stipends

B. Responsibilities

1. Instruction in note taking
2. Instruction in how to study
3. Personal responsibility for learning
4. Examination procedures
5. Assignments

Exhibit E. (Continued)

UNIT II - - 5 HOURS

Introduction to Occupational Therapy

- A. History of Occupational Therapy, including development of Occupational Therapy Assistants Programs
- B. Professional ethics and behavior
- C. Introduction to the Functions of the Certified Occupational Therapy Assistant and the Registered Occupational Therapist
- D. Overview of Wisconsin plan for Occupational Therapy Assistants
 - 1. Role of Occupational Therapy Consultants
 - 2. Role of Certified Occupational Therapy Assistant

Exhibit E. (Continued)

UNIT III - - 43 HOURS

Personality development. A series of lectures and group discussions for the purpose of increasing understanding of normal personality, emotional disturbances, group dynamics and interpersonal relationships.

- A. Normal personality development, including abnormal psychology
- B. Interpersonal relationships and group dynamics
- C. Psychological, sociological and economic aspects of aging
- D. Mental mechanisms stressing neurotic reactions
- E. Psychosomatic disorder
Lecture, case presentation and discussion
- F. Mental retardation
- G. Organic diseases of the brain
To include patient presentation
- H. Schizophrenic reactions
- I. Paranoid reactions
- J. Affective reactions
- K. Modalities of therapy
 - 1. Drugs and their reactions
 - 2. Chemotherapy
 - 3. Electroshock
- L. Motivation, remotivation and psychotherapy

Exhibit E. (Continued)

UNIT IV - - 57 HOURS

Physical development -- normal and abnormal. A series of lectures and discussions to increase the students understanding of normal body structure and function. A series of medical lectures to increase the students knowledge and understanding of clinical conditions as they affect the long term illness or older age patient.

- A. Body structure and function
- B. Physical changes of aging
- C. Cardiovascular diseases
- D. Diseases of the nervous system
 - 1. Cerebral vascular accident
 - 2. Epilepsy
 - 3. Parkinson's
 - 4. Multiple sclerosis
 - 5. Cerebral palsy
 - 6. Brain and spinal cord injuries
- E. Cancer (including laryngectomy)
- F. Pulmonary diseases
 - 1. Emphysema
 - 2. Tuberculosis
 - 3. Other
- G. Diseases of the endocrine system
- H. Diabetes
- I. Skeletal disorders
 - 1. Rheumatoid arthritis
 - 2. Osteoarthritis
 - 3. Gout
 - 4. Fractures
 - 5. Osteoporosis

Exhibit E. (Continued)

J. Digestive disorders

1. Cirrhosis
2. Chronic ulcer
3. Chronic colitis

K. Diseases of the blood

L. Chronic deafness and blindness

M. Urologic disorders

1. Chronic pyelonephritis
2. Prostate disease
3. Urinary tract disease

N. General principles of care (nutritional, nursing, rehabilitative and medical aspects)

Exhibit E. (Continued)

UNIT V - - 50 HOURS

Use of activity with the chronically ill and geriatric patients. A series of lectures and group discussions to assist the students in learning to evaluate and select activities to meet individual patient needs and to achieve goals of activity programming.

- A. Principles of activity programming
 - 1. Restore feeling of usefulness and self-respect and self-identity
 - 2. Maintain physical and emotional well-being
 - 3. Encourage a sense of belonging among the residents
 - 4. Prevent physical deterioration
 - 5. Prevent mental deterioration
 - 6. Stimulate desire to renew old interests and develop new ones
 - 7. Improve physical functioning
 - 8. Improve mental functioning
 - 9. Prepare resident for return to family and community
 - 10. Prepare community to accept patient
- B. Observation, evaluation, testing
 - 1. Methods and procedures used for individual patients
- C. Determination of goals
 - 1. Methods of, and reasons for determining goals for individual patients
 - 2. Methods of, and reasons for determining activity program goals
- D. Selection of activity
 - 1. General principles
 - 2. General considerations
 - 3. Use of adaptations
- E. Activities of daily living
 - 1. Evaluation of patients
 - 2. Teaching of patients
 - 3. Procedures
- F. Definition of role and function of the Registered Occupational Therapist and the Certified Occupational Therapy Assistant
 - 1. Activity programming
 - 2. Specific disease entities

Specific reference: "Functions of the Registered Occupational Therapist and Certified Occupational Therapy Assistant" prepared by the Curriculum Committee for the Wisconsin Project.

Exhibit E. (Continued)

UNIT VI - - 171 HOURS

Skills. A series of demonstrations and laboratory periods to assist the students in learning skills. Throughout the unit emphasis is placed on learning the basic procedures of an activity, learning to follow written or verbal directions, developing skill in teaching an activity and gaining knowledge and understanding of available resources.

A. Crafts

1. General considerations

- a. Type of activity
- b. Tools required
- c. Projects that could be made
- d. Availability of materials
- e. Techniques
- f. Outlets for finished projects

2. Safety factors

3. Development of basic inventory of supplies

4. Specific crafts

a. Woodworking:

Use of hand tools, simple woodworking techniques, wood gouging, chip carving and wood finishing
Suggested projects: braidweave frame, round rake knit frame, long crochet hook, frame for ceramic tile or box

b. Weaving:

Elementary two-harness weaving, the mechanics of warping, weaving, finishing and correction of common mistakes

c. Needlework:

Use of electric and treadle sewing machine, reading patterns, hand stitching, knitting--knit, purl, cast on and off; crocheting --chain, single, double and triple crochet, increasing and decreasing; embroidery, huck weaving, needlepoint

d. Art and Design:

Basic elements of art and design, lettering, poster making decorative painting, stenciling, block printing, hand printing, publicity techniques

Exhibit E. (Continued)

e. Ceramics:

Emphasis will be on the use of ceramics and resources available for more information.

f. Leatherwork:

Basic techniques of working with leather; information on how to purchase leather

g. Minor crafts:

- (1) Rake knitting
- (2) Copper tooling
- (3) Scrapcraft
- (4) Papercrafts
- (5) Reedwork
- (6) Stickcraft and hobbyknit
- (7) Turkish knotting, braidweave, rug hook
- (8) Puppetry, papier-mache
- (9) Mosaic: gravel techniques, seed eggshell, cereal

B. Social recreation activities1. Dramatics:

Use of simple dramatics and how to do skits, act out story, shadow play, pantomime

2. Games:

Simple games for groups and individuals, adaptations of games, use of games with bed, wheel chair, semi-ambulatory and ambulatory patients

3. Music:

Community singing, use of pitch pipe, ukulele and rhythm band, music appreciation

4. Party Planning:5. Special interest groups:

Cooking, service clubs, nature lore -- window boxes, bird watching, bird feeders, newspaper dish gardening, weather watching, eggshell gardening. Emphasis on organization and use

Exhibit E. (Continued)

C. Work:

Difference between therapeutic work and exploitation of patient,
opportunities for work activity within the institutions

D. Remotivation: 30 hours

E. Film projection, slide projection, mimeograph, hectograph will be taught
during course when appropriate

Exhibit E. (Continued)

UNIT VII - - 10 HOURS

Relationship to Other Services. A series of lecture-discussions to inform the students about the various professional services. Lecturers are requested to describe the service, the functions, and the relationship to other services. Particularly stressed are the functions relating to activity programming as they affect the role of the Certified Occupational Therapy Assistant. Included is information about available community resources if the service is not a part of a given institution.

- A. Administration
- B. Chaplaincy Service
- C. Dietary
- D. Medical Services
- E. Nursing
- F. Psychology
- G. Physical Therapy
- H. Social Service
- I. Speech and Hearing
- J. Vocational Counseling, Vocational Rehabilitation Administration and Homecrafters

Exhibit E. (Continued)

UNIT VIII - 25 HOURS

Organizational Skills. A series of lectures, group discussions and individual and group projects to provide the students with the opportunity to gain the knowledge and the skill needed to plan and direct an activity program.

- A. Planning and implementing a program
include support of institution and staff
1. Institution as social system
 2. Administrative structure
include relationship to other services
 3. Communication
 4. Principles of supervision
 - a. Accepting supervision
 - (1) Administrator
 - (2) Registered Occupational Therapist
 - b. Giving supervision
 - (1) Aides (trip, outside events)
 - (2) Volunteers
 5. Program analysis
 - a. Meeting individual patient needs through program
 - b. Schedule
 - c. Balancing of activities
 - d. Use of time
 - e. Evaluation of past program regularly - questions to ask self about program
 6. Record keeping
need, kind -- interest inventory
what information wanted about patients
 7. Budget
 - a. Supplies
 - b. Equipment
 - c. Factors in planning budget
 - d. How to set up a budget
 8. Medical relationships

Exhibit E. (Continued)

9. Legal aspects

- a. Admission and discharge procedures
- b. Use of referral and records, release of information
- c. Absences -- absent without leave, at own risk, pass, transfer
- d. Rights -- those lost, those retained
- e. Number of admissions, deaths and discharges, length of stay
- f. Cost of care -- how handled
- g. Nursing home rules
- h. Sales tax
- i. Liability of articles
- j. Teenage volunteers

10. Physical plant

- a. Utilization of space
- b. Planning department -- as key for space
- c. Supplies, equipment
- d. Maintenance

11. Disposition of productsB. Volunteers

1. Recruitment
2. Orientation
3. Training -- continuing
4. Placement and supervision
5. Recognition

C. Public relations

1. Planning program speeches
2. Requests, acknowledgements, rejection
3. Letter writing, telephone answering, personal contact
4. Publicity -- media

D. Community services available to home

1. Library
2. Religious services
3. Other -- Division of Vocational Rehabilitation, Blind Assistance, voluntary agencies who give patient services, Department of Public Welfare, handicapped clubs, camps

Exhibit E. (Continued)

UNITS IX, X, XI

As recommended by the Curriculum Committee on February 9, 1965 the content of Units IX, X and XI was incorporated into Unit II

UNIT XII - - 1 HOUR

Personnel Policies

A panel presentation and/or role playing followed by group discussion to assist the students in understanding personnel policies and procedures in institutions.

UNIT XIII - - no assigned hours

Medical Terminology

Terminology is included as a part of all units of the curriculum. It is anticipated the students will accumulate a glossary of terms.

UNIT XIV - - 160 HOURS

Practical Experience

Students are assigned to an institution with geriatric and/or long term care patients/residents for 160 hours of practical experience under the supervision of a Registered Occupational Therapist. The objective is to assist the Occupational Therapy Assistant Student in bringing together academic learning with the reality situation.

UNIT XV - - no assigned hours

Evaluation

During the four months' period there is continuing evaluation of all aspects of the course.

* * * SUBJECT TO REVISION * * *

Curriculum outline presently being used for training course. Curriculum outline and course content are SUBJECT TO REVISION following analysis of data obtained during a three year demonstration project, 1964 - 1967, under the auspices of the Wisconsin State Board of Health.

FACULTY QUALIFICATION FORM

Dr.
Mr.
Miss
NAME: Mrs. _____

Mailing Address: _____

College: _____

Professional Courses: _____

Other Training: _____

Other: (teaching positions, publications, et cetera) _____

Professional Registration/License: _____

Professional Memberships: _____

Present Position: _____

Signature: _____

Date: _____

ACTIVITY GUIDE

OBJECTIVES:

PROCEDURES TO BE LEARNED:

ESSENTIAL SAMPLES:

ANALYSIS OF ACTIVITY

Proper selection of an activity to meet the needs of the elderly individual involve an evaluation of the following:

- A. Physical requirements
 - 1. Motions required
 - 2. Endurance needed
 - 3. Coordination needed
 - 4. Dexterity needed
- B. Mental requirements
 - 1. Degree of complexity
 - 2. Degree of creativity
 - 3. Attention span
 - 4. Understanding of directions
 - a. written
 - b. spoken
- C. Limiting factors with adaptations
 - 1. Safety
 - 2. Noise
 - 3. Odor
 - 4. One hand
 - 5. Limited
 - a. vision
 - b. hearing
 - c. range of motion
- D. Precautions
- E. Contraindications

SAMPLE WOOD BOARD AND FINISHES

IDENTIFY THE FOLLOWING WOODS:

1. Yellow Pine
2. Pine
3. Redwood (2 types)
4. Spruce
5. Mahogany
6. Oak
7. Maple
8. Birch
9. Any others you may want to add

SAND ALL PIECES THOROUGHLY

APPLY ONE OF THE FOLLOWING FINISHES TO EACH OF THE WOODS

SAND OR STEEL WOOL LIGHTLY BETWEEN COATS

1. Two coats of white shellac
2. Wood stain with lacquer
3. Two or more coats of lacquer
4. Wood stain with satin wood finish
5. Thin coat of shellac with two or more coats of varnish
6. Wood stain with varnish
7. Oil and shellac finish
8. Your choice of finish on two samples

MOUNT FINISHED PIECES AND LABEL

TURKISH KNOTTING FRAMEADJUSTABLE

MATERIALS

2 pieces 3' x 2 1/2" x 3/4" pine
 2 pieces 2' x 2 1/2" x 3/4" pine
 Nuts and Bolts (8)

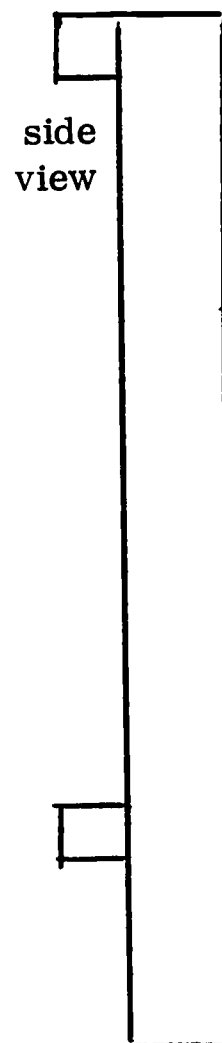
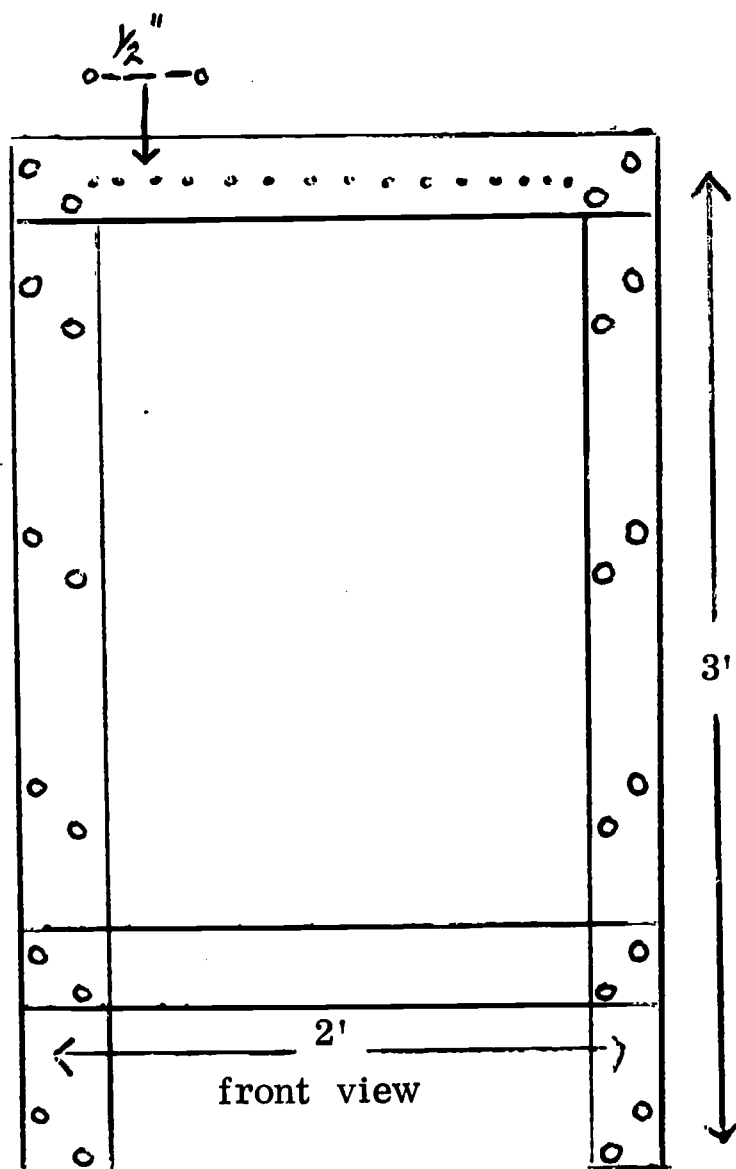
STEPS

Drill holes as shown (0)

Sand, apply finish

Place brads 1/2" apart

Assemble



THE TWO-HARNESS LOOM

HARNESS BEAM (Raises and lowers harnesses, thus changing the shed)

HEDDLE BARS OR HARNESSES

BACK BEAM

WARP BEAM
HEDDLES

REED
DENTS (in the reed)

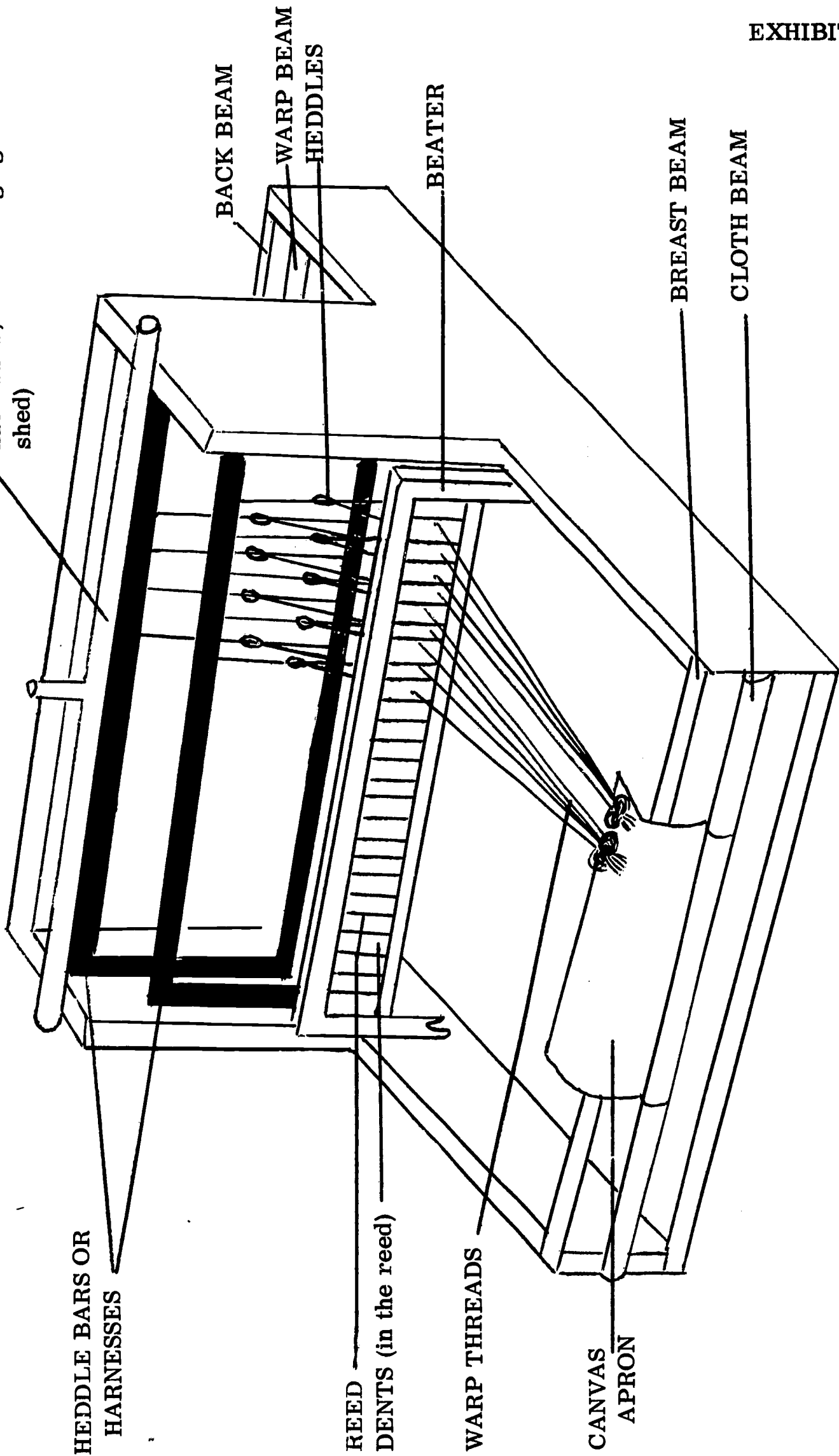
BEATER

WARP THREADS

CANVAS
APRON

BREAST BEAM

CLOTH BEAM



TWO AND FOUR HARNESS WEAVING

KEY POINTS AND COMMON MISTAKES IN WEAVING AND REMEDIES

THREADING

1. Heddles: Be sure all heddles are facing in the right direction; otherwise the thread will be kinked around heddle eye and wear out faster.
2. Two adjoining threads in the reed should never be on the same heddle frame. In the case of a 4-harness loom, a 2 and a 4 heddle and a 1 and a 3 heddle should not be adjoining in the reed.
3. Missed dents: There is no easy remedy. The reed must be rethreaded.
4. Incorrect threading: If the wrong heddle is near edge of weaving, it may be easiest to rethread the heddles and dents involved.

Where rethreading would be overly time consuming, a check of the threading pattern will show whether it will help to tie in a thread heddle in the harness where the pattern calls for one and then thread the new heddle and reed.

WEAVING

1. Tension problems on weft:
 - a. Edges should be even and the width approximately the same as at the reed.
 - b. "Waisting" occurs when the weft thread angle is too small; increase the angle until cloth no longer pulls in.
 - c. To avoid looping at selvages bring thread closer around selvedge threads. The thread angle will compensate automatically.
2. Tension problems on warp:

While weaving, warp should be firm. When not weaving, cloth beam should be loosened; the warp, when not being woven on, should always be loosened.
3. Beating:

This should be even. Use same pressure each time. Grasp the beater in the middle. Avoid letting woven cloth get too close to beater.
4. Weaving thread caught on spokes or projections of loom:

Avoid this by keeping thread shorter and controlling hand movements.
5. Broken warp thread:

Tie a new thread with a weaver's knot to the thread portion nearest the warp beam. Bring it through its heddle and the reed and anchor it to the cloth with a pin. Later, the near end can be woven in by a needle and, when you come to it, the far end can be woven into the cloth itself. With planning, the far end can come between articles woven.

Exhibit K. (Continued)

6. If the shed fails to open:
 - a. The warp tension may be too loose.
 - b. The ropes or devices controlling the frames may be uneven.
Adjust the tie-up above or below.
 - c. Yarn threads may stick and cling to each other.
 - d. Ends of a mended warp thread bow may be catching on adjacent threads. If possible, move it back toward warp beam or forward through heddle and reed and mend it on cloth.
7. If only a few warp threads fail to rise:
 - a. Threads may be crossed in the reed.
 - b. Threads may be crossed in the heddles.
 - c. Threads may be crossed between reed and heddles or behind the heddles.
 - d. Ends of a mended warp thread bow may be catching on adjacent threads. If possible, move it back toward warp beam or forward through heddle and reed and mend it on cloth.

SUGGESTIONS IN WORKING WITH PATIENTS

1. Watch the learner closely. Check his progress frequently. He can make a lot of mistakes in a very short time.
2. Comfortable position: Check the chair height, the posture and stretch of the patient to avoid fatigue.
3. A wide shed is better to use for patients with visual problems. They can find it better and have less trouble getting shuttle ends caught.
4. The rug shuttle with ends curved in (used for heavy materials) and the boat and bobbin shuttle (for fine materials) also cut down on warp threads being caught in the weaving.
5. Watch for broken threads. This is very common.
6. Watch for threads caught in error. This also is very common.
7. Patients with poor coordination may throw the shuttle too far and not catch it.
8. Paint the numbers on pedals of a treadle loom.
A patient (such as a hemiplegic with foot involvement) may need to use a visual cue to remember to remove his foot from the treadle when the shed is to be changed.
9. Use a memory aid, such as a pattern card punched. Teach your patient to move the peg into the hole just before he changes the shed.
10. Watch for selvage threads on pattern weaves not caught in by weft throw.

LEATHERWORKLacing Samples

General directions to be followed in completing four samples

- a. Use pre cut 2" sq. leather sample
- b. Round all corners
- c. Use fid and ruler to lay out line 1/4" in from all edges
- d. Use pyrolace for samples

Each of the following samples to be completed:

1. Whip stitch using
 - a. Adjustable revolving punch
2. Single buttonhole stitch using
 - a. Thonging chisel
3. Double buttonhole stitch using
 - a. #5 space marker
 - b. Revolving punch
4. Saddle stitch using
 - a. #6 space marker
 - b. Awl
 - c. Carpet warp

LEATHERWORK PROJECTCoin Purse

1. Given one piece of leather 6" x 10".
2. Plan a coin purse including the following:
 - a. Two or more separate pieces of leather
 - b. A design to include:
 - (1) Tooling
 - (2) Modeling
 - (3) Stippling
 - c. Snap
 - d. Double buttonhole lacing stitch
 - e. One of the finishing techniques
3. Before proceeding list
 - a. Steps in procedure in order of performance
 - b. Tools and supplies needed with each step

METHOD OF PROCEDURE: (Step by step breakdown)

Essential Steps	Equipment Needed

STRAIGHT RAKE KNITTING FRAME

Materials: See Figure I, next page

Maple: 1 1/4" x 3/4" strips
(2) blocks 1/2" x 3/4" x 1"

Doweling: (2) 1/4" x 3"

Cotter Pins: 1 1/4" long, zinc plated
(Source: Sears, Hardware Stores)

Thumb tacks: (2)

General Construction Directions:

Size of frame is determined by length of maple strips

1. Join the two maple strips to the 1/4" x 3/4" x 1" blocks by using the 1/4" x 3" doweling.
2. Drill holes for the cotter pins. There should be an equal number of pins on each side of frame, spaced 1/2" apart measured from center to center. Pins of each side are centered between the two pins of the opposite side. See Figure II, next page.
3. Put one thumb tack in each end of the frame.

Suggested Sizes for Frames

Small: 3" x 12" overall
1/2" x 10" inside opening
Use for T.V. slippers, headwarmer, baby scarf

Medium: 3" x 16" overall
1/2" x 14" inside opening
Use for scarf or stole

Large: 3" x 24" overall
1/2" x 22" inside opening
Use for stole

Exhibit N. (Continued)

DETAIL OF CONSTRUCTION OF
A STRAIGHT RAKE KNIT FRAME

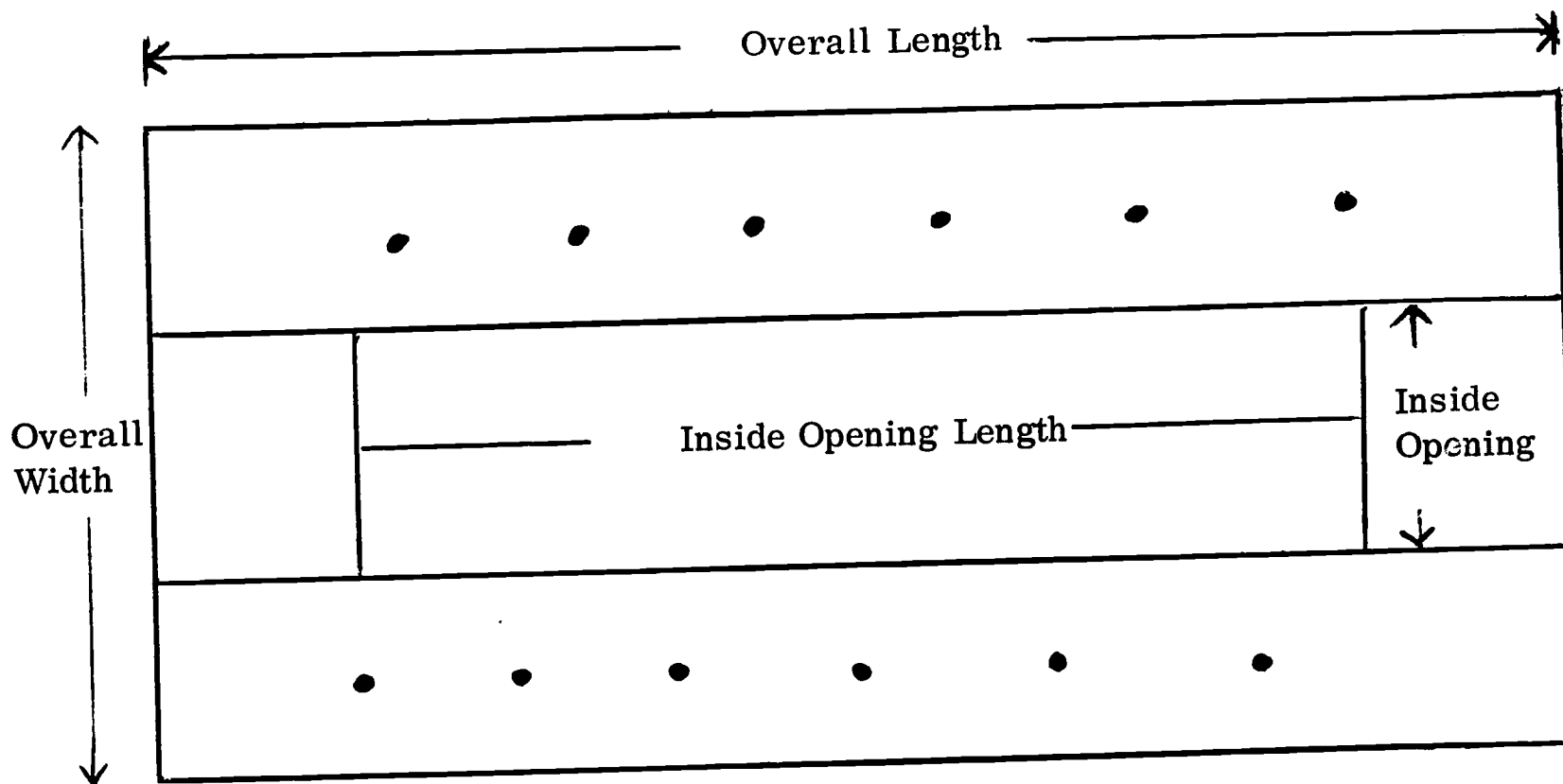


FIGURE I

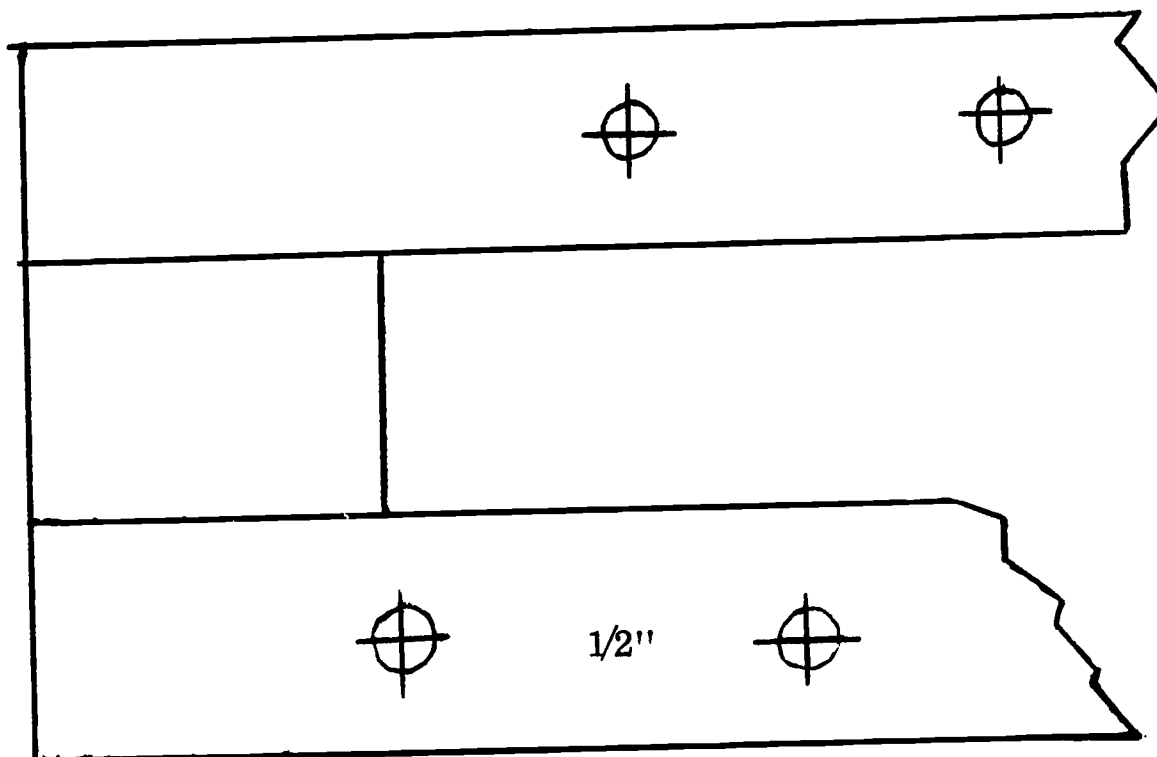
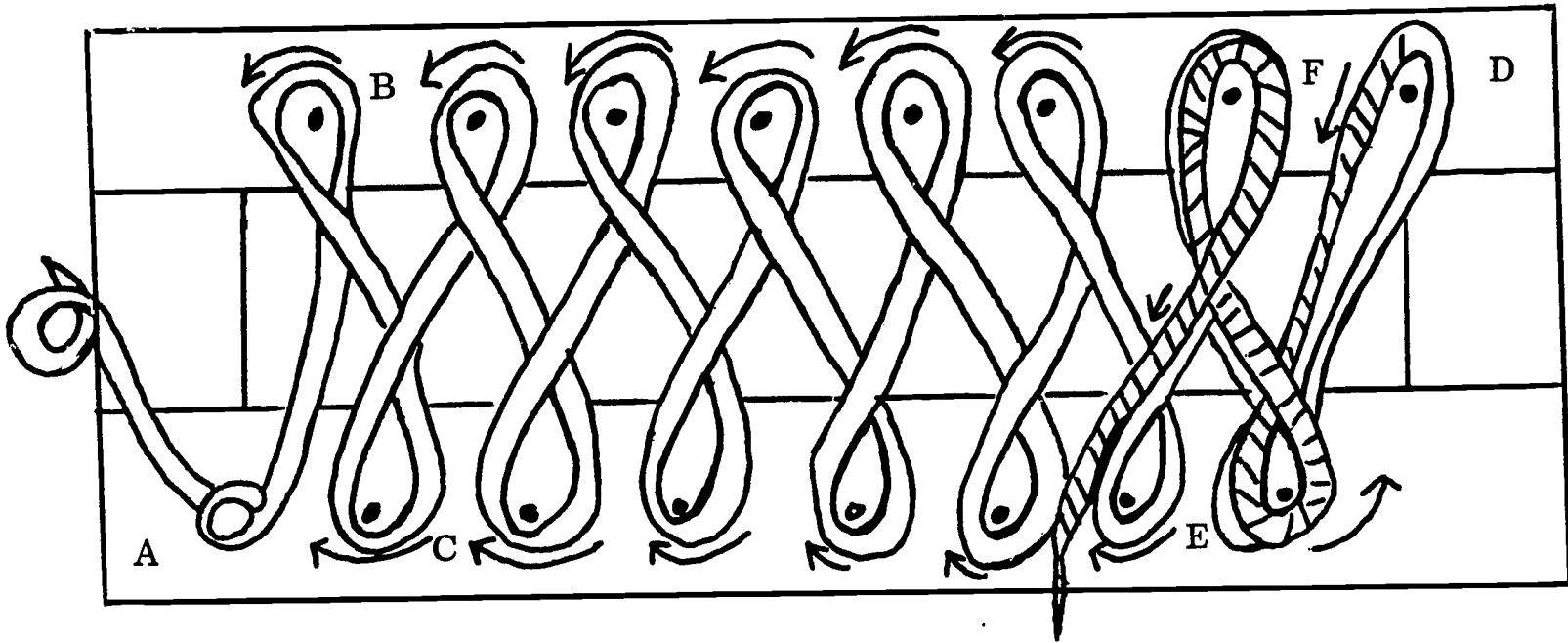


FIGURE II - PIN PLACEMENT
ENLARGED SECTION - FIGURE I

RAKE KNIT - WINDING PROCESS

1. Tie the yarn around post 'A'.
2. Wind yarn around post 'B' counter clockwise, following the arrows in the diagram.
3. Cross over and wind around post 'C' in a clockwise motion and cross to next post at top in a counter clockwise motion.
4. Continue in a similar manner until the end post 'D' is reached.
5. Wind around post 'D' and then wind counter clockwise around post 'E'.
6. Cross over and wind clockwise around post 'F'.
7. Continue back down the frame in a similar manner.
8. After reaching post 'A', wind the yarn around the thumb tack in the end of the frame to hold yarn tension while doing knitting. There should now be two threads on each post.
9. Now you are ready to begin the knitting process.

Exhibit O. (Continued)

RAKE KNIT - KNITTING PROCESS

1. The knitting process is done when there are two loops of yarn on each post.
2. Using a nut pick (or similar tool) pick up bottom loop of thread and pull out and away from the post. Then pull the loop of thread up and over the post. Let the loop of thread down on the inside of the post.
3. Repeat for each remaining post containing two threads.*

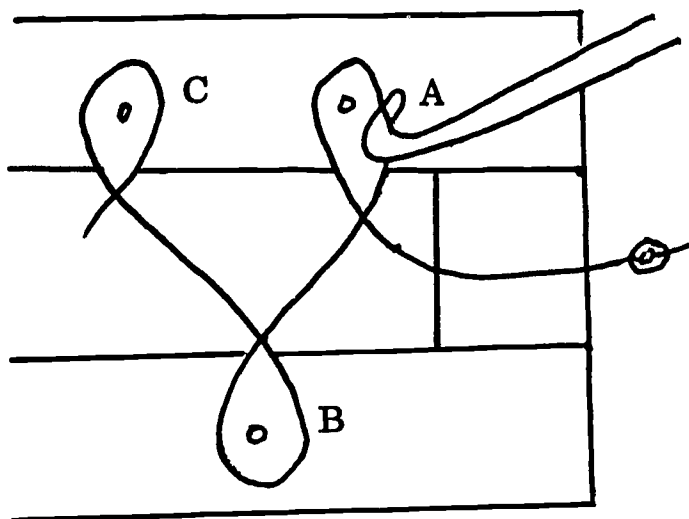
*NOTE: When there is only one loop of thread on a post do not take the loop off the post.

4. Continue by winding a row and knitting a row.

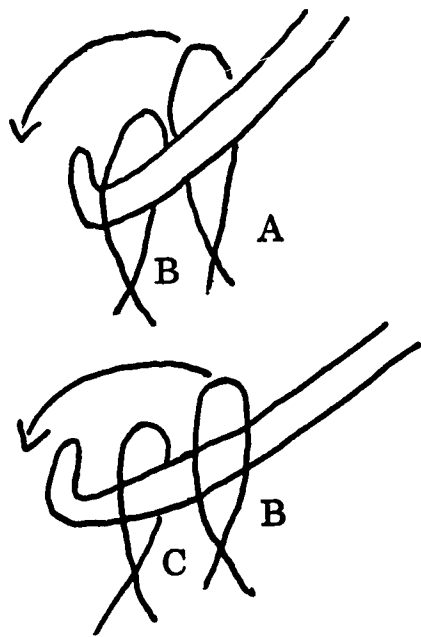
NOTE: As the knitting and winding proceeds it will be found that a nail at one end or the other is left with only one loop of thread each time the yarn is wound over the back. This corresponds to the first 'slipped stitch' in knitting with needles.

Exhibit O. (Continued)

RAKE KNIT - REMOVING FINISHED PROJECT FROM THE FRAME

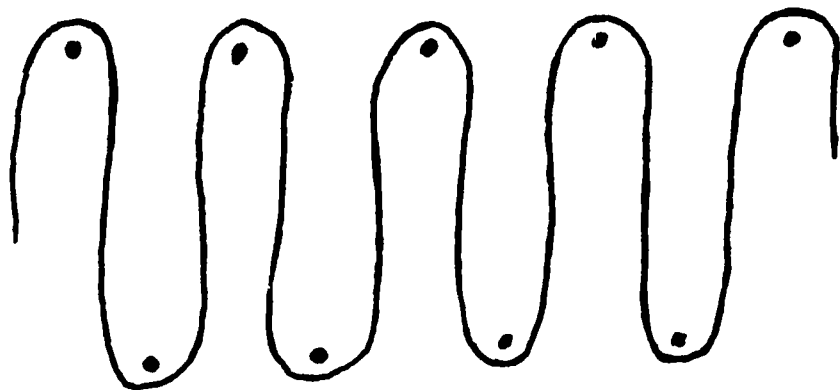


1. Pick the thread up from post 'A'.
2. Pick the thread up from post 'B' on the same hook with the thread from post 'A'.
3. Slip thread from post 'A' over a thread from post 'B' and off the hook.
4. Pick up the thread from post 'C' and slip the thread from post 'B' off the hook.
5. Repeat the same procedure with the remaining threads and posts.



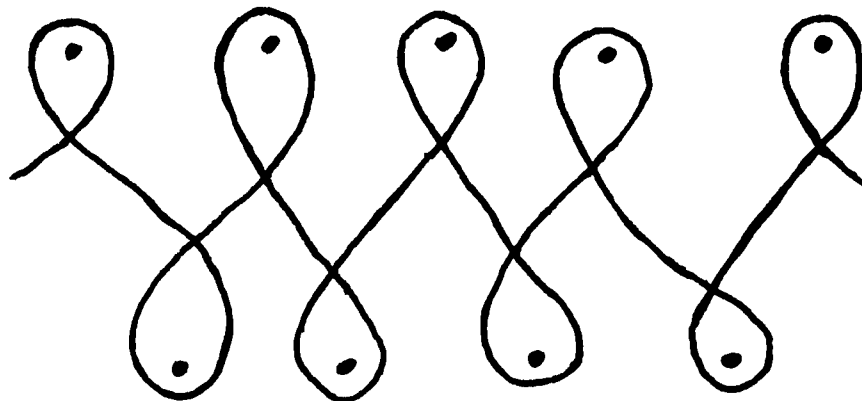
INSTRUCTIONS FOR PATTERNS ON STRAIGHT RAKE KNITTING FRAME

Band 1



Note: Start article with Band 1 with one row of Band 2 then repeat Band 1 eleven times.

Band 2



Band 3

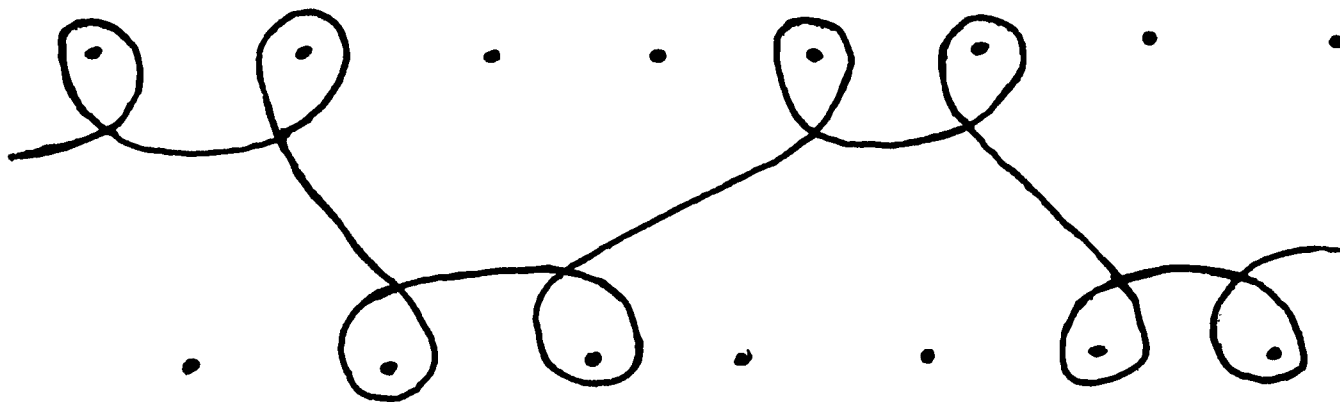
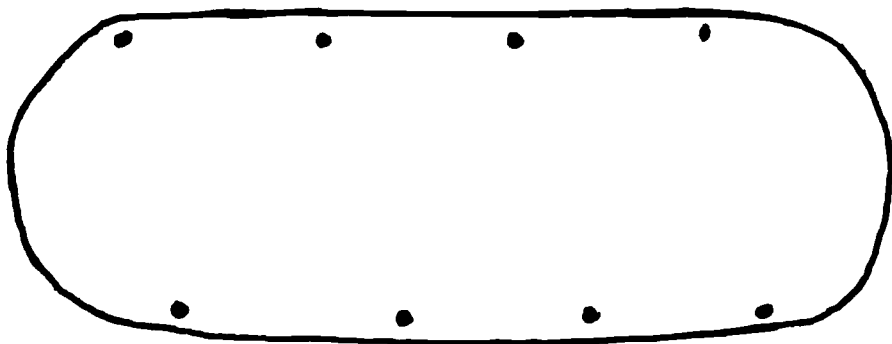
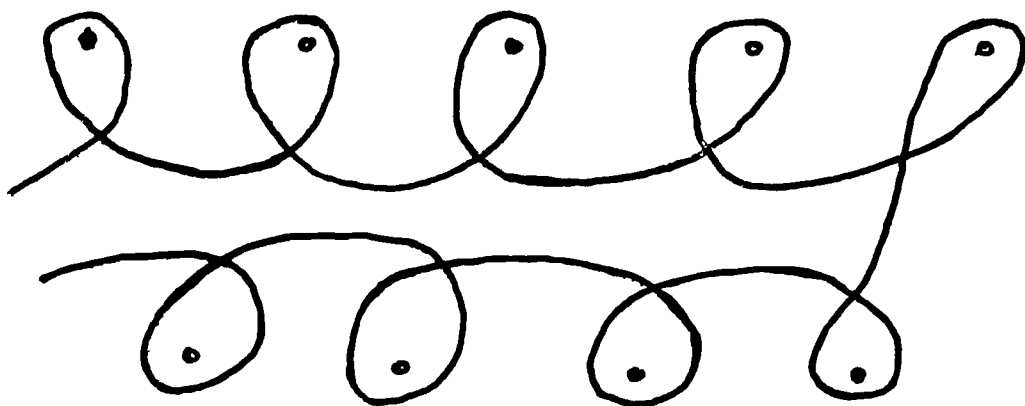


Exhibit P. (Continued)

Band 4

When starting article
with Band 4, begin with
one row of Band 5.

Band 5

Source of information:

This material was originally prepared in the Occupational Therapy Department
of Highland View Hospital, Cleveland, Ohio.

HOW TO ENLARGE A DESIGN

A design may be either enlarged or reduced by the following method:

1. Scale the original design
 - a. Determine the size of the original design
 - b. Make squares with pencil and ruler

2. Enlarge the design
 - a. Determine the size you want the design to be (i. e. 2 or 3 times larger)
 - b. Make squares with pencil and ruler (graph paper) 2 or 3 times larger than the original squares
Make sure you have the same number of squares
 - c. Copy step by step from small square to large square.

3. Reduce the design - copy step by step from large square to small square.

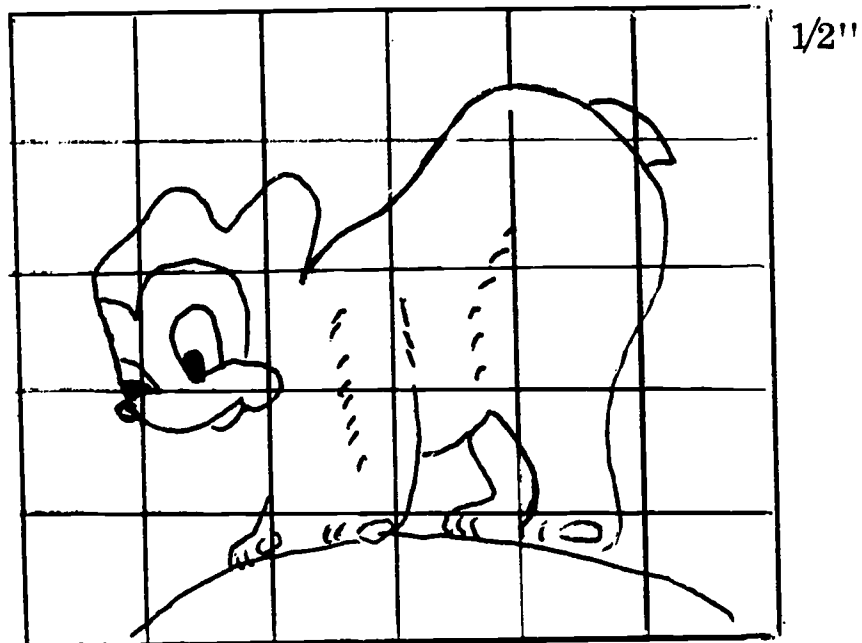
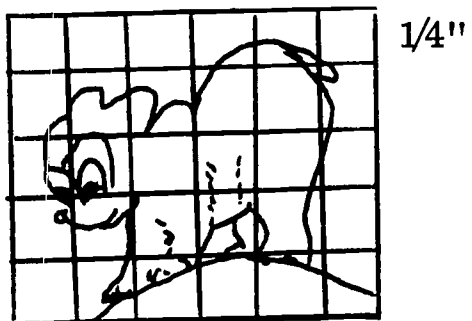
See page 445 for diagrams.

Exhibit Q. (Continued)

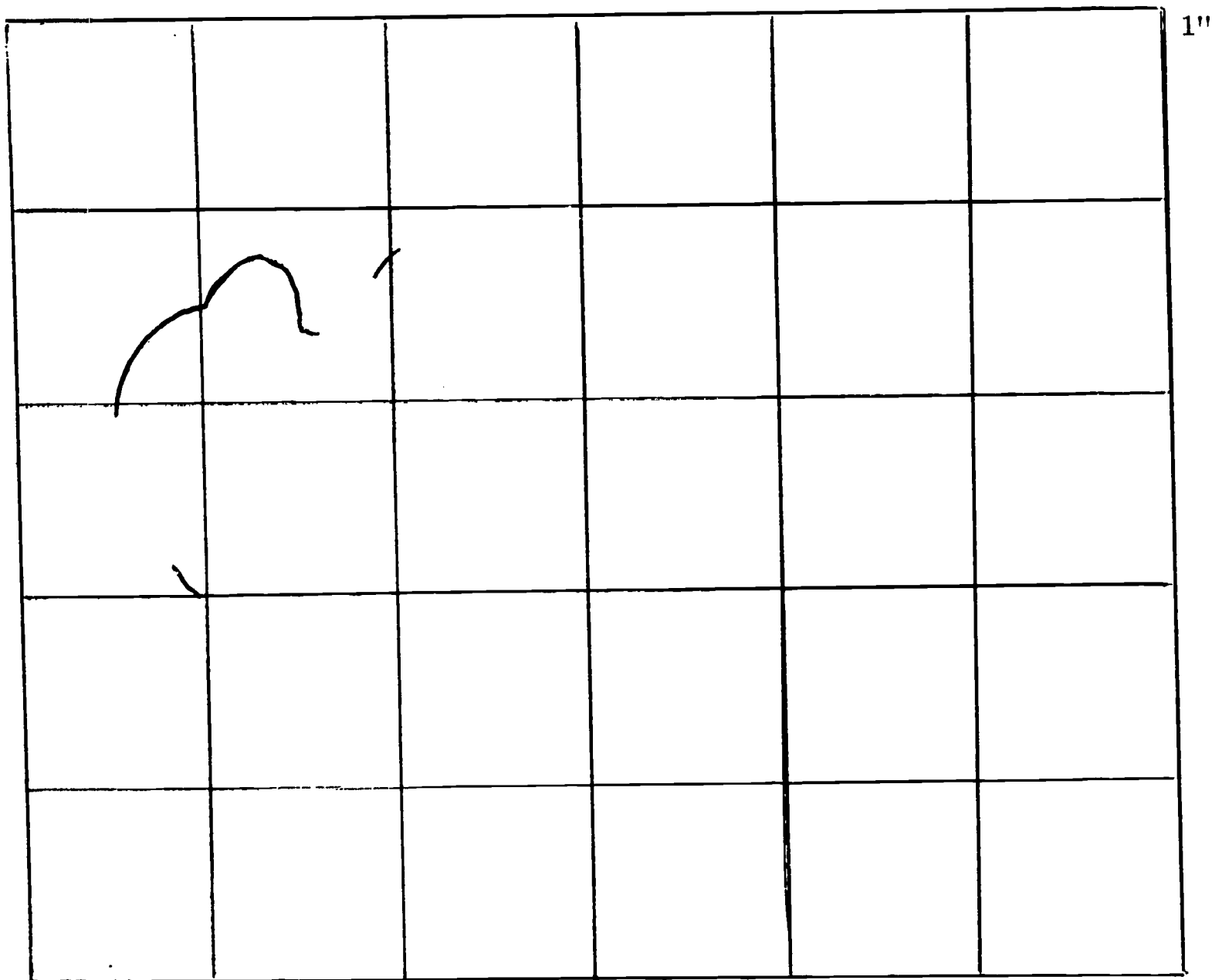
HOW TO ENLARGE/REDUCE A DESIGN

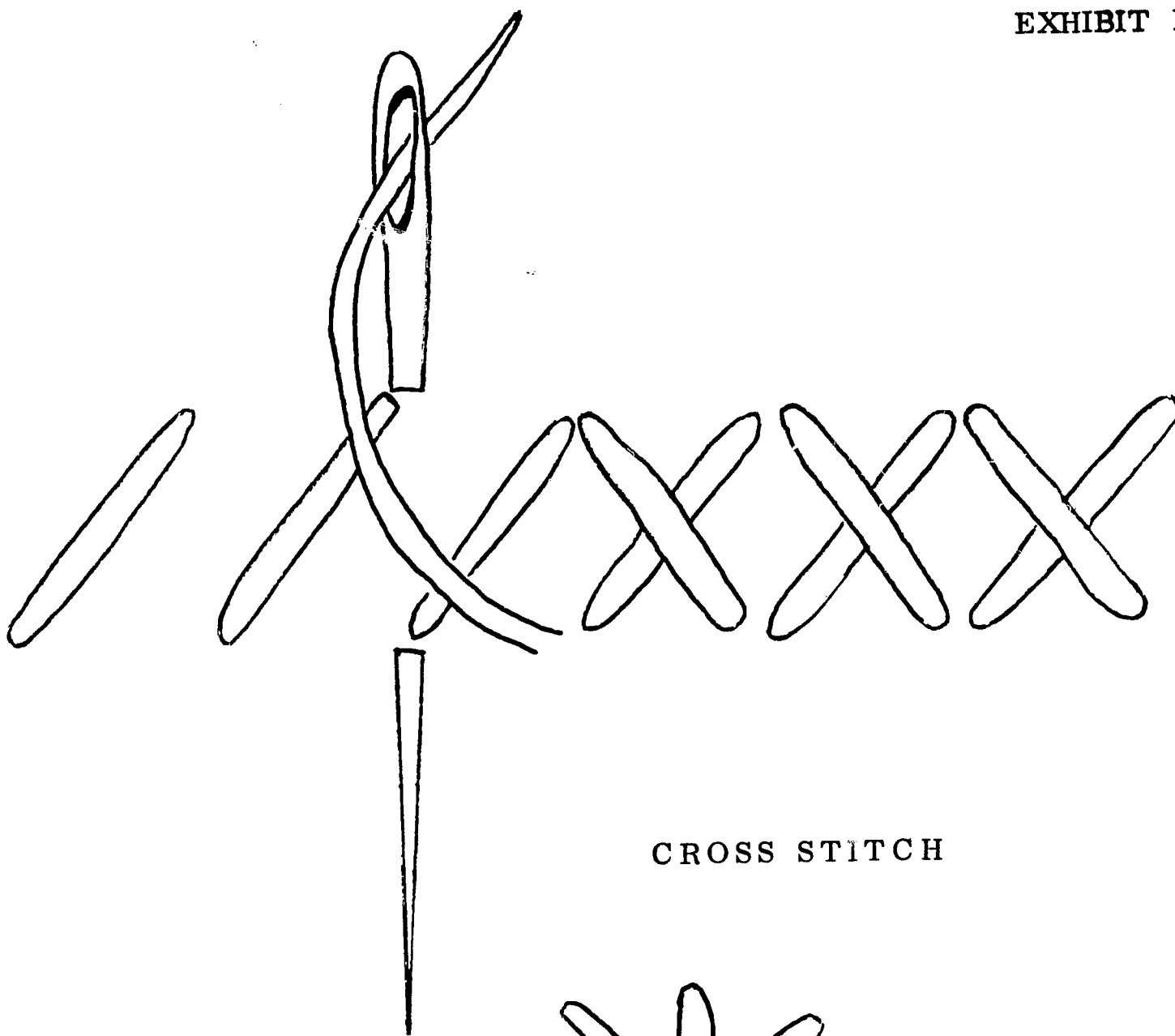
STEP 2

STEP 1

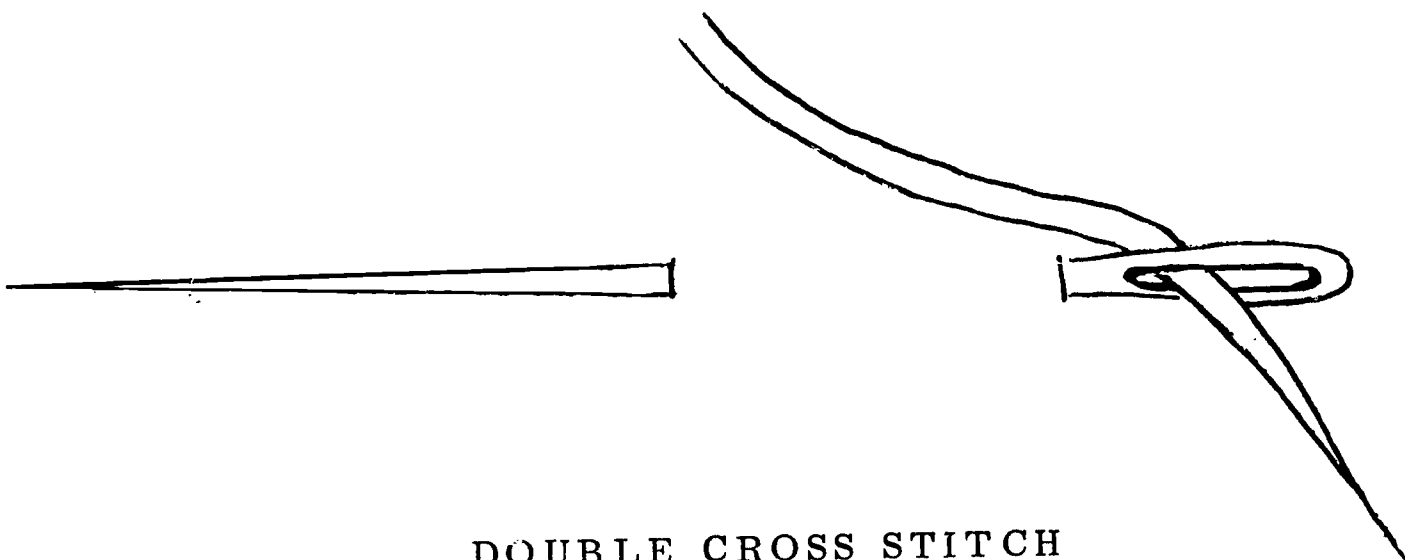
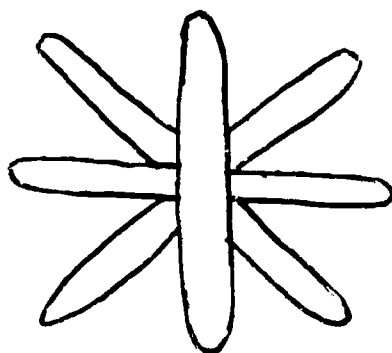


STEP 3



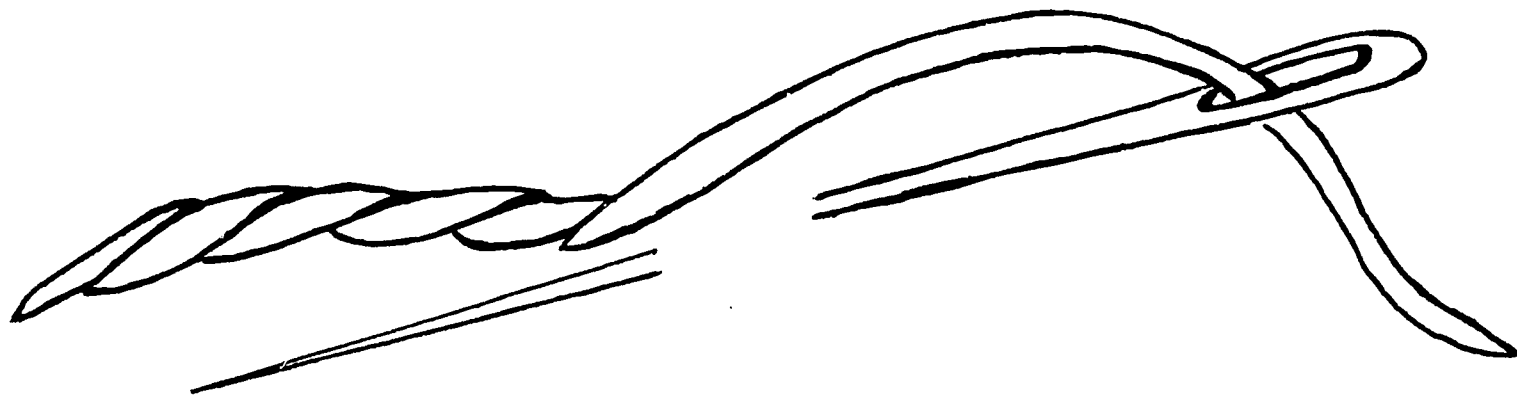


CROSS STITCH

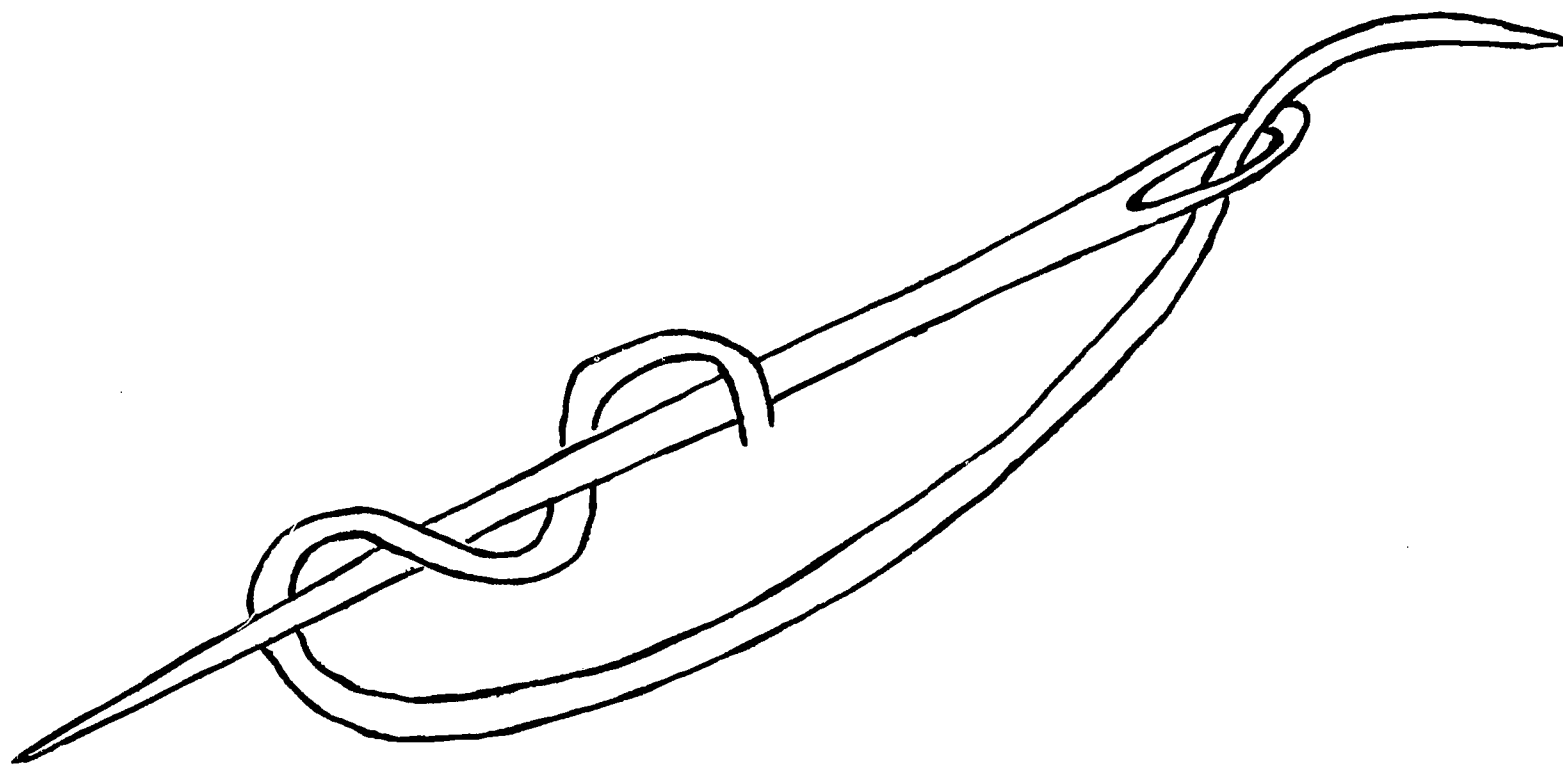


DOUBLE CROSS STITCH

Exhibit R. (Continued)

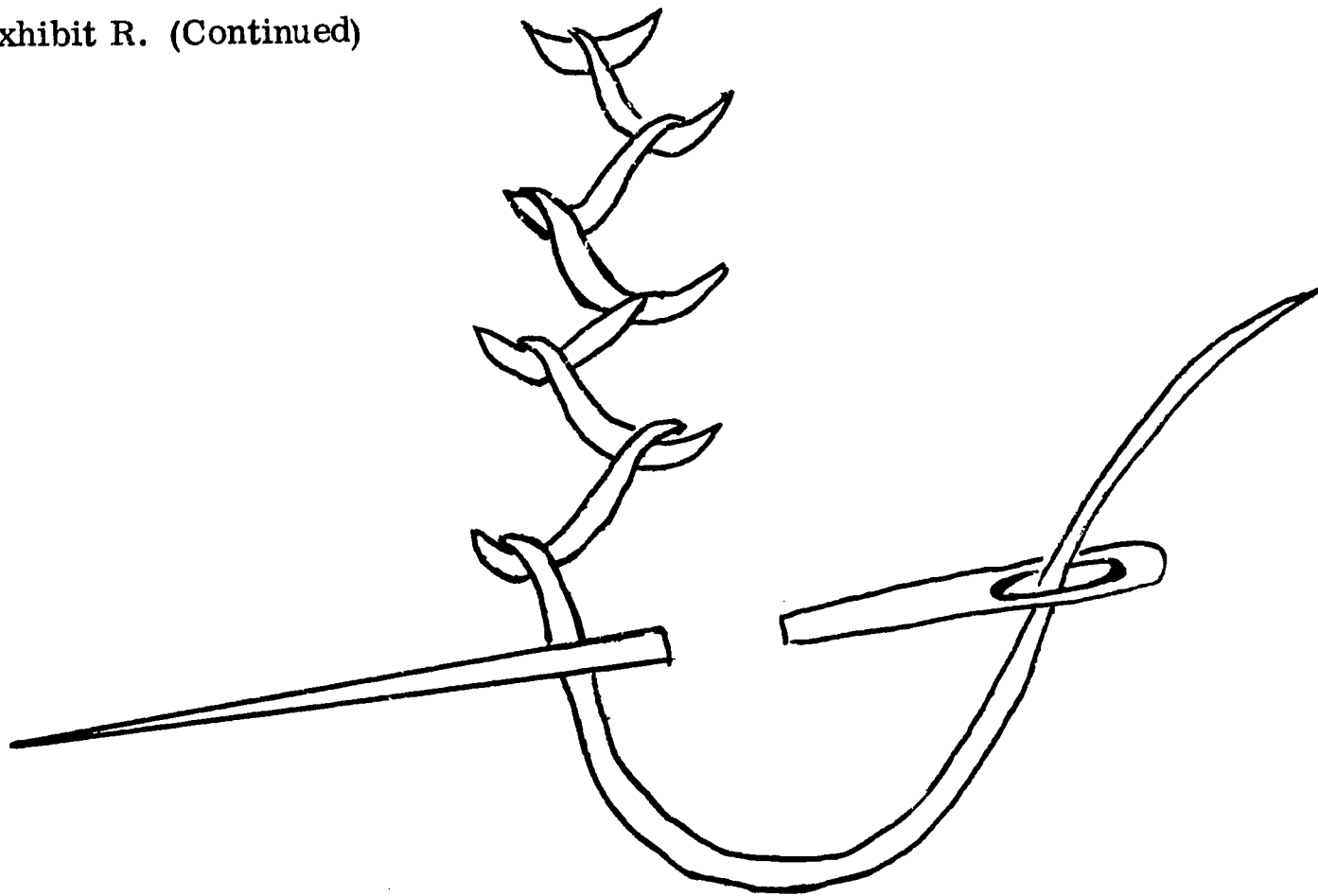


OUTLINE STITCH

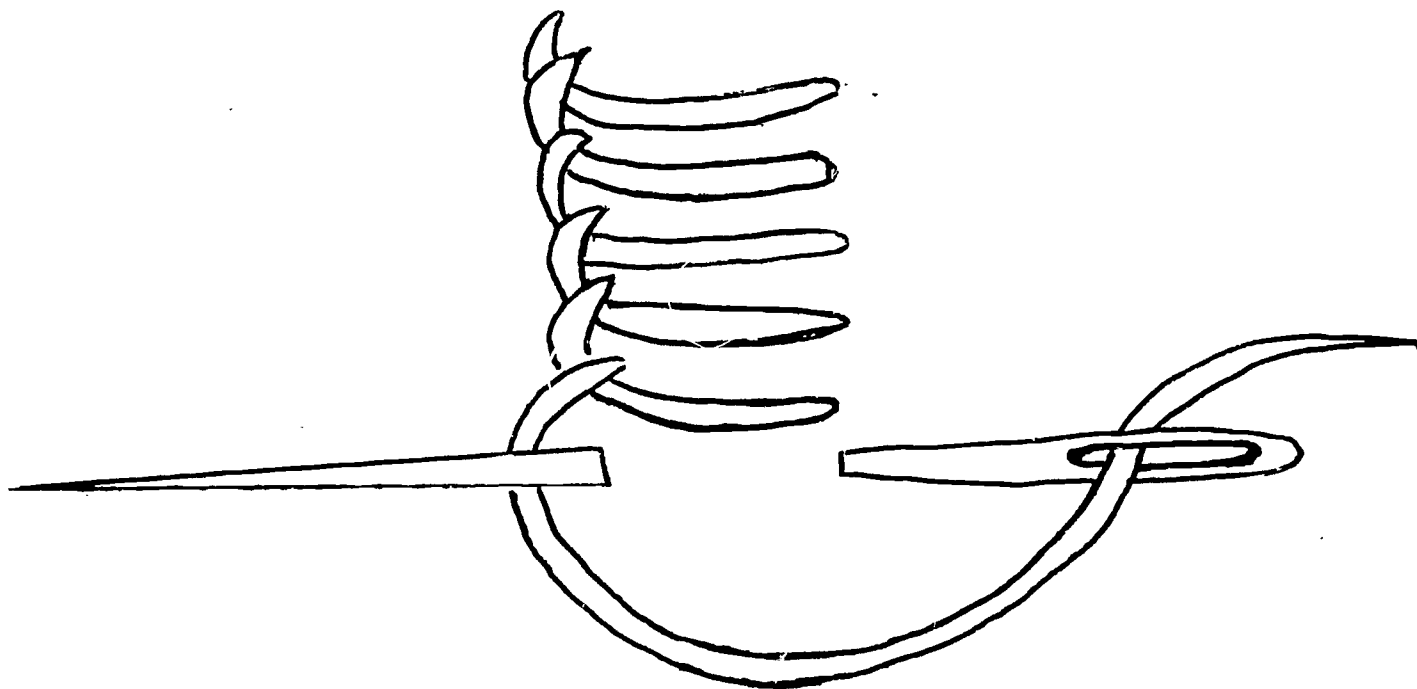


FRENCH KNOT STITCH

Exhibit R. (Continued)

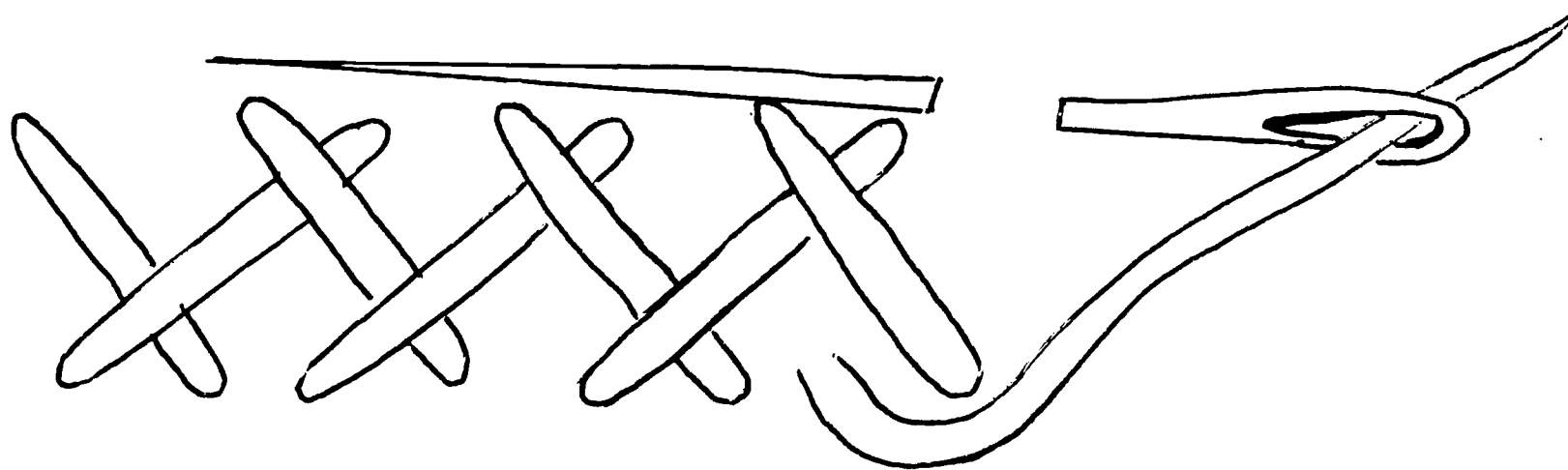


FEATHER STITCH

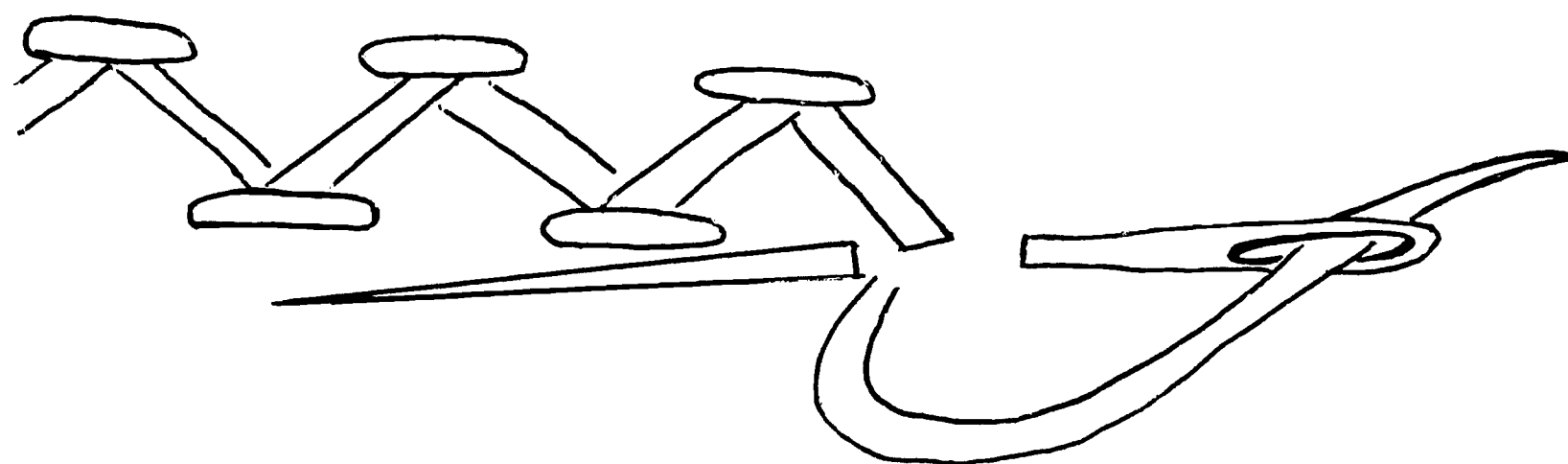
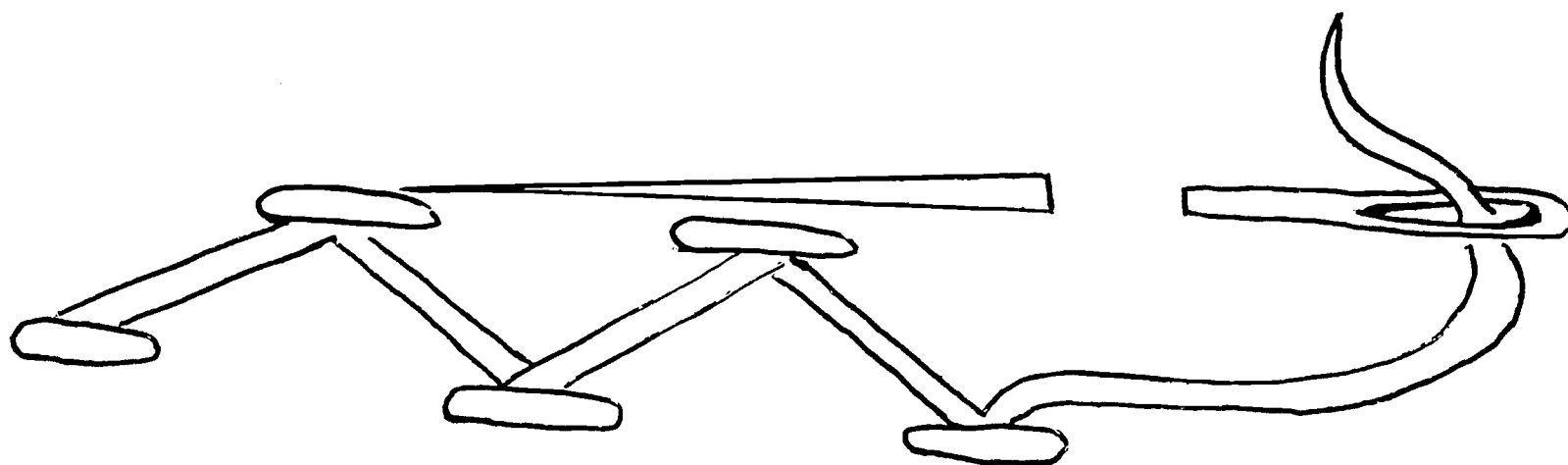


BUTTONHOLE STITCH

Exhibit R. (Continued)

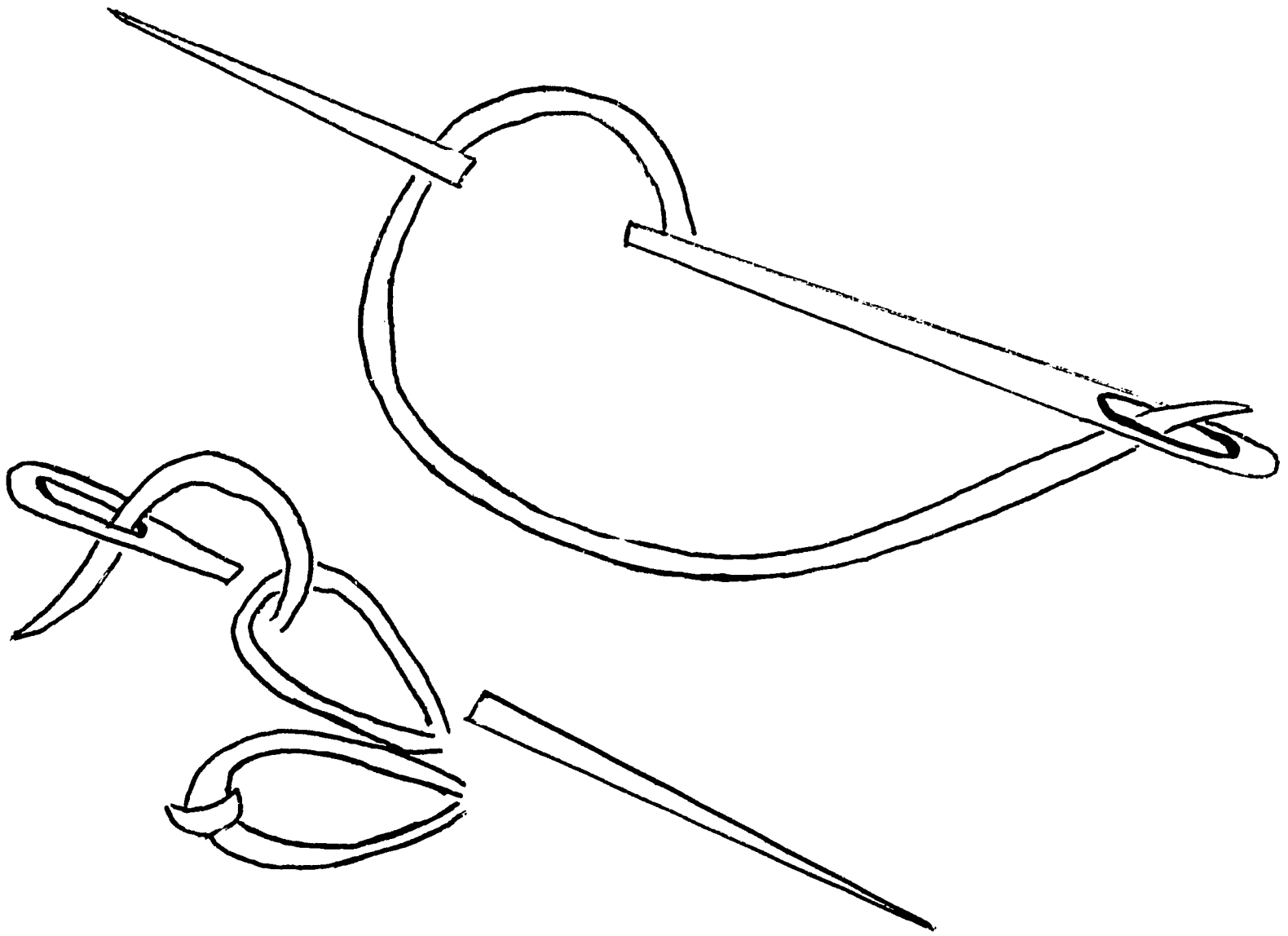


HERRINGBONE STITCH

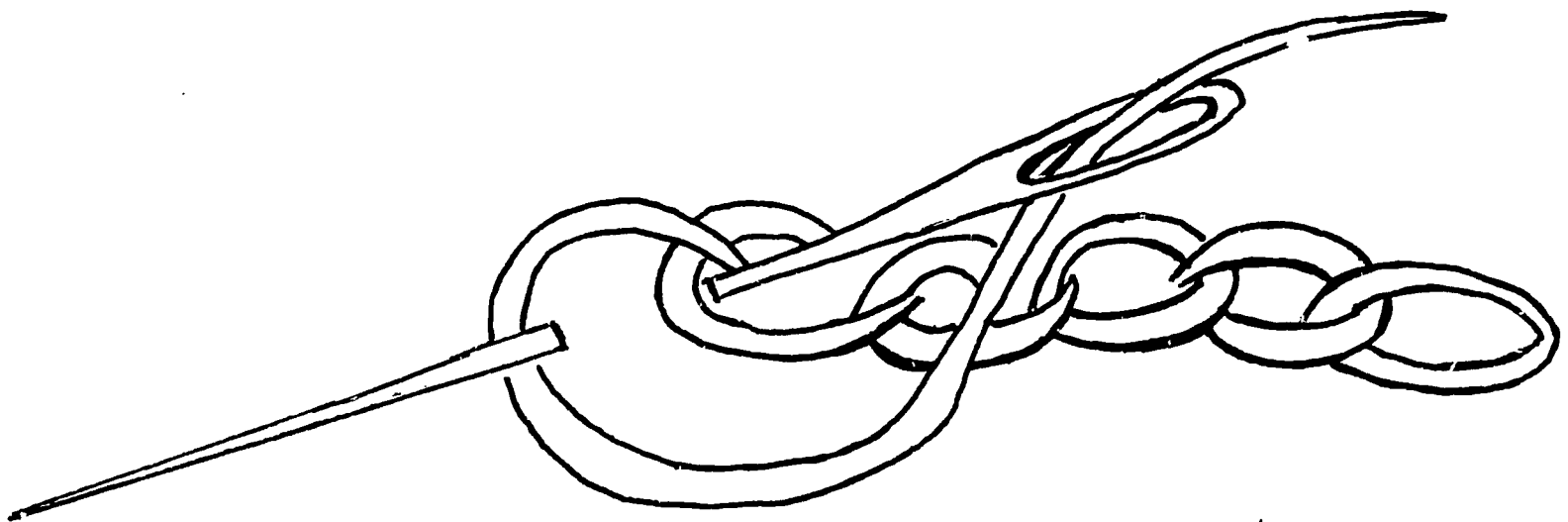


CHEVRON STITCH

Exhibit R. (Continued)

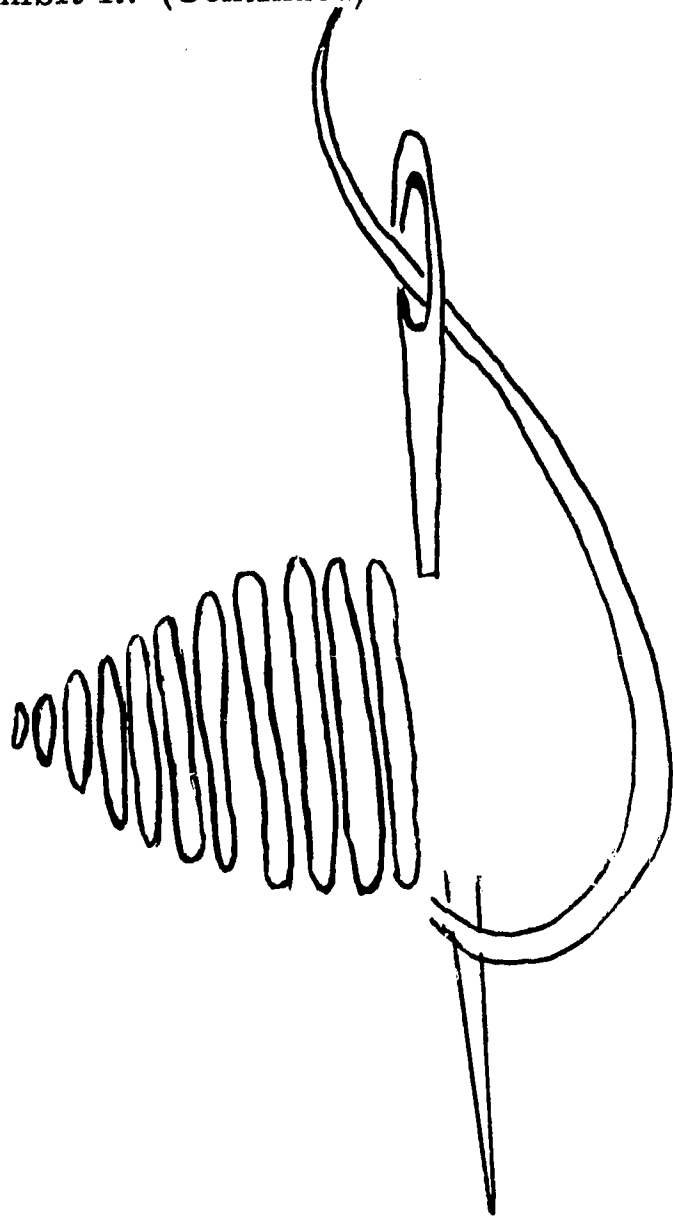


LAZY DAISY STITCH

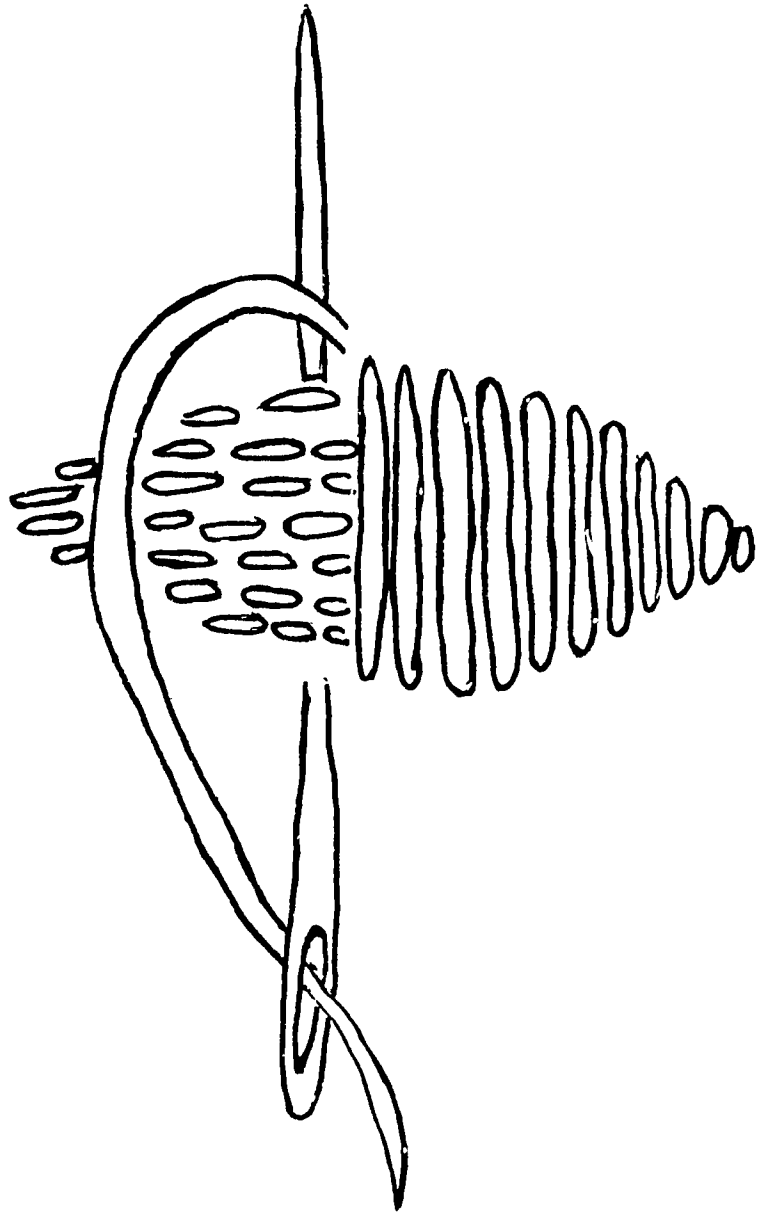


CHAIN STITCH

Exhibit R. (Continued)

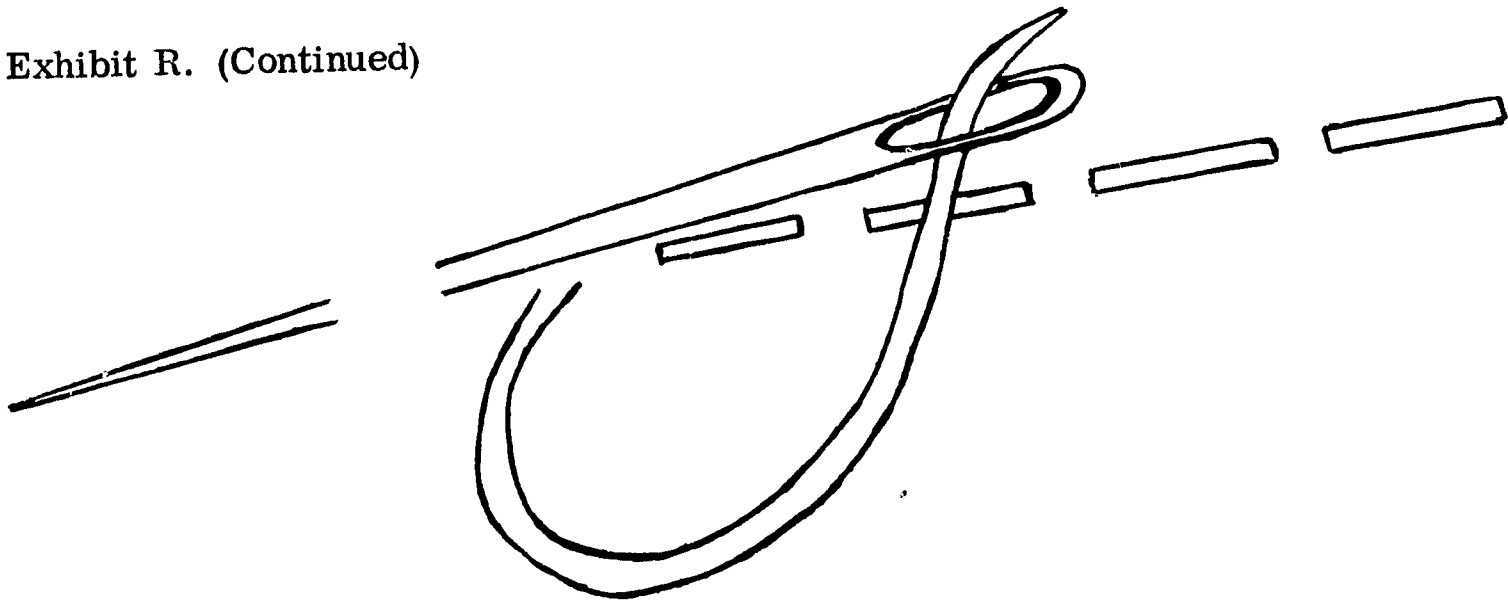


SATIN STITCH

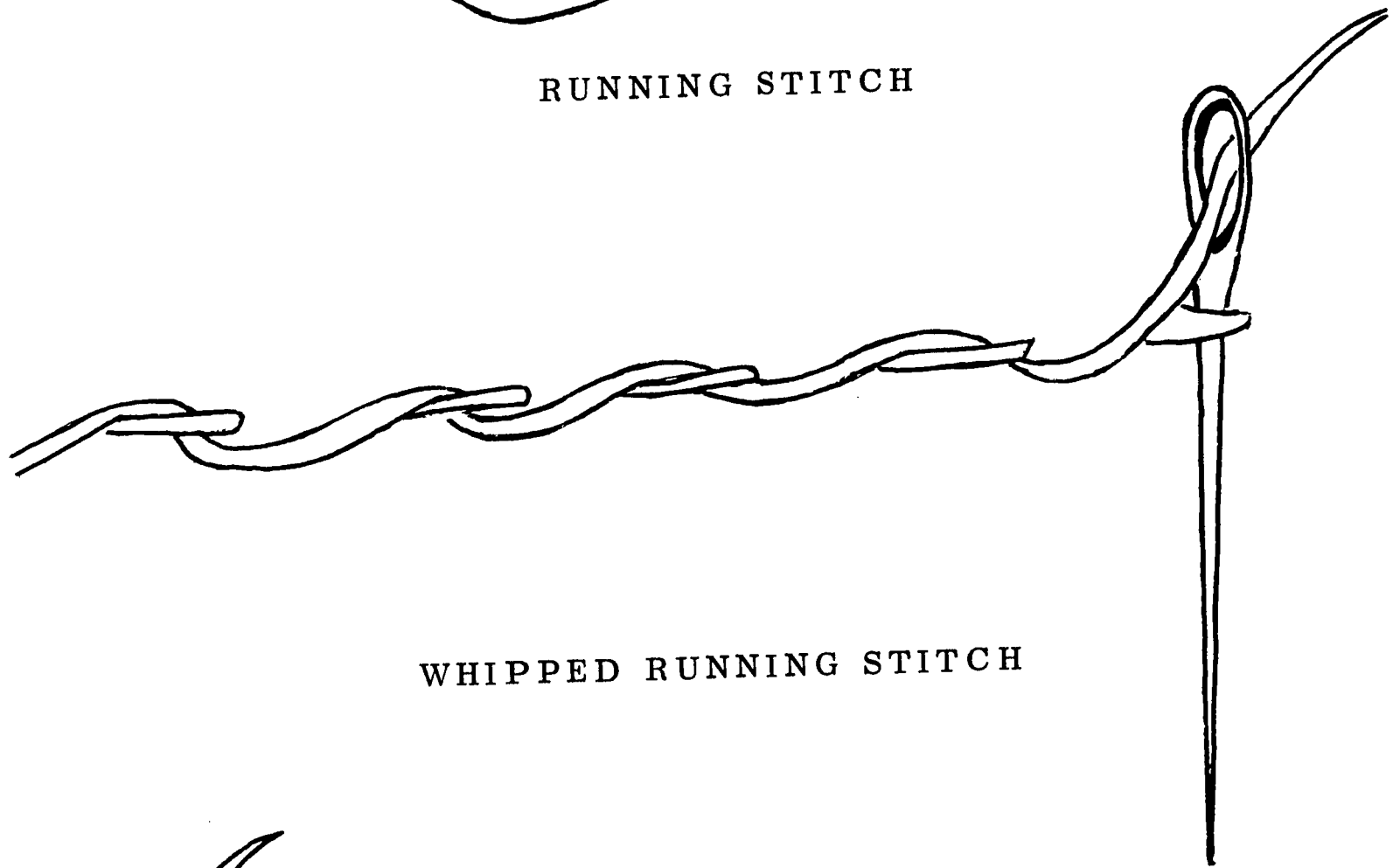


PADDED SATIN STITCH

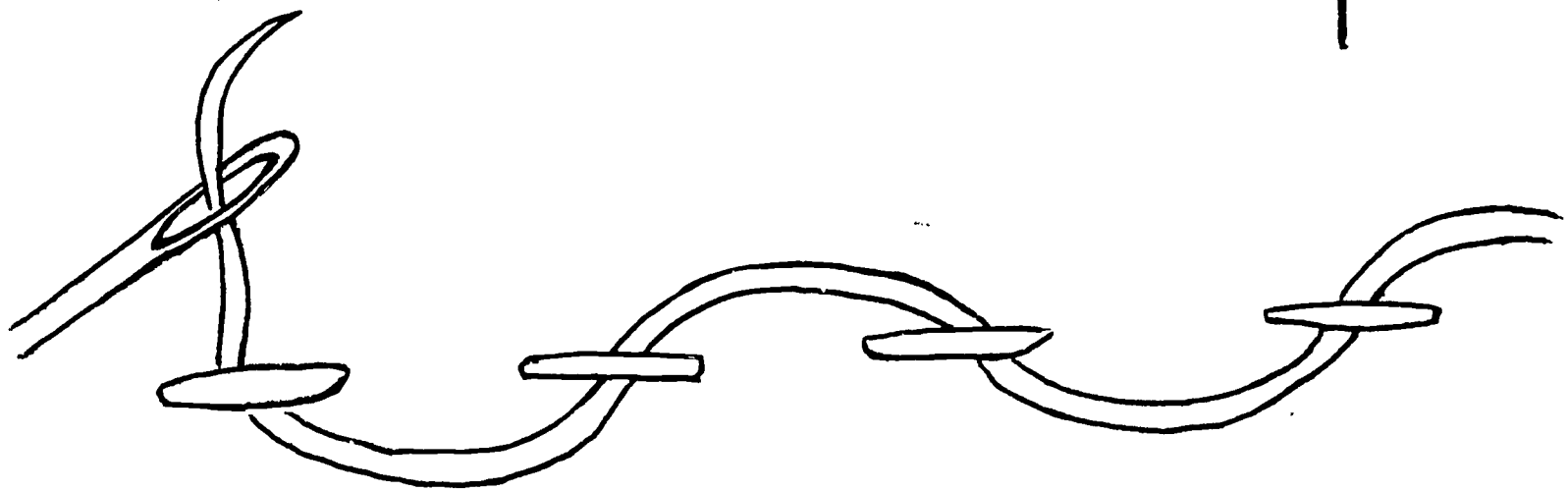
Exhibit R. (Continued)



RUNNING STITCH

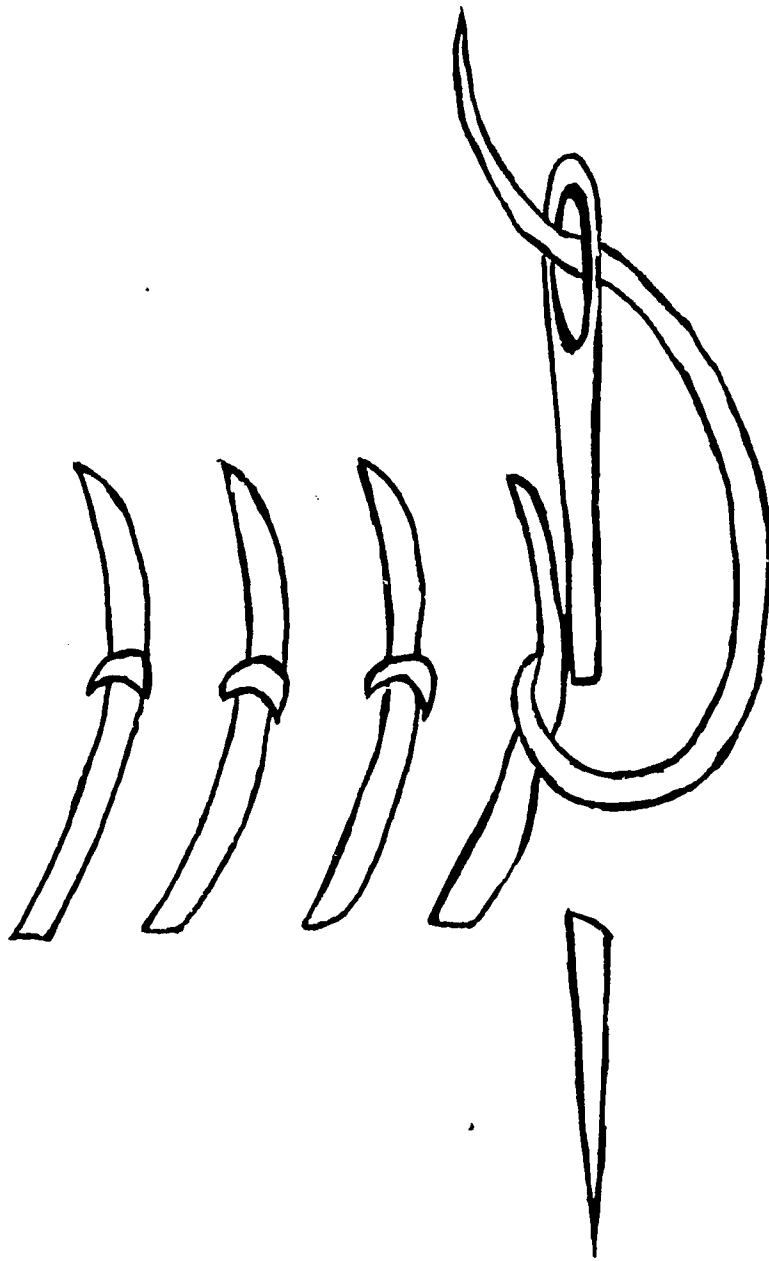


WHIPPED RUNNING STITCH



THREADED RUNNING STITCH

Exhibit R. (Continued)



ROMAN STITCH

CENTERS FOR PRACTICAL EXPERIENCE (Section G, Page 5)¹³

Centers used shall have the setting, case load and program to provide a well defined practical experience.

1. Hospitals or agencies conducting the training program may integrate the didactic instruction and practical experience within their own center.
2. When the practical experience is not given within the same hospital or agency, the centers used for this purpose shall be carefully selected by the director of the training program and/or appropriate committee. Any occupational therapy department utilized shall have a competent, registered occupational therapist, qualified to supervise trainees.
3. Supervisors of trainees shall be familiar with the content of didactic and skills phases of the program in order to facilitate correlation of all phases of training.
4. Pertinent information concerning the trainee shall be made available to the supervisor of practical experience prior to the trainee's arrival.
5. Reports covering the trainee's performance, adjustment and attendance shall be submitted to the training program director upon completion of the practical experience.
6. The ratio of registered occupational therapists to occupational therapy assistant trainees shall be maintained at a level in keeping with good educational practice to insure an optimum learning experience for each trainee.

¹³ AOTA REQUIREMENTS OF A TRAINING PROGRAM
FOR
OCCUPATIONAL THERAPY ASSISTANTS,
February, 1965

STUDENT-SUPERVISOR CONFERENCE
SUMMARY OF EXPERIENCES

POINTS DISCUSSED

DATE:

PROBLEMS SOLVED, CONCLUSIONS REACHED, SUGGESTIONS MADE

ADDITIONAL AND/OR CHANGES IN ASSIGNMENTS

COMMENTS BY STUDENT

COMMENTS BY SUPERVISOR

AGENCY INFORMATION

INSTITUTION:

ADDRESS:

PATIENT CENSUS: (Average)

ADMINISTRATOR:

DIRECTOR OF OCCUPATIONAL THERAPY:

NAMES AND QUALIFICATIONS (college, degree, years of experience) of
personnel in the Occupational Therapy Department.

DIRECTOR, OCCUPATIONAL THERAPY

GENERAL INFORMATION

DATE:

NAME OF CENTER:

HOURS OF DUTY:

DUTY FOR SPECIAL EVENTS:
(time, evenings, weekends)

FOOD SERVICE:
(availability, cost)

MEAL HOUR:

AUTOMOBILE:
(parking facilities)

DRESS:
(acceptable, any restrictions)

TELEPHONE:
(Department, use of, Public)

4
5
8
Exhibit V. (Continued)

General Information (Continued)

PATIENT RECORDS:
(Use of, restrictions)

REPORTING OF ACCIDENTS OR INJURIES:
(to the student or to a patient)

FIRE OR EMERGENCY PLAN:
(If a copy is available, please attach)

REGULATIONS REGARDING EXPENDITURES BY THE STUDENT FOR ITEMS
FOR THE DEPARTMENT OR FOR INDIVIDUAL PATIENTS:

IN CASE OF EMERGENCY THE STUDENT MAY BE REACHED BY:

DIRECTOR, OCCUPATIONAL THERAPY

OUTLINE OF PLAN FOR PRACTICAL EXPERIENCE

To meet the requirements of the American Occupational Therapy Association for an Occupational Therapy Assistants Training Course each center is requested to outline briefly the plan for the month of practical experience. Depending upon the activities of the center, the following are suggested items to include:

1. Outline of typical daily or weekly routine or schedule for the department
2. Schedule of special events
3. Schedule of staff meetings, educational meetings, patient conferences
4. Responsibilities of the Occupational Therapy Assistant Student
5. Duties and/or assignments for the students. Include keeping of routine departmental records. (If copies of forms and records are available, we would appreciate two copies of each for our files).

SUMMARY OF PRACTICAL EXPERIENCE VISIT

NAME OF INSTITUTION

DATE

SUPERVISOR

STUDENTS

TRAVEL TIME

LENGTH OF VISIT:

CONFERENCE WITH SUPERVISOR

CONFERENCE WITH STUDENTS

OTHER

Exhibit X (Continued)

REVIEW OF PRESENT PROGRAM
(Summary of Practical Experience Visit)

CHANGES -

ADDITIONS -

DELETIONS -

FUTURE PLANS -

ACTIVITIES -

AVAILABLE SPACE -

ADDITIONS TO STAFF -

Exhibit X. (Continued)

INDIVIDUAL PATIENT CONTACT
(Summary of Practical Experience Visit)

Opportunity for student to participate in following:
Comments on students performance when applicable:

INITIAL ASSESSMENT OF PATIENT -

PLAN AND CARRY OUT PROGRAM -

OBSERVE AND EVALUATE PATIENTS PROGRESS -

SPECIFIC DUTIES AND RESPONSIBILITIES - i.e. RECORDS -

TYPE AND AMOUNT OF SUPERVISION -

Exhibit X. (Continued)

GROUP ACTIVITIES
(Summary of Practical Experience Visit)

Opportunity for student to participate in following:
Comments on students performance when applicable:

TYPES AVAILABLE TO STUDENTS -

SPECIFIC DUTIES AND RESPONSIBILITIES -

TYPE AND AMOUNT OF SUPERVISION -

OTHER COMMENTS -

Exhibit X. (Continued)

STUDENT PERFORMANCE
(Summary of Practical Experience Visit)

WEEKLY CONFERENCES -

EVALUATION OF STUDENT -
By whom and qualifications

STUDENT COMMENTS -

EXHIBIT Y.

PLANNING VISIT
FOR
STUDENT'S MONTH OF PRACTICAL EXPERIENCE

CENTER _____ DATE _____

CONTACT WITH PATIENT GROUPS TO	ACTIVITY TYPE	TYPE & AMOUNT OF SUPERVISION
PLAN PROGRAM		
CARRY OUT PROGRAM		
EVALUATE PROGRAM		

Exhibit Y. (Continued)

CONTACT WITH INDIVIDUAL PATIENTS TO	ACTIVITY TYPE	TYPE & AMOUNT OF SUPERVISION
ASSESS INTERESTS, ABILITIES, NEEDS		
PLAN PROGRAM		
CARRY OUT PROGRAM		
OBSERVE PATIENTS		
EVALUATE NEED FOR CHANGE		
RECORD OBSERVATIONS		

Exhibit Y. (Continued)

CONTACT WITH VOLUNTEERS TO	ACTIVITY TYPE	TYPE & AMOUNT OF SUPERVISION
ORIENT		
SUPERVISE		
OBSERVE		

Exhibit Y. (Continued)

OPPORTUNITY TO KEEP DEPARTMENTAL RECORDS	TYPE	TYPE & AMOUNT OF SUPERVISION
OTHER COMMENTS		

UNIT VIII

ORGANIZATIONAL SKILLS

1. You have just become a Certified Occupational Therapy Assistant. In a conference with the Occupational Therapy Consultant, she informed you that a new Nursing Home was interested in employing an Activity Program Director. Listed below is the name and address of the administrator.

Mr. George Brown, Administrator
Sunny Slope Nursing Home
1234 South Sixth Avenue
Milwaukee, Wisconsin 53208

Use the attached blank sheet of paper to write a business letter requesting an appointment to discuss the position with the administrator.

Exhibit Z. (Continued)

- II. You are now employed as the Activity Program Director for the Sunny Slope Nursing Home which has a bed capacity of 75. The home is new and has not previously had an organized activity program.
1. List as many different things as you can think of to do during the first few months that will help explain to the staff the importance of an activity program so that they will accept and support the program.
- III. Before starting activities with an individual it is important to know something about (a) his physical condition and (b) his interests.
1. In this nursing home how would you plan to find out this information?

WOODWORKING PRE TEST

Identify tools:

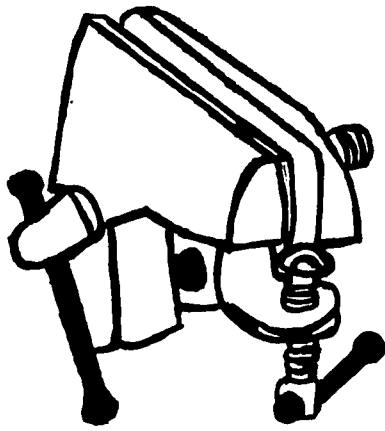


Exhibit AA. (Continued)

Identify tools:

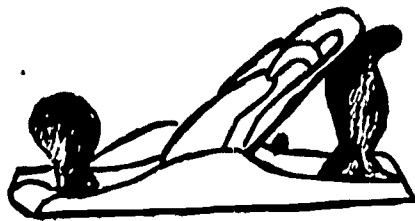
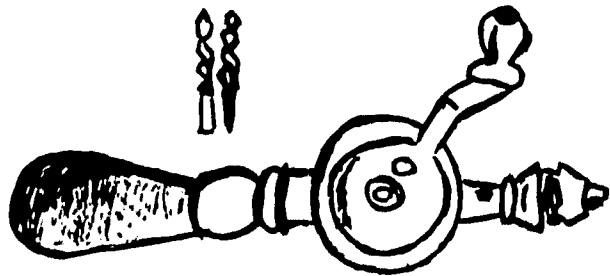
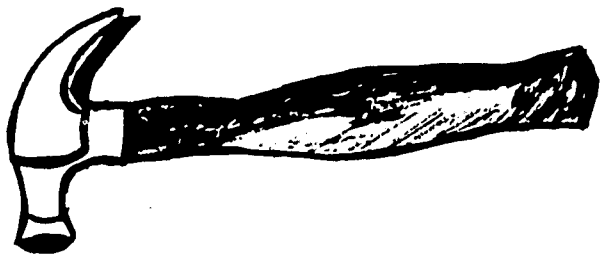
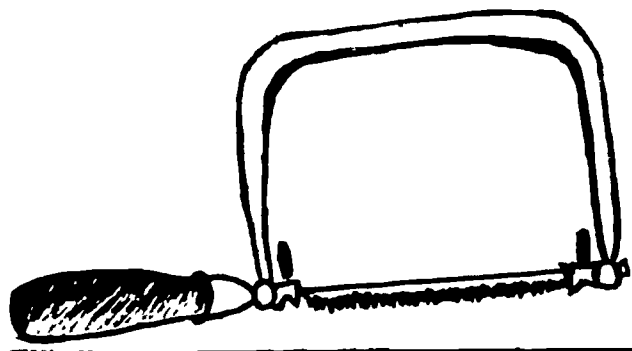
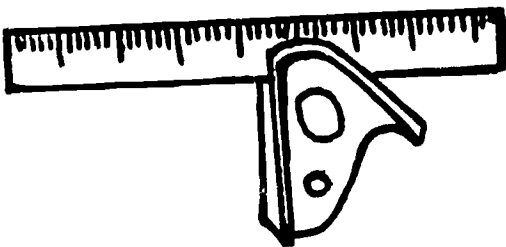
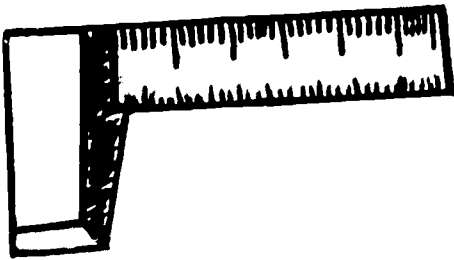
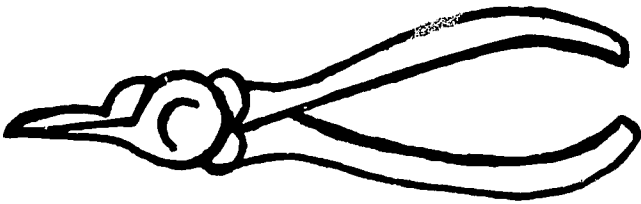
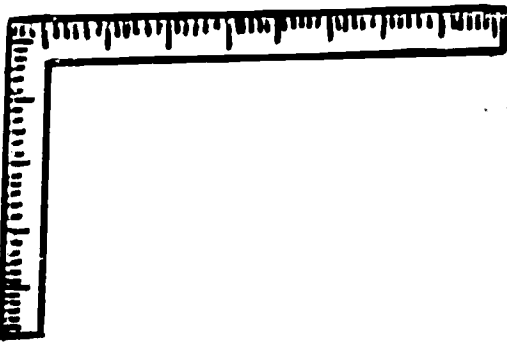
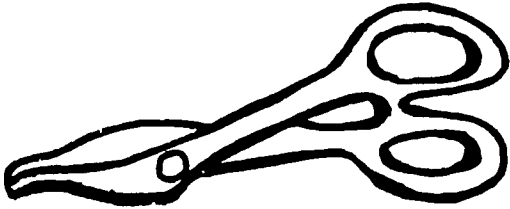
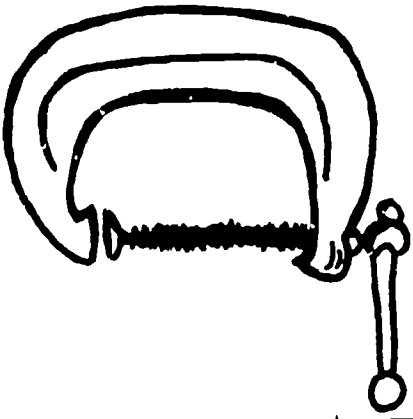


Exhibit AA. (Continued)

Identify tools:



BODY STRUCTURE AND FUNCTION

Please state briefly the meaning of each of these terms:

1. phalanges:
2. ulna:
3. cerebellum:
4. vein:
5. fibula:
6. heart:
7. capillaries:
8. diaphragm:
9. nerve:
10. tibia:
11. biceps:
12. humerus:
13. scapula:
14. thyroid:
15. vertebrae:
16. radius:
17. muscle:
18. artery:
19. gall bladder:
20. ligament:

WOODWORKING

MATCHING

DIRECTIONS:Use 1 letter only once -

- | | | |
|----|----------|--|
| | _____1. | a small finishing nail |
| a. | _____2. | a cylindrical piece of wood |
| b. | _____3. | an example of a hard wood |
| c. | _____4. | example of closed grain wood |
| d. | _____5. | used to clean shellac |
| e. | _____6. | an example of a soft wood |
| f. | _____7. | used to clean varnish |
| g. | _____8. | used to cut with the grain |
| h. | _____9. | an example of an open grain wood |
| i. | _____10. | used as an abrasive |
| j. | _____11. | wood material made of three or more layers, joined with glue |
| k. | _____12. | used to give a hard glossy finish to wood |
| l. | _____13. | used to hammer nails into wood |
| m. | _____14. | used to drive a wood chisel |
| n. | | |
| o. | | |
| p. | | |
| q. | | |

Exhibit CC. (Continued)

WOODWORKING

MULTIPLE CHOICE

DIRECTIONS:

Underline the correct answer.

1. The teeth in the blade for the jig saw should
 - a. point upwards
 - b. point downwards
 - c. doesn't matter as long as blade is securely fastened

2. To finish a piece of wood that is very rough which should be used first
 - a. steel wool
 - b. #00 sandpaper
 - c. coarse sandpaper

3. A piece of wood has 2 coats of shellac. To give it a high gloss finish, which is best to use
 - a. lacquer
 - b. satin matt
 - c. varnish

4. Which of the following is used to clean an oil base stain
 - a. turpentine
 - b. solox
 - c. water

5. To dilute shellac use
 - a. turpentine
 - b. solox
 - c. water

6. What type of wood is best for whittling
 - a. cedar
 - b. ash
 - c. pine

7. Which is the best tool to use to pry open a can
 - a. cold chisel
 - b. wood chisel
 - c. file

Exhibit CC. (Continued)

continued

WOODWORKING
MULTIPLE CHOICE

8. When sanding, sand
 - a. across the grain
 - b. with the grain
 - c. both ways

9. Wood that comes from coniferous trees is called
 - a. hard wood
 - b. soft wood
 - c. deciduous wood

10. If a blade breaks in the middle of cutting out a piece of wood on the jig saw, the best thing to do first is to
 - a. panic
 - b. take the wood out from under the foot guide
 - c. turn off the machine

TRUE OR FALSE

DIRECTIONS:

Write out true or false .

- _____ 1. When using the jig saw, have the wood firmly against the blade before turning the power on .
- _____ 2. Lacquer can be applied over varnish to give it a glossy finish .
- _____ 3. In chip carving, wherever possible, cut across the grain .
- _____ 4. When changing bits in the power drill, it is not necessary to unplug it .
- _____ 5. It is not necessary to label solvents, your sense of smell can tell you what it is .
- _____ 6. A wood chisel is an excellent tool to tighten bolts .
- _____ 7. In a coping saw the teeth point upwards .
- _____ 8. A steel file should not be used to smooth metal .
- _____ 9. All hard woods have closed grains .
- _____ 10. To loosen a nut, the best tool to use is a pair of pliers .

NAME _____

FINAL EXAMINATION
SECTION I
IDENTIFICATION

DIRECTIONS:

Identify each item specifically.

EXAMPLE: Do not say "leather stamping tool," but give specific name of tool.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

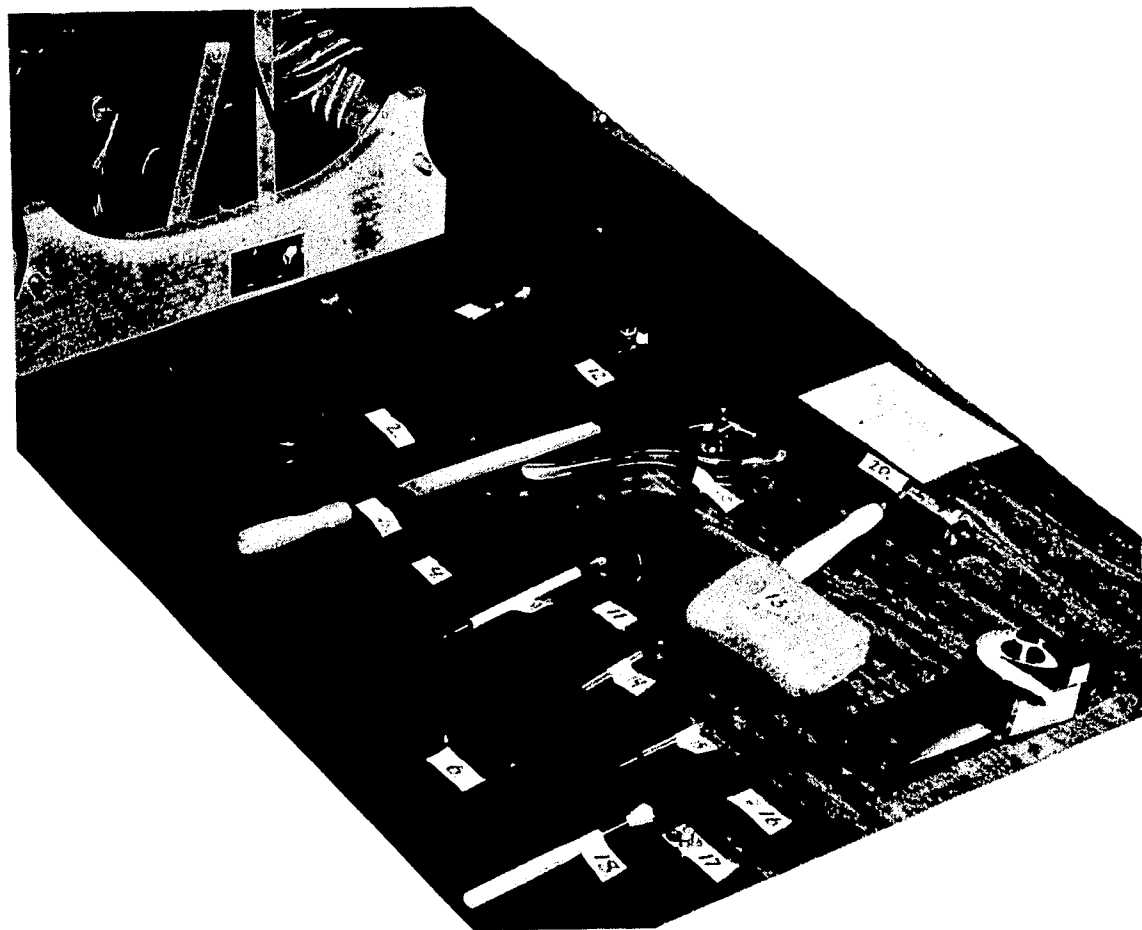


FIGURE 17

ITEMS FOR IDENTIFICATION - FINAL EXAMINATION

Exhibit DD. (Continued)
NAME _____

FINAL EXAMINATION
SECTION II
SOLVENT
IDENTIFICATION

DIRECTIONS:

For each item shown state specifically the solvent to use

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Exhibit DD. (Continued)

NAME _____

FINAL EXAMINATION
SECTION III
OBSERVING FOR ERRORSDIRECTIONS:

1. Examine the project sample or the machine to determine if there is an error.
2. If an error exists, write what the error is. There may be more than one error. If so, write down all errors.
3. If there is nothing wrong with the sample or the machine, write that there is no error.

A.

B.

C.

D.

E.

F.

G.

Exhibit DD. (Continued)
NAME _____

FINAL EXAMINATION
SECTION IV
PLANNING FOR
ACTIVITY

DIRECTIONS:

Good planning for an activity includes a list of equipment and supplies needed.
In the activities shown

1. Identify the activity
2. List the essential equipment and/or supplies that are missing

A. Activity _____
Items missing:

B. Activity _____
Items missing:

C. Activity _____
Items missing:

D. Activity _____
Items missing:

E. Activity _____
Items missing:

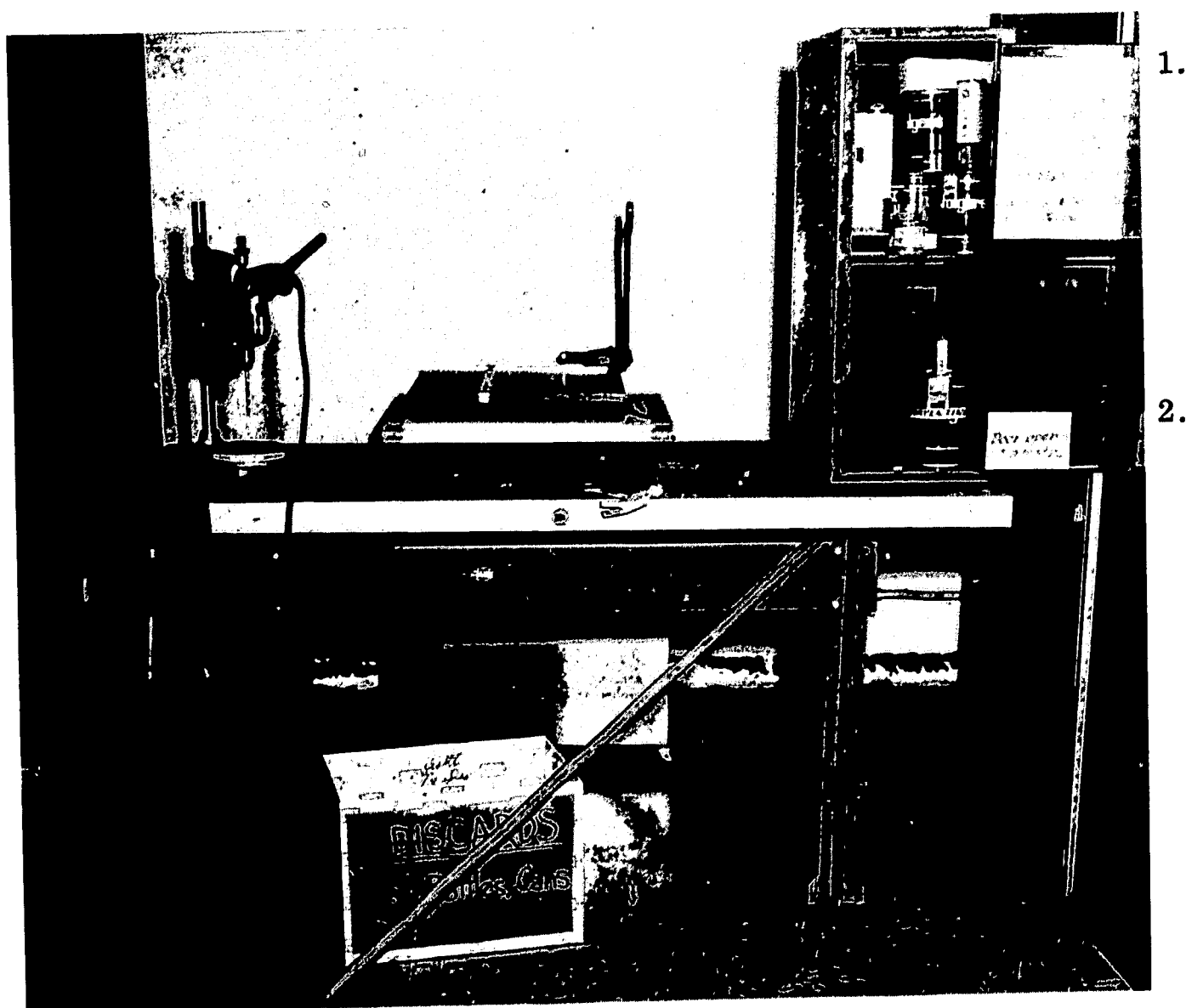


FIGURE 18

PRIMITIVE PETE'S WORKSHOP FOR FINAL EXAMINATION

Signs on paint cabinet door:

1. Clean your brush - for varnish use turpentine, for shellac use turpentine, for lacquer use turpentine, for wood stain use solox. Use soap and hot water. Dry thoroughly.
2. Door open is not a mistake.

Exhibit DD. (Continued)

NAME _____

FINAL EXAMINATION
SECTION V
SAFETY AND CARE OF
EQUIPMENT AND
SUPPLIES

DIRECTIONS:

This is Primitive Pete's Workshop. Pete has checked out and gone home. You can observe that he has left some hazards. There is also improper care of tools and equipment. In Column I list all the things that are incorrect. In Column II write what should be done to make this a safe work area or to provide proper care of tools and/or equipment..

COLUMN I	COLUMN II
POOR SHOP MAINTENANCE	WHAT TO DO TO CORRECT

Exhibit DD. (Continued)

NAME _____

FINAL EXAMINATION
SECTION VI - A
BODY STRUCTURE
AND FUNCTION

DIRECTIONS:

Use list B to identify each of the bones in list A. You may need to use some letters in list B more than one time.

- | <u>A</u> | <u>B</u> |
|---------------------|----------|
| 1. patella _____ | |
| 2. humerus _____ | |
| 3. tarsal _____ | |
| 4. fibula _____ | |
| 5. femur _____ | |
| 6. carpal _____ | |
| 7. radius _____ | |
| 8. temporal _____ | |
| 9. phalanges _____ | |
| 10. ulna _____ | |
| 11. occipital _____ | |
| 12. tibia _____ | |
| 13. vertebra _____ | |
| 14. frontal _____ | |
| 15. parietal _____ | |
| 16. sacrum _____ | |

- A. bone in the arm
- B. bone in the cranium
- C. bone in the leg
- D. bones in fingers or toes
- E. the knee cap
- F. bone in the wrist
- G. bone in the ankle
- H. bone in spinal column

Exhibit DD. (Continued)

NAME _____

FINAL EXAMINATION
SECTION VI - B
BODY STRUCTURE
AND FUNCTION

DIRECTIONS:

Fill in the blanks using this list of words.
There may be extra words in the list.

skeletal	circulatory	system	muscular	extension
posterior	anterior	neurons	respiratory	reproductive
nucleus	tissue	flexion	abduction	articulations
nervous	organ	meninges	digestive	adduction
urinary	cell	endocrine	myocardium	anatomical position

1. The building block of the body is the _____.
2. The _____ is the essential part in order for a cell to divide.
3. The _____ is described as "body standing, arm at side, palms forward".
4. The _____ are membranes covering the brain.
5. There are nine systems in the body. They are _____

_____.
6. Many cells of one kind grouped together form a _____. An _____ is made up of several kinds of tissue. A group of organs that work together to perform a complex function is called a _____.
7. Nerve cells are called _____.
8. _____ means before or in front of the body.
9. _____ means back or in back of the body.
10. In describing motion in a joint _____ means making the angle at a joint smaller. _____ means making the angle larger. _____ means moving a part away from the midline. _____ means moving a part toward the midline.

Exhibit DD. (Continued)

NAME _____

FINAL EXAMINATION
SECTION VI - C
BODY STRUCTURE
AND FUNCTION

DIRECTIONS:

Use the numbers of the words in list A in the blanks in list B.
There may be extra words in list A.

- | | | |
|--------------------------|-------|---|
| 1. non striated | _____ | a. muscles that cannot be controlled voluntarily |
| 2. colon | _____ | b. nerve to the eye |
| 3. brain and spinal cord | _____ | c. nerve to the ear |
| 4. periphery | _____ | d. wormlike movements which move food through digestive tract |
| 5. pituitary | _____ | e. a group of organs working together to perform a function |
| 6. system | _____ | f. two parts of the circulatory system |
| 7. peristalsis | _____ | g. name used for all of the large intestine |
| 8. endocardium | _____ | h. tissue lining cavities of heart |
| 9. arteries-veins | _____ | i. central nervous system |
| 10. axon-dendrite | _____ | j. two parts of the brain |
| 11. femur | _____ | k. bone from the hip to the knee |
| 12. optic | _____ | l. the master gland |
| 13. cerebrum-cerebellum | _____ | |
| 14. auditory | _____ | |
| 15. origin-insertion | _____ | |

Exhibit DD. (Continued)
NAME _____

FINAL EXAMINATION
SECTION VII
LECTURES-
MULTIPLE CHOICE

DIRECTIONS:

Underline the correct answer.

1. When the pancreas does not function properly, a person usually develops:
 - a. Paget's disease
 - b. otitis media
 - c. diabetes mellitus

2. A syndrome is:
 - a. the onset of a disease
 - b. a collection of symptoms
 - c. the projected outcome of a disease

3. A prognosis is:
 - a. the onset of a disease
 - b. the treatment of a disease
 - c. the projected outcome of a disease

4. When a disease is irreversible and longlasting it is said to be:
 - a. traumatic
 - b. chronic
 - c. acute

5. Arthritis is an inflammatory condition that involves:
 - a. joint structures
 - b. long bones only
 - c. muscles

6. Osteoporosis is a disease of:
 - a. blood
 - b. bone
 - c. ears

7. When a disease is reversible in nature and usually of a short duration it is said to be:
 - a. chronic
 - b. acute
 - c. systemic

Exhibit DD. (Continued)

NAME _____

FINAL EXAMINATION
SECTION VII-
LECTURES-
MULTIPLE CHOICE

8. When one has suffered a cerebral vascular accident, the person may well suffer an impairment of language communication. This is called:
- aphrodasia
 - impairment
 - aphasia
9. Hardening of the arteries is called:
- sclerosis
 - arteriosclerosis
 - arteriostenosis
10. Which of the following is a healthy process in aging:
- disengagement
 - neurotic withdrawal
 - senescence
11. When an individual with a convulsive disorder has a seizure, it is very important that you:
- see if all the lights in the room are turned off
 - do not attempt to forcibly restrain the patient during the seizure
 - close any open windows in the room
12. Which of the following distinguishes the chronic brain syndrome from the acute brain syndrome:
- memory defects
 - duration of symptoms
 - personality changes
13. The basic symptom in all the psychoneuroses is:
- delusion
 - anxiety
 - hallucination
14. To effectively treat the needs of older people one must:
- have an older member in the family to rely on
 - have an extensive knowledge of their disability
 - have a desire to help others

Exhibit DD. (Continued)
NAME _____

FINAL EXAMINATION
SECTION VII
LECTURES-
MULTIPLE CHOICE

15. Which of the following is true concerning defense mechanisms in general:
- everyone uses them at one time or another
 - if used by the individual they are always a sign of serious mental disorder
 - the well adjusted person should never have to use them
16. Which of the following individuals is least likely to have psychological problems when he reaches retirement age:
- a man who has developed outside interests in addition to his job
 - a man who believes that his job is the most important thing in his life
 - a man who has been successful at his job by devoting all his time to it
17. Which of the following statements is true concerning the basic needs of an individual:
- the basic needs are acquired by the individual late in infancy as a result of his contacts with the mother
 - basic needs include emotional as well as physical drives of an individual
 - in the elderly individual the satisfaction of basic needs is not important
18. Etiology is:
- the onset of a disease
 - the cause of a disease
 - the treatment of a disease
19. If on a patient's chart a certain activity is contraindicated this activity should:
- be used immediately
 - be used cautiously
 - not be used
20. Which of the following best describes the attitude one should have in dealing with elderly persons:
- let them develop a dependence on you because it is time someone did something for them
 - strive to help them maintain as much independence as possible and give them a feeling of usefulness
 - keep them independent by refusing to help them in any way

Exhibit DD. (Continued)

NAME _____

FINAL EXAMINATION
SECTION VII
LECTURES -
MULTIPLE CHOICE

21. Which of the following statements is true regarding "Old Age":
- it is usually associated with impairment of intellectual functions
 - the rate of physical decline is the same for all individuals between the ages of 65 and 70
 - there is a tendency for the individual to be less adaptable
22. Which of the following is not necessarily a sign of the process of aging:
- generally slowing up of body functions
 - inability to adjust as readily to new situations
 - severe emotional problems
23. Which of the following individuals is most likely to have problems in interpersonal relationships:
- one who is able to see the other person's point of view
 - one who is able to listen to others as well as verbalize her own feelings
 - one who feels that communication is not an important factor when a problem arises
24. When a hard of hearing individual does not understand what you are trying to say, the best thing to do is:
- tell him "never mind", it wasn't important
 - say the same thing using other words to try to get the idea across to him
 - try using many gestures without talking
25. Since a new law was passed recently, "Talking Books" from the Library of Congress will now be available:
- for any individual that has his doctor sign an order
 - only for those individuals that are legally blind
 - for those individuals who can not read or use ordinary reading material because of a physical handicap
26. When an individual has had a serious illness such as a stroke, a basic step in beginning rehabilitation is to:
- make the person feel he is the same as he always was before illness
 - plan ways to keep the person active so he doesn't become dependent
 - encourage the patient to let everyone do everything for him

Exhibit DD. (Continued)

NAME _____

FINAL EXAMINATION
SECTION VII
LECTURES -
MULTIPLE CHOICE

27. Many times senile confused people tend to isolate or withdraw from participation. One of the best ways to treat these people is:
- let them do exactly as they wish without interfering
 - plan individual activities for them in their own rooms
 - plan group discussions to talk about everyday activities they once knew about
28. The mentally retarded group classified as trainable are:
- capable of becoming self supporting but require considerable supervision
 - not capable of learning self help skills
 - never found living outside of an institution
29. The aging process is normal and many things about it are good. Probably one of the worst things about aging is:
- planning your own schedule
 - living in a senior citizens housing area
 - life of inactivity with no real need to participate or create
30. The Circle of Willis is:
- blood vessels in the abdomen
 - the arterial circulation in the brain
 - the capillary vessels in the lower extremity
31. Whenever you are working with patients with neurological diseases, before you can set reasonable and realistic goals it is important to know the diagnosis, the prognosis, and:
- the bed capacity of the hospital
 - the patient's attitude toward the disease
 - the number of times the patient has been admitted to the hospital

Exhibit DD. (Continued)

NAME _____

FINAL EXAMINATION
SECTION VII
LECTURES -
MULTIPLE CHOICE

32. After an individual has had a stroke, he may have difficulty eating, chewing, and swallowing because:
- there is damage to nerves
 - he forgets
 - no one tells him to try
33. Mental retardation is defined as:
- anyone with an I.Q. below 50 that is a behavior problem
 - anyone with an I.Q. below 100 that is a behavior problem
 - subaverage general intellectual functioning which originates during the development period and is associated with impairment in adaptive behavior

Exhibit DD. (Continued)

NAME _____

FINAL EXAMINATION
SECTION VIII-A
APPLICATIONDIRECTIONS:

Read each situation and taking into consideration the principle, briefly answer each question.

PRINCIPLE:

A GOOD PARTY NEEDS PLANNING AND ORGANIZATION

SITUATION:

You are planning an outdoor party with the residents during the month of July. List 5 things you have to take into consideration in planning this party.

1.

2.

3.

4.

5.

PRINCIPLE:

YOU CAN TAKE ANYTHING AND MAKE A PARTY

SITUATION:

You want a theme that goes along with the season but you do not want the 4th of July. What theme do you choose?

Exhibit DD. (Continued)

NAME _____

FINAL EXAMINATION
SECTION VIII-A
APPLICATIONPRINCIPLE:

SIMPLICITY IS ONE OF THE KEYS TO GOOD DECORATIONS

SITUATION:

Since it is to be held outdoors, you want to keep the decorations simple.
List 5 simple decorations you would use in keeping with your theme
i. e. colored tablecloth

1.

2.

3.

4.

5.

PRINCIPLE:IF YOU WANT PEOPLE TO KNOW ABOUT THE PARTY YOU HAVE TO
TELL THEMSITUATION:

In publicizing the event you make posters. List 4 items to include

1.

2.

3.

4.

Exhibit DD. (Continued)

NAME _____

FINAL EXAMINATION
SECTION VIII-A
APPLICATIONPRINCIPLE:

RECREATION IS LIKE A SMORGASBORD

SITUATION:

In planning games for the party you have chosen several strenuous games along with some quiet games. You think they will not want to play strenuous games after lunch so you plan to play all the strenuous games before lunch and leave the quiet games until after lunch. Is this a good idea? Why?

PRINCIPLE:

GET THE PATIENTS INVOLVED

SITUATION:

Since you are planning the party with the residents, what could you have them do to prepare for the party?

PRINCIPLE:

A GOOD LEADER SHOULD BE ABLE TO TEACH A GAME EFFECTIVELY

SITUATION:

List 5 things to take into consideration in teaching a game to the residents.

1.

2.

3.

4.

5.

Exhibit DD. (Continued)
NAME _____

FINAL EXAMINATION
SECTION VIII-B
APPLICATION

DIRECTIONS:

Read the case presentation. Circle T(True) or F (False) for each of the statements following the presentation.

Case Presentation

Mrs. Evans, a 76 year old woman, has been a resident of the home for 2 years. She had been staying in her room most of the day, complaining to other residents and staff how very ill she was. At a staff meeting the doctor said her complaints had no physical basis and that Mrs. Evans should be encouraged but not pushed into participating in activities. The following day Mrs. Evans showed up in the activity room but would not participate in any activity because she stated she was too ill and also felt that the other residents were below her intellectually. She said the only reason she came at all was because an aide told her that she had to come or else she wouldn't get any dinner. When Mrs. Evans burst into tears the COTA said she would see what she could do. When the COTA talked with the aide she found out that what Mrs. Evans said was true and that the aide was not very fond of Mrs. Evans.

Statements

Circle T or F for each of the following statements:

- T F 1. It was right of the aide to deprive Mrs. Evans of her dinner if that was the only way she could get her to participate in activities.
- T F 2. When Mrs. Evans complains of her aches and pains the COTA should tell her that the doctor has said there is nothing wrong and that it is all in her mind.
- T F 3. If the problems arising with Mrs. Evans are to be solved they require good communication and interpersonal relationships between the COTA and the rest of the staff.
- T F 4. Since Mrs. Evans feels that the other residents are below her intellectually the COTA should assign her a difficult activity to prove that she is wrong.
- T F 5. It's not important how you feel about a patient as long as you don't let a negative attitude show.

Exhibit DD. (Continued)

NAME _____

FINAL EXAMINATION
SECTION VIII-B
APPLICATION

- T F 6. To get Mrs. Evans to willingly participate in activity it is important for the COTA to get to know her as an individual.
- T F 7. It is the COTA's job to find out why the aide dislikes Mrs. Evans .
- T F 8. It is important for the COTA to get Mrs. Evans involved in an activity.
- T F 9. The solution to the problem of Mrs. Evans not participating in activities is to assign another aide to Mrs. Evans.
- T F 10. A good way for the COTA to establish rapport with Mrs. Evans is to agree with her in her complaints against the aide.

Exhibit DD. (Continued)

NAME _____

FINAL EXAMINATION
SECTION IX - A
GOALS OF ACTIVITY

DIRECTIONS:

Use the numbers from A-Activity list for matching in the B-Goal of Activity list.

- | A - ACTIVITY | B - GOAL OF ACTIVITY |
|---|--|
| 1. Interest inventory | ___ a. Encourage patients to be independent in checking on activity |
| 2. Observing stroke patient in activity | ___ b. Enable an individual to see situation from a different perspective |
| 3. <u>Four</u> patients cooperatively assembling tray favors | ___ c. Encourage a sense of belonging among the residents |
| 4. Involve residents in planning of activity | ___ d. Initial attempt to find out patient's interests and abilities |
| 5. Once a week discussion groups led by individual from the community | ___ e. Proper body mechanics to avoid back injury |
| 6. Bend at the hips and knees when lifting | ___ f. Good work habit and preserves condition of equipment |
| 7. Label contents of all jars | ___ g. Keep residents in touch with community activity |
| 8. Clean brush immediately after use | ___ h. For safety sake |
| 9. Avoid making tactless remarks about patients | ___ i. Permit several patients with limited abilities to participate in activity |
| 10. Post activity schedule at eye level for wheelchair patients | ___ j. To determine if the patient has vision problems as part of disability |
| 11. Role playing | ___ k. Respect for the individual |
| 12. A simple activity with repetition of steps | ___ l. Type of activity to consider using with the mentally retarded |

Exhibit DD. (Continued)

NAME _____

FINAL EXAMINATION
SECTION IX - B
GOALS OF ACTIVITY

DIRECTIONS:

Use the numbers from A-Activity list for matching in the B-Goal of Activity list

A - ACTIVITY

1. Build up handle on eating utensil
2. Remotivation
3. Stand directly in front of patient when giving direction
4. Looper pot holder frame clamped to table with clamp
5. Analysis of an activity
6. Assembling all materials for activity before starting project
7. Introduce film on bowling
8. Periodic inventory of department supplies
9. Inform residents and staff well in advance when a special event is planned
10. Pull plugs from power tools when not in use
11. Respect privacy of individual patient
12. Follow up patient after teaching activity
13. Assign male patient duty of delivering mail to residents

B - GOAL OF ACTIVITY

- ___ a. Good communication helps good relationships
- ___ b. Safety first
- ___ c. To assure adequate materials to keep department functioning
- ___ d. Socialization for regressed individuals
- ___ e. Stimulate desire to develop new interests and/or encourage old ones
- ___ f. Good professional ethics
- ___ g. To determine effectiveness of teaching method
- ___ h. Give directions to individual hard of hearing
- ___ i. To better know the activity to aid in selection for patients
- ___ j. Permit patient with limited grasp independence in feeding self
- ___ k. Restore feeling of usefulness in retired mailman
- ___ l. Stabilization of activity for patient with use of only one hand
- ___ m. Proper preparation provides satisfaction for activity worker and her patients

Exhibit DD. (continued)

NAME _____

FINAL EXAMINATION
SECTION X - A
ORGANIZATIONAL
SKILLSDIRECTIONS:

Please answer each question briefly

1. You are employed as an Activity Director in a nursing home. In a conference with your Administrator you make the decision to plan to use volunteers

List 5 ways you use to recruit volunteers

- 1.
- 2.
- 3.
- 4.
- 5.

2. You are planning an orientation program for new volunteers.

List 5 points to include in your talk to new volunteers

- 1.
- 2.
- 3.
- 4.
- 5.

Exhibit DD. (Continued)

NAME _____

FINAL EXAMINATION
SECTION X-A
ORGANIZATIONAL
SKILLS

3. Before starting activities with an individual it is important to know something about (a) his physical condition and (b) his interests. In a nursing home situation, list 5 ways you would plan to find out this information.
- 1.
 - 2.
 - 3.
 - 4.
 - 5.
4. For an Activity Program in a nursing home list at least 4 kinds of records that you feel it would be important to have and keep up to date.
- 1.
 - 2.
 - 3.
 - 4.
5. In any Activity program why is it important to keep attendance records?

Exhibit DD. (Continued)

NAME _____

FINAL EXAMINATION
SECTION X - B
ORGANIZATIONAL
SKILLSDIRECTIONS:

There is no one correct answer to each of the following three situations. Please answer briefly what you think you would do in each situation.

I. Nursing Home Setting

SITUATION: A volunteer at the nursing home donates supplies. She also collects supplies from her friends and brings them into the home. She comes to the home regularly once a week to volunteer her services. When she is working with the residents she uses any or all supplies as she wishes without asking. She frequently makes a very poor choice of an activity for a resident.

PROBLEM: You are the activity director in charge of all activities. You are also in charge of supplies. Do you think something should be done about the above situation? What do you think you would do?

Exhibit DD. (Continued)

NAME _____

FINAL EXAMINATION
SECTION X - B
ORGANIZATIONAL
SKILLSII. Nursing Home Setting

SITUATION: Group games as a recreational activity are planned two times a week. Part of the resident group attending the activity are opposed to games that employ the use of dice. Another group of patients thoroughly enjoy games of this type.

PROBLEM: As activity director in charge of recreation how would you handle this situation?

III. Nursing Home Setting

SITUATION: You have just become a COTA and are now employed as an Activity Director in a nursing home. The second day on the job you have lunch with three of the nurses' aides. During lunch they asked you these questions:

1. What is an Occupational Therapy Assistant?
2. Why do you say you are "certified"?
3. As a COTA for this home, what will your job probably be?

PROBLEM: How would you answer the above questions? Be brief.

FINAL EXAMINATION

ORAL REPORT
OF
SUPERVISED PRACTICAL EXPERIENCE

DIRECTIONS:

Please plan a 15 minute report of your supervised practical experience for the class.

You may use brief notes but do not plan to read your report.

GUIDE FOR REPORTING:

The attached sheets will serve as a guide for points to include in your report. The report is divided into several sections.

Section I	The Center
Section II	Residents/Patients in Hospital/Home
Section III	The Program
Section IV - A	Individual Contact
Section IV - B	Group Contact
Section V	Summary

SPECIAL INSTRUCTIONS:

1. Depending on the number of students at a particular center, choose either a, b, or c.
 - a. One student at the center: Report on Sections I-II-III
 - b. Two students at the same center:
 - One student report Section I
 - One student report Section II-III
 - c. Three students at the same center:
 - One student report Section I
 - One student report Section II
 - One student report Section III
2. All students report on either Section IV-A or IV-B. Choose one of the two. Students at same center do not give the same experience.
3. All students report on Section V.

FINAL EXAMINATION
ORAL REPORT OUTLINE

SECTION I - THE CENTER

A. Describe the hospital or home (Briefly)

B. Describe areas available for activity

1. Location

2. Size of Space (approximate)

3. Appearance

4. Equipment

C. Staff of the Occupational Therapy Department

Exhibit FF. (Continued)

SECTION II - RESIDENTS/PATIENTS IN HOSPITAL/HOME

A. Number

B. Age Range

C. Diagnosis

Exhibit FF. (Continued)

SECTION III - THE PROGRAM

A. Types of patients/residents involved in activity.
(sex, ambulatory, wheelchair, bed)

B. Number (approximate) of patients involved in activity.

C. Kinds of activities (individual/group)

D. Volunteer program

Types of departmental records

SECTION IV-A INDIVIDUAL CONTACT

DIRECTIONS:
 Select one assignment from your month of practical experience in which you had individual patient contact.
 Relate this experience including all of the following items:

SPECIFIC OBJECTIVE	HOW I ACCOMPLISHED THIS	TYPE & AMOUNT OF DISCUSSION & PLANNING WITH OTR & OTHERS	WHAT I LEARNED
1. ESTABLISHING RELATIONSHIP WITH PATIENT			
2. DETERMINING PATIENT'S INTERESTS AND ABILITIES			
3. ESTABLISHING GOALS FOR PATIENT PROGRAM			

Exhibit FF. (Continued)

SPECIFIC OBJECTIVE	HOW I ACCOMPLISHED THIS	TYPE & AMOUNT OF DISCUSSION & PLANNING WITH OTR & OTHERS	WHAT I LEARNED
4. PLANNING PATIENT PROGRAM			
5. CARRYING OUT PATIENT PROGRAM			
6. OBSERVING AND EVALUATING PATIENT			
7. REPORTING ON PATIENT'S PROGRESS OR LACK OF			

Exhibit FF. (Continued)

SECTION IV - B GROUP CONTACT

DIRECTIONS:

Select one assignment from your month of practical experience in which you had group contact with patients.
 Relate this experience including all of the following items:

SPECIFIC OBJECTIVE	HOW I ACCOMPLISHED THIS	TYPE & AMOUNT OF DISCUSSION & PLANNING WITH OTR & OTHERS	WHAT I LEARNED
1. INITIATING THE IDEA			
2. ESTABLISHING GOALS			
3. PLANNING FOR THE ACTIVITY			

Exhibit FF. (Continued)

SPECIFIC OBJECTIVE	HOW I ACCOMPLISHED THIS	TYPE & AMOUNT OF DISCUSSION & PLANNING WITH OTR & OTHERS	WHAT I LEARNED
4. CARRYING OUT THE ACTIVITY			
5. OBSERVING PATIENTS' REACTION TO THE ACTIVITY			
6. EVALUATING RESULTS OF THE ACTIVITY			
7. REPORTING RESULTS OF THE ACTIVITY			

Exhibit FF. (Continued)

SECTION V - SUMMARY

A. What and how did you use classroom materials during practical experience?

B. How do you feel about the one month of practical experience?

(1) Too long

(2) Too short

(3) Just right

C. What are your general impressions and/or feelings about the training center?

GENERAL PERFORMANCE RATING

NAME _____

DATE _____

		Score (see below)			
		1	2	3	N
1.	<u>Is able to follow written directions</u>				
2.	<u>Is able to follow verbal directions</u>				
3.	<u>Use terminology appropriately</u>				
4.	<u>Assumes responsibility for learning new skill</u>				
5.	<u>Recognizes when he has learned procedures of a skill</u>				
6.	<u>Uses supplies wisely</u>				
7.	<u>Uses supplies effectively</u>				
8.	<u>Uses tools and equipment correctly</u>				
9.	<u>Maintains area in good order</u>				
10.	<u>Maintains equipment in good order</u>				
11.	<u>Assumes responsibility for cleanup of own work area</u>				
12.	<u>Uses time wisely</u>				
	a. <u>Does advance planning</u>				
	b. <u>Organizes work</u>				
	c. <u>Evaluates own use of time</u>				
13.	<u>Observes established rules and regulations</u>				
14.	<u>Observes safety precautions</u>				
15.	<u>Uses proper posture and body mechanics while doing activity</u>				
16.	<u>Accepts direction</u>				
17.	<u>Asks for direction</u>				
18.	<u>Accepts and profits from suggestions</u>				
19.	<u>Asks for and profits from suggestions</u>				
20.	<u>Accepts periodic review of work</u>				
21.	<u>Asks for periodic review of work</u>				

SCORING: 1 point - rarely; 2 points - part of the time; 3 points - most of the time; N - no basis for judgment. Do not leave any items unscored.

Rater_____
Score

PERSONAL PERFORMANCE RATING

NAME _____

DATE _____

		Score (see below)			
		1	2	3	N
1.	Attitude				
	A. <u>Is eager to learn</u>				
	B. <u>Is willing to accept new ideas and information</u>				
	C. <u>Is willing to entertain new thoughts</u>				
	D. <u>Has a positive attitude toward own abilities</u>				
2.	Communication				
	A. <u>Is able to listen</u>				
	B. <u>Is able to express self</u>				
	(1) <u>Asks questions</u>				
	(2) <u>Participates in group</u>				
	(3) <u>Gives constructive suggestions</u>				
	(4) <u>Is willing to express own opinion</u>				
	C. <u>Is able to present information</u>				
	(1) <u>Written reports</u>				
	(2) <u>Oral reports</u>				
3.	Initiative				
	A. <u>Assumes responsibility</u>				
	B. <u>Is able to carry through an activity</u>				
	C. <u>Does work in addition to that assigned</u>				
	D. <u>Assists in general cleanup of area</u>				
4.	Interpersonal Relationships				
	A. <u>Works effectively with instructors</u>				
	B. <u>Works effectively with other class members</u>				
5.	Judgment				
	A. <u>Seeks help when needed</u>				
	B. <u>Seeks help from appropriate person</u>				
	C. <u>Shows common sense</u>				

Exhibit HH. (Continued)

		Score (see below)			
		1	2	3	N
6.	Maturity				
	A. <u>Is tactful to others</u>				
	B. <u>Shows courtesy to others</u>				
	C. <u>Shows respect for others</u>				
	D. <u>Respects confidential information</u>				
7.	Personal Appearance				
	A. <u>Is well groomed</u>				
	B. <u>Shows appropriate dress</u>				
8.	Punctuality				
	A. <u>Completes assignments on time</u>				
	B. <u>Arrives to class on time</u>				
9.	Resourcefulness				
	A. <u>Develops new ideas</u>				
	B. <u>Shows imagination</u>				
	C. <u>Seeks sources of additional information</u>				

SCORING: Do not leave any items unscored. 1 point - rarely; 2 points - part of the time; 3 points - most of the time; N - no basis for judgment.

 Rater

 Score

OCCUPATIONAL THERAPY ASSISTANT TRAINEE
PRACTICAL EXPERIENCE RATING FORM

NAME: _____

Date: _____

	SCORE					Clarify, if indicated
	1	2	3	4	5	
1. ATTITUDES TOWARD PATIENTS:						
<u>Does he establish rapport readily?</u>						
<u>Does he maintain an objective attitude?</u>						
<u>Does he show empathy?</u>						
2. ADAPTABILITY:						
<u>Does he readily adjust to:</u>						
<u>People?</u>						
<u>Routine conditions?</u>						
<u>Emergencies?</u>						
<u>Changes of routine?</u>						
<u>Changes in surroundings?</u>						
3. RELATIONSHIP TO PERSONNEL:						
<u>Is he cooperative?</u>						
<u>Is he courteous?</u>						
<u>Is he tactful?</u>						
<u>Is he adaptable?</u>						
4. RELATIONSHIP TO PATIENTS:						
<u>Does he treat patients with respect?</u>						
<u>Does he gain their confidence?</u>						
<u>Is he helpful?</u>						
<u>Is he understanding?</u>						
5. SUPERVISION:						
<u>Does he accept constructive criticism?</u>						
<u>Does he profit from suggestions?</u>						
<u>Does he know when he needs help?</u>						
<u>Does he ask for it?</u>						

SCORING: *1-Excellent 2-Very Good 3-Satisfactory 4-Fair *5-Poor
*Must be clarified. Write on the back of sheet if more space is needed

Exhibit II . (Continued)

		SCORE					Clarify, if indicated
		1	2	3	4	5	
6. SENSE OF HUMOR:	Does he have a sense of humor?						
	Is his sense of humor appropriate?						
	Does his sense of humor come through in a difficult situation?						
7. RESOURCEFULNESS:	Does he show appropriate initiative?						
	Can he make effective substitutions in programing when indicated?						
	Can he adapt available media to meet the situation?						
	Can he give constructive suggestions?						
8. COMPETENCY:	Does he apply what he has learned through study or experience?						
	Does he understand directions?						
	Does he remember directions?						
	Does he follow directions?						
9. JUDGMENT:	Does he know when to seek approval for decisions?						
	Does he assume authority appropriately?						
	Does he do the right thing at the right time?						

SCORING: *1-Excellent 2-Very Good 3-Satisfactory 4-Fair *5-Poor
 *Must be clarified. Write on the back of sheet if more space is needed.

Exhibit II. (Continued)

	SCORE					Clarify, if indicated
	1	2	3	4	5	
10. PROFESSIONAL BEHAVIOR:						
Does he have an intuitive appreciation of what is appropriate in a given situation?						
Does he observe rules and regulations?						
Does he assume responsibility for his own acts?						
Can he be depended upon?						
11. OBSERVATION:						
Does he note changes in the mental condition of the patient?						
Does he report the changes?						
Does he report accurately?						
Does he emphasize appropriate factors?						
Does he note changes in the physical condition of the patient?						
Does he report the changes?						
Does he report accurately?						
Does he emphasize appropriate factors?						
Does he see work to be done other than that assigned?						
12. IMPROVEMENT:						
Has he shown development in this field in:						
Attitude?						
Work?						

SCORING: *1-Excellent 2-Very Good 3-Satisfactory 4-Fair *5-Poor
 *Must be clarified. Write on the back of sheet if more space is needed.

Exhibit II. (Continued)

	SCORE					Clarify, if indicated
	1	2	3	4	5	
13. PUNCTUALITY:						
<u>Is he punctual in reporting on duty?</u>						
<u>Is he punctual in reporting off duty?</u>						
<u>Is he punctual in reporting for appointments?</u>						
<u>Is he punctual in reporting to meetings?</u>						
<u>Is he punctual in submitting work assigned?</u>						
14. ECONOMY:						
<u>Is he reasonably economical with:</u>						
<u>Materials?</u>						
<u>Use of time?</u>						
<u>Energy?</u>						
<u>Does he keep tools in good condition?</u>						
<u>Does he keep equipment well maintained?</u>						
<u>Is he prompt about making repairs?</u>						
<u>Is he prompt about submitting requests for repairs which he cannot make?</u>						
15. APPEARANCE:						
<u>Is his hair neat?</u>						
<u>Are his clothes neat?</u>						
<u>Are his clothes clean?</u>						
<u>Are his shoes polished?</u>						
<u>Are his clothes appropriate?</u>						
<u>Are his accessories appropriate?</u>						
<u>What is his physical bearing?</u>						

SCORING: *1-Excellent 2-Very Good 3-Satisfactory 4-Fair *5-Poor
 *Must be clarified. Write on the back of sheet if more space is needed.

Exhibit II. (Continued)

	SCORE					Clarify, if indicated
	1	2	3	4	5	
16. NEATNESS: Is his working area kept in good order?						
Does he submit neat records?						
Does he put things away in the proper place?						

SCORING: *1-Excellent 2-Very Good 3-Satisfactory 4-Fair *5-Poor
 *Must be clarified. Write on the back of sheet if more space is needed

PLEASE COMMENT BRIEFLY ON ANY PERTINENT INFORMATION NOT BROUGHT OUT IN THE ABOVE ITEMS:

Days Present _____ Date of Rating _____

Days Absent _____ Signature of Rater _____

Reasons _____ Signature, O. T. Director _____

I have read this evaluation: _____ Number Contributing to Rating _____

Signature of Student _____

STUDENT EVALUATION
FOUR MONTH O. T. ASSISTANTS TRAINING COURSE

I.

- A. Please check x the activity skills you used while you were on your practical experience. Circle the (x) if you did not feel that you knew enough about the activity to use it effectively with patients (residents).

- | | |
|---|---|
| <input type="checkbox"/> Woodworking | <input type="checkbox"/> Reedwork |
| <input type="checkbox"/> Weaving | <input type="checkbox"/> Stickcraft |
| <input type="checkbox"/> Using sewing machine | <input type="checkbox"/> Hobbyknit |
| <input type="checkbox"/> Hand stitching | <input type="checkbox"/> Turkish knotting |
| <input type="checkbox"/> Knitting | <input type="checkbox"/> Braidweave |
| <input type="checkbox"/> Crocheting | <input type="checkbox"/> Rug hooking |
| <input type="checkbox"/> Embroidery | <input type="checkbox"/> Puppetry |
| <input type="checkbox"/> Huck weaving | <input type="checkbox"/> Papier-mache' |
| <input type="checkbox"/> Needle-point | <input type="checkbox"/> Mosaic |
| <input type="checkbox"/> Design | <input type="checkbox"/> Dramatics |
| <input type="checkbox"/> Lettering | <input type="checkbox"/> Games |
| <input type="checkbox"/> Poster making | <input type="checkbox"/> Community singing |
| <input type="checkbox"/> Decorative painting | <input type="checkbox"/> Rhythm band |
| <input type="checkbox"/> Stenciling | <input type="checkbox"/> Music appreciation |
| <input type="checkbox"/> Block printing | <input type="checkbox"/> Party planning |
| <input type="checkbox"/> Hand printing | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Ceramics | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Rake knitting | <input type="checkbox"/> Remotivation |
| <input type="checkbox"/> Copper tooling | <input type="checkbox"/> Film projection |
| <input type="checkbox"/> Scrapcraft | <input type="checkbox"/> Slide projection |
| <input type="checkbox"/> Papercrafts | <input type="checkbox"/> Mimeograph |
| <input type="checkbox"/> Tray favors | <input type="checkbox"/> Hectograph |
| <input type="checkbox"/> Leatherwork | <input type="checkbox"/> Publishing a newspaper |
| | <input type="checkbox"/> Bus trips |

- B. Were there other activity skills not listed above that you used or were taught? Please list.

Exhibit JJ. (Continued)

II.

- A. Considering the whole four-month training course, what parts do you feel have been the most valuable? Why?

- B. In the three months' class room work, what parts do you think you would like to see more time spent on?

- C. What parts of the classroom work do you think you would like to see less time spent on?

- D. Do you think you would leave anything out of the course completely?

- E. Do you think you would add anything to the course that was not included this time?

Exhibit JJ. (Continued)

III.

A. How do you feel about the length of the course - four months?

IV.

A. Are there any other comments you care to make?

C H A P T E R I V

C O U R S E G R A D U A T E S :

L O C A T I O N

P E R F O R M A N C E

A C T I V I T Y P R O G R A M S

C O N S U L T A T I O N

F O L L O W - U P A C T I V I T I E S

FOLLOW-UP ACTIVITIES

The FOLLOW-UP phase was an integral part of the three year project with several component parts directed toward:

- Interpreting the role of the Certified Occupational Therapy Assistant as Activity Director to prospective employers.
- Providing periodic consultation and guidance for the Certified Occupational Therapy Assistants from Registered Occupational Therapists.
- Evaluating the on-the-job performance of the Certified Occupational Therapy Assistants.
- Providing the Certified Occupational Therapy Assistants with continuing education.
- Evaluating the activity programs developed by Certified Occupational Therapy Assistants.

The various aspects of FOLLOW-UP were initiated as each group of students completed the training course. Evaluation procedures and forms for recording data related to FOLLOW-UP were developed and implemented by the Project Staff.

The FOLLOW-UP phase of the project is described in this chapter. Following a summary of the employment status of the 92 graduates of the course which appears in Section I, Section II provides information about the workshops for Administrators of agencies planning to employ graduates of the course. Section III describes the consultation services provided Certified Occupational Therapy Assistants by the

Occupational Therapy Consultants from the Wisconsin State Board of Health. The development and use of on-the-job performance rating for Certified Occupational Therapy Assistants is described in Section IV. The one year follow-up workshops for graduates of the course are described in Section V. Section VI provides information about the development and use of an activity program questionnaire for evaluating the activity program in an institution employing a Certified Occupational Therapy Assistant¹ as activity director.

¹ Referred to as COTA.

SECTION I

EMPLOYMENT STATUS OF
GRADUATES OF THE COURSE

The data related to the EMPLOYMENT STATUS of the graduates of the course is summarized in two ways:

Status at time of completion of the course

Status as of February, 1968

Because of the priority system for selection of students, there was only a small percent of the graduates who were seeking or who were available for employment. As had been anticipated, the majority of the students from the first and second priority groups returned to their previous place of employment. Those graduates who were seeking employment in an activity program were provided assistance by the members of the Course Staff and the State Occupational Therapy Consultants.

Contact with the graduates of all the courses has been maintained by the Project Staff through reports from the Occupational Therapy Consultants and through an annual mail survey.

This section of the report presents a comprehensive summary of the EMPLOYMENT STATUS of the graduates by course, by priority groups, by age groups, by types of facilities employing COTA's and by geographical location in the state.

EMPLOYMENT STATUS OF GRADUATES BY COURSE

<u>Course Number</u>	<u>Number in Course</u>	<u>Employed as COTA</u>	<u>Not Employed as COTA</u>
I	10	5	5
II	16	11	5
III	16	9	7
IV	17	16	1
V	16	16	0
VI	<u>17</u>	<u>14</u>	<u>3</u>
	92	71	21

At the completion of the course, of the total group of 92 students:

60 returned to their previous place of employment.

56 were employed as Certified Occupational Therapy Assistants in activity programs.

4 returned to their previous positions, but were not employed in an activity program.

26 accepted new positions as Certified Occupational Therapy Assistants in activity programs. In this group were some who accepted positions in activity programs in other institutions rather than returning to their previous job and institution where they would not have been in the activity program. Also, some of this group had previously been unemployed. The majority of these individuals were from the second and third priority groups.

6 have not been employed as Certified Occupational Therapy Assistants in activity programs since completing the course. The reasons for this include ill health, inability to find a position within commuting distance of home and married with small children or expecting a child. During the course, one individual made the decision that she did not care to work with older patients.

There were 92 graduates of the course.

82 have been employed as COTA's in activity programs since completing the course.

10 have not been employed as COTA's in activity programs since completing the course

Of the total group of 82 who accepted positions as COTA's in activity programs:

- 56 remain employed in their original place of employment or in the position they accepted following completion of the course.
- 15 have changed positions, but continue to be employed in activity programs.
- 11 were employed as COTA's in activity programs but subsequently resigned their positions and are not now employed or are not employed as COTA's.

SUMMARY

February 1, 1968:

- 71 (77%) were employed as COTA's in activity programs.
- 21 (23%) were not employed as COTA's.

EMPLOYMENT STATUS OF GRADUATES BY PRIORITY GROUPS

<u>Priority Group</u>	<u>Number in Group</u>	<u>Employed as COTA</u>	<u>Not Employed as COTA</u>
First	40	34	6
Second	21	15	6
Third	27	18	9
Out-of-State	<u>4</u>	<u>4</u>	<u>0</u>
	92	71	21

There were 40 individuals in the FIRST PRIORITY GROUP.

At the completion of the course:

- 39 returned to their previous place of employment.
- 1 did not return to her previous place of employment and has not been employed as a COTA.

Of the 39 who did return to their previous place of employment:

- 28 continue to be employed as Certified Occupational Therapy Assistants in the same institution.
- 6 have changed places of employment, but continue to be employed in activity programs.
- 5 are not employed or are not employed as Certified Occupational Therapy Assistants.

There were 21 individuals in the SECOND PRIORITY GROUP.

At the completion of the course:

- 17 returned to their previous place of employment.
- 4 did not return to their previous place of employment, but accepted positions as Certified Occupational Therapy Assistants in activity programs in other institutions.
 - 3 continue to be employed as Certified Occupational Therapy Assistants in the activity programs in the positions originally accepted.
 - 1 continues to be employed as a Certified Occupational Therapy Assistant in an activity program, but has changed positions.

Of the 17 who returned to their previous places of employment:

- 13 changed from their previous job to that of Certified Occupational Therapy Assistant in the activity program.
 - 9 continue to be employed in activity programs in the same institution.
 - 2 continue to be employed in activity programs, but have changed positions.
 - 2 are not employed in activity programs.
- 4 of the 17 returned to their former positions in their previous place of employment and did not change to positions in the activity program. These 4 individuals continue to be employed in the same institution.

There were 27 individuals in the THIRD PRIORITY GROUP.

At the completion of the course:

22 accepted positions as Certified Occupational Therapy Assistants in activity programs.

5 have not been employed as Certified Occupational Therapy Assistants since taking the course.

Of the 22:

11 continue to be employed in the original positions accepted.

7 continue to be employed in activity programs, but have changed positions.

4 are not employed or are not employed as Certified Occupational Therapy Assistants in activity programs.

SUMMARY

February 1, 1968:

FIRST PRIORITY GROUP

34 (85%) were employed as COTA's in activity programs.

6 (15%) were not employed as COTA's.

SECOND PRIORITY GROUP

15 (71%) were employed as COTA's in activity programs.

6 (29%) were not employed as COTA's.

THIRD PRIORITY GROUP

18 (67%) were employed as COTA's in activity programs.

9 (33%) were not employed as COTA's.

There were 31 students in the first or second priority groups who received FINANCIAL ASSISTANCE FROM THEIR EMPLOYERS while attending the course. The employment status of these individuals on February 1, 1968 was as follows:

Of the 40 in the FIRST PRIORITY GROUP:

25 received financial assistance.

17 continue to be employed as Certified Occupational Therapy Assistants in the activity programs of the same institutions.

5 changed their places of employment, but continue to be employed as Certified Occupational Therapy Assistants in activity programs.

3 are not employed, or are not employed as Certified Occupational Therapy Assistants.

Of the 21 in the SECOND PRIORITY GROUP:

6 received financial assistance.

6 returned to their previous places of employment.

5 continue to be employed in the same institutions.

1 has changed positions, but continues to be employed in an activity program.

SUMMARY

February 1, 1968:

28 students who received financial assistance from their employers while attending the course continue to be employed as COTA's in activity programs.

3 students who received financial assistance were not employed or were not employed as COTA's.

There were 4 individuals from OUT-OF-STATE.

At the completion of the course:

4 returned to their places of employment and continue to be employed as Certified Occupational Therapy Assistants.

SUMMARY

February 1, 1968:

4 (100%) were employed as COTA's in activity programs.

EMPLOYMENT STATUS OF GRADUATES BY AGE GROUPS

<u>Age Groups</u>	<u>Number in Group</u>		<u>Employed as COTA</u>		<u>Not Employed as COTA</u>
18 - 19	14		8		6
20 - 24	17		12		5
25 - 29	6	52	4	36	2
30 - 34	2	(56.5%)	2	(39%)	0
35 - 39	13		10		3
40 - 44	8		6		2
45 - 49	14	40	13	35	1
50 - 54	9	(43.5%)	9	(38%)	0
55 - 59	9		7		2
	92		71		21

SUMMARY

February 1, 1968:

Of the total group of 92 students who completed the course:

52 (56.5%) were in the age groups 18 through 39.

36 (39%) were employed as Certified Occupational Therapy Assistants in activity programs.

16 (17%) were not employed as Certified Occupational Therapy Assistants.

40 (43.5%) were in the age groups 40 through 59.

35 (38%) were employed as Certified Occupational Therapy Assistants in activity programs.

5 (6%) were not employed as Certified Occupational Therapy Assistants.

CHART XX
 TOTAL NUMBER OF STUDENTS IN THE COURSES
 BY
AGE GROUPS PRIORITY GROUPS

AGE GROUPS		PRIORITY GROUPS			
AGE	TOTAL IN GROUP	FIRST	SECOND	THIRD	OUT OF STATE
18 - 19	14	2	7	5	0
20 - 24	17	9	4	4	0
25 - 29	6 52	2 20	1 14	2 16	1 2
30 - 34	2	1	0	1	0
35 - 39	13	6	2	4	1
40 - 44	8	1	2	5	0
45 - 49	14 40	9 20	3 7	2 11	0 2
50 - 54	9	4	2	3	0
55 - 59	9	6	0	1	2
TOTALS:	92	40	21	27	4

CHART XXI
 NUMBER OF GRADUATES OF THE COURSES PRESENTLY EMPLOYED
 IN ACTIVITY PROGRAMS
 FEBRUARY, 1968

AGE GROUPS		PRIORITY GROUPS			
AGE	TOTAL IN GROUP	FIRST	SECOND	THIRD	OUT OF STATE
18 - 19	8	1	5	2	0
20 - 24	12	6	4	2	0
25 - 29	4 36	2 15	1 11	0 8	1 2
30 - 34	2	1	0	1	0
35 - 39	10	5	1	3	1
40 - 44	6	1	0	5	0
45 - 49	13 35	9 19	2 4	2 10	0 2
50 - 54	9	4	2	3	0
55 - 59	7	5	0	0	2
TOTALS:	71	34	15	18	4

CHART XXII

TYPES OF FACILITIES AND NUMBER OF
C.O.T.A.'S EMPLOYED IN ACTIVITY PROGRAMS
FEBRUARY, 1968

TYPE OF FACILITY	NUMBER OF C.O.T.A.'S IN ACTIVITY PROGRAM				
	Full Time Employment	Part Time Employment	Part Time 2 or More Homes	Part Time Aide & Activity	TOTALS
NURSING HOME					
Non Profit	19	4			23
Proprietary	10	4	3	1	18
Extended Care Facility	3				3
GOVERNMENTAL					
Federal	1				1
State	1				1
County	14				14
City-County	1				1
HOSPITALS					
General	9				9
Rehabilitation	1				1
TOTALS	59	8	3	1	71

EMPLOYMENT STATUS OF GRADUATES BY AGE GROUPS AND PRIORITY GROUPS

The two charts on page 540 provide a summary of the number of students in the courses by AGE GROUPS and PRIORITY GROUPS and the number of graduates of the courses employed in activity programs, February, 1968, by AGE GROUPS and PRIORITY GROUPS.

EMPLOYMENT STATUS OF GRADUATES BY TYPE OF FACILITY

The chart on page 541 provides a summary of information about the types of facilities employing COTA's full-time or part-time.

SUMMARY

February 1, 1968:

- 23 COTA's were employed full-time or part-time in NON PROFIT nursing homes.
 - 18 COTA's were employed full-time, part-time, part-time at two or more homes or part-time as an aide and part-time in activity in PROPRIETARY nursing homes.
 - 3 COTA's were employed full-time in EXTENDED CARE FACILITIES.

 - 1 COTA was employed full-time in a FEDERAL facility.
 - 1 COTA was employed full-time in a STATE facility.
 - 14 COTA's were employed full-time in COUNTY facilities.
 - 1 COTA was employed full-time in a CITY-COUNTY facility.
- A total of 17 COTA's were employed in GOVERNMENTAL facilities.
-
- 9 COTA's were employed full-time in GENERAL HOSPITALS.
 - 1 COTA was employed full-time in a REHABILITATION HOSPITAL.
- A total of 10 COTA's were employed in HOSPITALS.

The BED CAPACITY of the facilities employing COTA's ranged from less than 25 to more than 1,000. Data from the several types of facilities - nursing homes, governmental, and hospitals - has been combined to provide some information about the BED CAPACITY of agencies employing COTA's.

<u>BED CAPACITY OF THE FACILITY</u>	<u>NUMBER OF COTA'S EMPLOYED FULL TIME IN FACILITIES THIS SIZE</u>
0 - 25	0
26 - 50	5
51 - 75	7
76 - 100	8
101 - 125	8
126 - 150	7
151 - 175	0
176 - 200	3
201 - 250	3
251 - 300	7
301 - 400	3
401 - 500	3
501 - 1000	4
1001 - Over	<u>1</u>
	TOTAL 59

There were 8 COTA's employed PART TIME in facilities with BED CAPACITIES

as follows:

BED CAPACITY	NUMBER OF COTA'S
0 - 25	1
25 - 50	3
51 - 75	2
126 - 150	1
176 - 200	<u>1</u>
	TOTAL 8

There were 3 COTA's employed PART TIME IN 2 OR MORE HOMES. The

BED CAPACITIES were as follows:

NUMBER OF HOMES AND BED CAPACITY	NUMBER OF COTA'S
2 Homes - - - - - 26 - 50 Bed Capacity	1
3 Homes - - - - - 26 - 50 Bed Capacity	1
4 Homes - - - - - 2 26 - 50 Bed Capacity 1 51 - 75 Bed Capacity 1 101 - 125 Bed Capacity	1

There was 1 COTA who was employed part time as a nurse's aide and part time as a COTA in activity. The facility was in the 0 - 25 BED CAPACITY category.

CHART XXIII

SUMMARY OF CONSULTATION OR SUPERVISION PROVIDED
FOR THE COTA'S BY REGISTERED OCCUPATIONAL THERAPISTS

	<u>Total Number COTA's Employed</u>	<u>Periodic Consultation Provided By State OT Consultant</u>	<u>Periodic Consultation Provided By OTR Employed By the Agency</u>	<u>Supervision By OTR Employed By the Agency</u>
<u>NURSING HOMES</u>				
Non Profit	23	18	4	1
Proprietary	18	16	2	---
Extended Care Facility	3	2	1	---
<u>GOVERNMENTAL</u>				
Federal	1	---	---	1
State	1	---	---	1
County	14	6	---	8
City-County	1	1	---	---
<u>HOSPITALS</u>				
General	9	5	---	4
Rehabilitation	<u>1</u>	<u>---</u>	<u>---</u>	<u>1</u>
	71	48	7	16

CONSULTATION / SUPERVISION

The information sheet FUNCTION OF OCCUPATIONAL THERAPY ASSISTANTS distributed by the American Occupational Therapy Association (Chapter III, page 231) provided the guidelines for the functioning of the assistant with consultation or supervision from a Registered Occupational Therapist. As may be seen on the chart on this page, the majority of the COTA's employed in NURSING HOMES received periodic consultation provided by the State Board of Health Occupational Therapy

Consultants or by Occupational Therapy Consultants employed by the agencies. One COTA employed in a non profit home is supervised by a Registered Occupational Therapist employed by the agency. A detailed description and summary of the Consultation Visits to COTA's by the State Board of Health Occupational Therapy Consultants may be found in Section III, page 556 of this chapter.

Of the 17 COTA's employed in GOVERNMENTAL institutions, 7 received periodic consultation from State Board of Health Occupational Therapy Consultants while 10 were supervised by Registered Occupational Therapists employed by the agencies.

Five of the COTA's employed in HOSPITALS received periodic consultations from State Board of Health Occupational Therapy Consultants and 5 received supervision from Registered Occupational Therapists employed by the agencies.

EMPLOYMENT STATUS OF THE GRADUATES BY GEOGRAPHICAL AREA OF THE STATE

The training course was offered at four different geographical locations in the state. This was in keeping with the plan of the project to conduct the course in rural as well as metropolitan areas of the state to meet the state-wide need for trained leadership to direct activity programs in nursing homes and long term care facilities.

The chart on page 547 provides information about the number of individuals from each area of the state who took the course and continue to reside in the area. It also provides information about the number from other areas of the state who took the course and returned to their former residence. Some additional information with regard to the EMPLOYMENT STATUS of the 92 graduates by GEOGRAPHICAL LOCATION in the state is provided on the next page.

CHART XXIV
PRESENT RESIDENCE OF THE INDIVIDUALS
FROM EACH AREA OF THE STATE WHO TOOK THE COURSE

Section of State	COURSES	Total	Number From Area Who Took Course	Number Continuing to Reside in Area	Number Who Have Moved to New Area	Number From Other Areas Who Took Course	Number Returning To Former Residence	Number Who Have Moved To New Area
Southeast	I-II	26	23	21	2	3	2	1
Southwest	III	16	12	11	1	4	3	1
Northwest	IV	17	13	11	2	4	4	0
Northeast	V	16	11	10	1	5	5	0
State Wide	VI	17	3	3	0	14	13	1
TOTALS		92	62	56	6	30	27	3

SOUTHEAST AREA OF THE STATE

COURSES I and II

26 -- Total Number of Graduates

21 -- From area took the course

15 -- Employed as COTA's

6 -- Not employed or not employed as COTA's

2 -- Have moved to other areas

2 -- Not employed or not employed as COTA's

3 -- From other areas of the state took the course

2 -- Returned to former residence and continued to reside in area but are not employed

1 -- Has moved to a new area of the state and continues to be employed as a COTA

SOUTHWEST AREA OF THE STATE

COURSE III

16 -- Total Number of Graduates

12 -- From area took the course

11 -- Continue to reside in the area

8 -- Employed as COTA's

3 -- Not employed or are not employed as COTA's

1 -- Has moved to another area and is not employed

4 -- From other areas of the state took the course3 -- Returned to former residence and continue to
reside in the area

1 -- Employed as COTA

2 -- Not employed or not employed as COTA's

1 -- Has moved to a new area and is not employed

NORTHWEST AREA OF THE STATE

COURSE IV

17 -- Total Number of Graduates

13 -- From area took the course

11 -- Continue to reside in the area

10 -- Employed as COTA's

1 -- Not employed or not employed as COTA

2 -- Have moved to another area and continue to be
employed as COTA's4 -- From other areas of the state took the course4 -- Returned to former residence and continued to
reside in the area

4 -- Employed as COTA's

NORTHEAST AREA OF THE STATE

COURSE V

16 -- Total Number of Graduates

11 -- From area took the course

10 -- Continue to reside in the area

10 -- Employed as COTA's

1 -- Has moved to a new area and is employed as a COTA

5 -- From other areas of the state took the course5 -- Returned to former residence and continue to reside
in the area

5 -- Employed as COTA's

STATE-WIDE APPLICATIONS

COURSE VI

17 -- Total Number of Graduates

3 -- From immediate area took the course

3 -- Continue to reside in the area

2 -- Employed as COTA's

1 -- Not employed

13 -- From all areas of the state returned to their former
residence and continue to reside in the area

12 -- Employed as COTA's

1 -- Not employed as COTA

1 -- Moved to a new area of the state and is not employed as
a COTA

SUMMARY

Of the 92 graduates of the course:

83 (90.2%) -- Continue to reside in the place of residence maintained at the time of taking the course.

67 -- Employed as COTA's in activity programs

16 -- Not employed or are not employed as COTA's

9 (9.8%) -- Have changed place of residence from that maintained at the time of taking the course

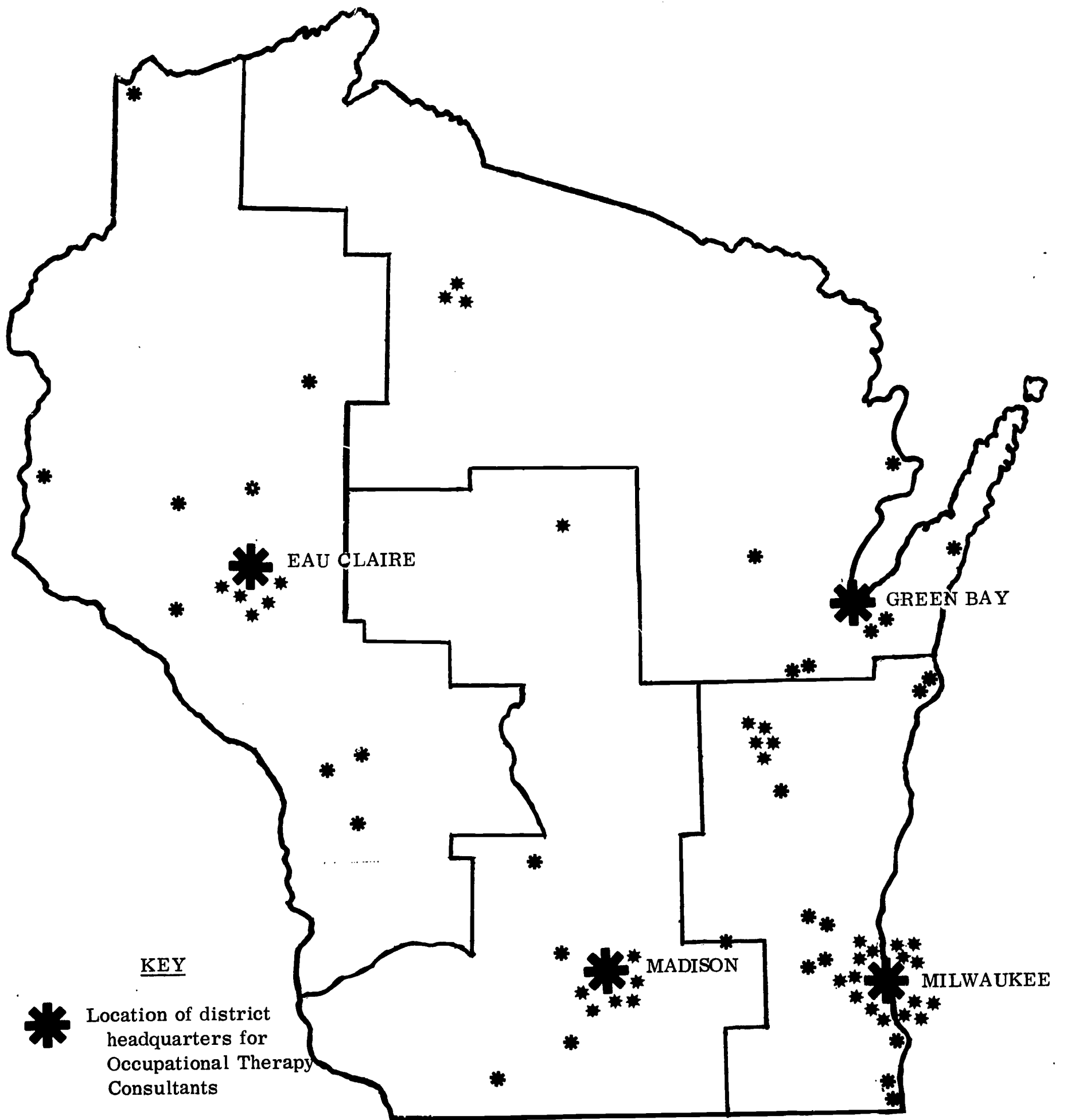
4 -- Employed as COTA's in activity programs

5 -- Not employed or are not employed as COTA's

PRESENT LOCATION - 71 EMPLOYED COTA'S

The map on page 551 indicates the February, 1968 location of the 71 COTA's who were employed. These COTA's were working with direct supervision or periodic consultation from Registered Occupational Therapists. Available to each COTA upon request and without charge was consultation from the State Board of Health Occupational Therapy Consultants who are assigned to districts with headquarters as indicated on the map. It should be noted that 4 of the COTA's were employed in Minnesota and Michigan.

FIGURE 4
 LOCATION OF PLACES OF EMPLOYMENT
 71 CERTIFIED OCCUPATIONAL THERAPY ASSISTANTS
 FEBRUARY, 1968



KEY

***** Location of district headquarters for Occupational Therapy Consultants

***** Location of place of employment for C.O.T.A.'s

MINNESOTA ***

MICHIGAN *

SECTION II

INSTITUTE FOR PROSPECTIVE EMPLOYERS

A one day institute for prospective employers of Certified Occupational Therapy Assistants was held during the fourth month of each training course. This particular time was selected since it was while the students were on their one-month of practical experience and before they were ready to return to their places of employment. Invited to attend the institute were those administrators who had an employee attending the course and those who anticipated employing a Certified Occupational Therapy Assistant. The several objectives of the institute were:

To discuss with the administrators the content and plan of the training course.

To explore with the administrators the role and function of the Certified Occupational Therapy Assistants upon their return to their places of employment.

To interpret the role of the State Board of Health Occupational Therapy Consultants in relation to the Certified Occupational Therapy Assistant in the nursing home.

To interpret the follow-up evaluation procedures of the demonstration project.

REPORT OF INSTITUTES

The six institutes for prospective employers were planned and coordinated by the Course Staff. In addition to the Course Director and Assistant Course Director,

the institutes were attended by the Project Director, Project Coordinator and the Board of Health Occupational Therapy Consultant from the area of the state in which the course was being conducted. Occasionally, a home administrator would send his assistant administrator, clinical director of patient services, director of nursing service or Registered Occupational Therapist to represent him.

Information related to the training course and the functions of Occupational Therapy Assistants was sent to the administrators in advance of the institute.

Enclosed with the letter of invitation were the following items:

Course Curriculum Outline
(Appendix III, Page 410)

American Occupational Therapy Association Statement of
Functions of Certified Occupational Therapy Assistants
(Chapter III, Page 231)

Sample form - Referral to Activity
(Chapter III, Page 311)

Statement regarding Supervision for Occupational Therapy
Assistants
(Exhibit A, Page 647)

This information provided the basis for the discussion at the institute.

The "plan for the day" included a brief presentation to interpret and discuss with the participants the project follow-up procedures. The majority of the time was devoted to discussion and sharing of information and ideas. While there was some variance, all of the institutes followed a similar pattern with regard to the topics discussed. These are summarized under three main headings:

1. The role of the Certified Occupational Therapy Assistant

- a. How the training course has prepared the individual to function as an Activity Director.
- b. Implications involved if the individual returns to the institution in a new role as Activity Director as opposed to a former position such as a nurse's aide or kitchen helper.
- c. The need for interpreting to the entire staff of the institution the role of the Activity Director and the objectives of a planned activity program for patients.

2. Administrative Aspects of an Activity Program

- a. Position of the Activity Director in the administrative structure of the institution. To whom is the Certified Occupational Therapy Assistant responsible? What is the relationship to nursing? To volunteers?
- b. Some of the points to be considered in establishing an activity program such as space requirements, budget for equipment and supplies, salary for the Activity Director, the need for a referral to activity for patients, establishment of activity schedules and record keeping.

3. Consultation or Supervision for the Certified Occupational Therapy Assistant

- a. Explanation of the American Occupational Therapy Association standards for consultation or supervision for Certified Occupational Therapy Assistants.
- b. Interpretation and clarification of the role of the State Board of Health Occupational Therapy Consultants with relation to the Certified Occupational Therapy Assistant in a nursing home.

The institute for prospective employers was considered to be an excellent way of increasing the understanding of the role of a relatively new job classification, that is, the Certified Occupational Therapy Assistant as Activity Director in a nursing home.

SECTION III

CONSULTATION FROM
REGISTERED OCCUPATIONAL THERAPISTS
FOR CERTIFIED OCCUPATIONAL THERAPY ASSISTANTS

The preparation and training of the Occupational Therapy Assistant qualifies him to function in general activity and supportive or maintenance programs for patients with guidance or consultation from a Registered Occupational Therapist.² When the demonstration project was planned, the Wisconsin State Board of Health had an already existing structure available to provide consultation for the COTA's. Perhaps this is best explained in a statement from the original grant request:

The four Occupational Therapy Consultants of the State Board of Health are strategically located in District offices for assisting with area programs. These Occupational Therapy Consultants have been providing, for some time, assistance to nursing homes in the development of activity programs and in training activity directors. They have given impetus to the idea of developing an intensive course for training activity directors, and have been involved in its basic planning. Qualified by education and experience, they have and will continue to assist in developing and evaluating the course content. When the trainees complete the course, the consultants will be available to provide continuing consultation and guidance in the development of activity programs.

Interpretation to the students of the role of the Occupational Therapy Consultants was initiated during the training course. Thus, when the COTA's returned to their places of employment, they knew that consultation and guidance were available in the development of activity programs. This important aspect of the follow-up phase of the project is described in this section.

² American Occupational Therapy Association: Functions of Occupational Therapy Assistants.

CONSULTATION WITH COTA'S

Available to each COTA upon request and without charge was consultation from the Board of Health Occupational Therapy Consultants assigned to districts in the state. Although the objective of consultation was to provide assistance in the development of activity programs, this existing and ongoing activity of the Occupational Therapy Consultants made it possible to achieve a second objective, that of collecting data for use in the analysis of various aspects of the demonstration project. One of the purposes for collecting the data was to evaluate the effectiveness of the training course by determining how adequately it prepared the students to function as activity directors. Pertinent information about the COTA's performance on the job as it related to curriculum content was reported by the Occupational Therapy Consultants following consultative visits. To facilitate reporting of data, a form was developed on which specific information could be recorded and guidelines were prepared to make it possible to relate information from the consultative visits to the curriculum. The report form and guidelines were developed jointly by the Occupational Therapy Consultants and the Project Staff.

The CONSULTATION REPORT FORM (page 558) encompassed those items identified as being significant to report and was divided into three sections:

- general information
- report of consultation
- remarks, comments and questions

Section I provided general information related to frequency of consultation visits, length of consultation visits and person who initiated the visit.

In Section II, report of consultation, objective and factual information was requested about each subject discussed, solutions considered and follow-up on any

CONSULTATION REPORT FORM**I. GENERAL INFORMATION**

Name of Certified Occupational Therapy Assistant

Agency

Consultant

Date

Length of Visit

Consultation Initiated By

II. REPORT OF CONSULTATION

The following three items should be completed for each subject discussed and should be objective and factual. Code according to guidelines for consultative visits to Certified Occupational Therapy Assistant.

1. Subject Discussed:

2. Solutions:

3. Follow-up from Previous Visit:

III. REMARKS, GENERAL COMMENTS, QUESTIONS

Use this section to report additional information based on your own observations and feelings.

GUIDELINES FOR CONSULTATIVE VISITS TO THE CERTIFIED OCCUPATIONAL THERAPY ASSISTANTS

Roman numerals in parenthesis are coded to curriculum. When identifying subject discussed on Consultation Report Form, please use both title and Roman numeral.

1. (II) Professional Ethics and Behavior.
2. (II) Understanding of the role of the certified occupational therapy assistant, registered occupational therapist, and occupational therapy consultant.
3. (III) Understanding of patient relationships, emotional problems and dynamics of groups.
4. (IV) Understanding of body structure and functions, and diseases.
5. (V) Appropriateness of activity for patient and patient's condition.
6. (VI) Ability to do and to teach activity skills (crafts, parties, recreation, remotivation, work, music).
7. (VII) Understanding of other persons' roles, training and background.
8. (VIII) Organizational Skills
 - A. (VIII-A2) Administrative structure
 - B. (VIII-A2) Relationships with administrator and other staff
 - C. (VIII-A4) Supervision
 - D. (VIII-A5) Program Analysis
 - E. (VIII-A6) Schedule
 - F. (VIII-A6) Records
 - G. (VIII-A7) Budget
 - H. (VIII-A9) Legal aspects
 - I. (VIII-A10) Departmental planning for physical plant
 - J. (VIII-B) Volunteers
 - K. (VIII-C) Public relations
 - L. (VIII-D) Community services
9. (XII) Personnel policies
10. (XIII) Appropriate use of Terminology

subjects discussed during previous visits. It was recognized that although each consultant would perceive situations differently, this format would provide a standardized approach to reporting information. It was also understood that the number of topics discussed in each visit would depend upon the circumstances and could vary from one topic to several.

Section III provided an opportunity for the consultant to include information based on personal observations and feelings. It was recognized that these were subjective remarks but it was considered important to provide an opportunity for the consultants to record impressions which could not be included under Section II.

The GUIDELINES for consultative visits to COTA's (page 559) corresponded with the major units of the curriculum outline. For most of the reports, the Occupational Therapy Consultants summarized the visit on the basis of these guidelines.

A consultation report was completed following each visit to a COTA. A copy was forwarded to the project headquarters. The remainder of this section summarizes data from the 175 consultation reports.

SUMMARY OF CONSULTATION REPORTS

The summary represents data from 175 reports by State Board of Health Occupational Therapy Consultants following visits to forty-six COTA's employed in Activity Programs during the period from March, 1965, through August, 1967. Information pertaining to frequency and length of visits and who initiated the visit was tabulated. The "subjects discussed" section of each report was reviewed jointly by two of the project staff. To analyze the volume of information contained in the reports, a system was devised for coding "subjects discussed". After all reports had been

coded by the project staff, they were resubmitted to the consultant who had written the reports for review and approval.

SECTION I: GENERAL INFORMATION

Account was taken of who initiated the visits by the consultants to the COTA's. Theoretically, this is the prerogative of the consultee (COTA). In practice, however, for various reasons, several different persons or combination of persons initiated the consultation visits. These included the COTA, the COTA and the Administrator, the Occupational Therapy Consultant, the Occupational Therapy Consultant and the COTA, and the Director of Nursing.

It became an established part of the training course for an Occupational Therapy Consultant to discuss with the students how the consultants might be of assistance to them when they returned to the job. Emphasis was placed on the availability of the consultants, their role as consultants rather than supervisors, responsibility of the COTA to the administration of the home, and the responsibilities of the COTA in the consultative or helping relationship. Each of the students was provided with a copy of the "Statement Regarding Supervision of Occupational Therapy Assistants" (Exhibit A, page 647). In a few instances appointments for the initial visits of the Occupational Therapy Consultant to the nursing home were made by the students at the time of this classroom discussion.

When the students completed the course and returned to their jobs, it was soon noted that frequently the COTA's did not initiate the first visit. Reasons for this varied, but in general seemed to be because they were not able to ask for help, did not recognize the need for help, or were preoccupied with establishing their program or their role as an Activity Director. When the consultants did make a visit, however,

they observed that most of the COTA's needed some help soon after they were back on the job. For this reason the consultants decided to initiate the first visit if a request for consultation was not received from the COTA shortly after he or she returned to the job. Interestingly enough, the consultative relationship did not seem to suffer because of this departure from the accepted practice of consultation.

The frequency of consultation visits ranged from about once every two weeks to once every five months. Factors influencing the frequency of visits included the needs of the COTA as perceived by the COTA, the administrator and/or the consultant; the consultant's work schedule; the interpersonal relationship between the COTA and the consultant; and other more subtle factors.

Some COTA's requested more frequent visits than seemed necessary to the consultant; some who needed help did not request it. The pressure of the consultants' other program responsibilities made it impossible, at times, to maintain the frequency of visits desired by both the COTA and the consultant.

With time and experience, a desirable pattern for consultation emerged. Application of the pattern, of course, had to consider each individual situation, but it served as a general guide:

The Consultant should make the first visit to the institution shortly after the COTA had completed training and had returned to work. Arrangements for the visit should be made by the COTA and Consultant during the latter part of the training course. The Consultant should take the initiative in arranging the first visit if a request had not been received from the COTA within a month or six weeks.

More frequent visits should be made during the first few months with a gradual decrease depending on the need.

CHART XXV

A SUMMARY OF 175 REPORTS

of State Board of Health Occupational Therapy Consultants' Visits to C. O. T. A.'s
Employed in Activity Programs Showing Number of Times Curriculum Subjects were
Discussed by Selected Pertinent Factors

SUBJECTS DISCUSSED	CODE											
	1	2	3	4	5	6	7	8	9	10	11	12
Professional Ethics		3	1	4	1		2			2	1	4
Role of C. O. T. A., O. T. R., O. T. C.	5	4		1	2	1		3	4	1	5	28
Interpersonal Relationships, Group Dynamics	5	10	2	3		4	2		5	3	9	7
Body Structure and Function	1	3	2	1					2	2	2	4
Selection of Activity	7	15	3	9	6	9	7	8	8	5	22	7
Activity Skills	6	9	1			7	4	3	4	2	15	14
Relationships With Administration and Other Staff Members	10	18	2	6	13	5	13	2	2	7	7	22
Supervision	1	6		1	7		4		1	1		16
Program Analysis	7	27	4	6	6	14	5	10	3	6	15	12
Schedule	3	21	1	6	4	5	6	6		4	16	18
Records	2	16		6	4	14	6	9	8	4	9	21
Budget	2	9	1	2	5	3	3	1	1	5	7	29
Legal Aspects	4	2		1	1		2	2	1		2	11
Planning Physical Plant	5	20	7	10	20	6	1	7		8	12	6
Volunteers	4	13	4	3	4	15	2	16	5	5	16	25
Public Relations		1	2			4	3		1		1	10
Community Services						4	1	3	2			4
Personnel Policies						4	1	2	2			4

CODE FOR CONSULTATION SUMMARY

1. Perceived as problem by Certified Occupational Therapy Assistant
2. Perceived as problem by Occupational Therapy Consultant
3. Perceived as problem by all concerned
4. Working toward solution
5. Continuing concern
6. Program shows growth
7. Program maintaining adequate level of function
8. Program planning phase
9. Request for additional information
10. Difficulty identified - no recommended action
11. Difficulty identified - possible solutions discussed
12. Discussed - no basis for coding

As might be expected in some instances, several visits were made by the Occupational Therapy Consultant before the COTA showed confidence and felt comfortable in her working relationship with the consultant and was able to derive full benefit from it.

The length of consultation visits varied considerably, ranging from brief telephone conversations to a full eight hour day. A total of 650 hours, not including travel time, was spent by the consultants during their 175 visits to the COTA's over a period of thirty months. The average length of the visits was almost four hours.

SECTION II: REPORT OF CONSULTATION

From the analysis of the "subjects discussed" section of the 175 consultation reports, it was possible to gain information about what was happening as the COTA's returned to their places of employment and began to develop activity programs. Information became available with regard to the subjects discussed, new, existing or continuing problems and areas of concern and ways in which problems were being approached and solved. This information was compared with the course curriculum content in an effort to determine such things as strengths and/or weaknesses of the curriculum and areas of the curriculum needing additional or less time. It is important to point out that for this demonstration project no attempt was made to evaluate the effectiveness of the consultative process.

On the summary chart on page 563 under "subjects discussed" it should be noted that three subjects which appeared on the Guidelines for Consultative Visits to the COTA's do not appear on the chart. From the Guidelines, point number 7 (Understanding of other persons' roles, training and background) and point 8-A (Administrative structure) were combined with point 8-B (Relationships with

administration and other staff members). Not included on the chart because of the few times it was mentioned was point number 10 (Appropriate use of terminology).

The code developed and used for summarizing the consultation reports appears on page 563 below the chart. The code numbers 1 through 12 appear at the top of the chart. The numbers in the columns under each of the twelve codes and opposite each of the "subjects discussed" represent the total number of times the topic was discussed and the way in which it was coded. As an example on 3 occasions the subject "Professional Ethics" was coded 2 which indicates it was "Perceived as a problem by the Occupational Therapy Consultant".

In the original code developed there were 18 possible ways of coding the information. Six of these have not been included on the summary chart because of the small number of times they were used. The six codes not included are:

- Problem solved
- Problem at maximum level of solution
- COTA coping with existing situation
- Program shows no change
- Program appears to be deteriorating
- Change unable to be accomplished at this time

A number of observations can be made from studying the chart of the analysis of the "subjects discussed" on page 563. Some of these are:

In all the "subjects discussed" it is interesting to note the differences between what was

- Code 1: Perceived as a problem by the COTA
and what was
- Code 2: Perceived as a problem by the Occupational
Therapy Consultant.

It is also significant to note the number of times a subject was perceived as a problem by the Occupational Therapy Consultant as opposed to the COTA.

Some interesting trends may be observed by studying the coding for one subject. As an example, "Relationships With Administration and Other Staff Members" was:

Code <u>1</u> :	Perceived as a problem by the COTA and	. .	10 times
Code <u>2</u> :	Perceived as a problem by the OTC and	. .	18 times
Code <u>5</u> :	A continuing concern	. .	13 times
Code <u>7</u> :	Maintaining an adequate level of function and it was also	. .	13 times
Code <u>12</u> :	Discussed with no basis for coding	. .	22 times

In studying one "subject discussed" it is interesting to note the number of times a topic was discussed and the number of ways the information was coded.

"Planning Physical Plant"

Code <u>1</u> :	Perceived as a problem by the COTA	. .	5 times
Code <u>2</u> :	Perceived as a problem by the OTC	. .	20 times
Code <u>3</u> :	Perceived as a problem by all concerned	. .	7 times
Code <u>4</u> :	Working toward a solution	10 times
Code <u>5</u> :	Continuing concern	20 times
Code <u>6</u> :	Program shows growth	6 times
Code <u>7</u> :	Program maintaining adequate level of function		1 time
Code <u>8</u> :	Program planning phase	7 times
Code <u>10</u> :	Difficulty identified - no recommended action	. .	8 times
Code <u>11</u> :	Difficulty identified - possible solutions discussed		12 times
Code <u>12</u> :	Discussed - no basis for coding	. .	6 times

In 175 Consultation Reports the subject "Planning Physical Plant" was reported a total of 102 times (58% of the reports). The information was coded eleven different ways.

"Role of the COTA, OTR, OTC"

Code <u>1</u> :	Perceived as a problem by the COTA	. .	5 times
Code <u>2</u> :	Perceived as a problem by the OTC	. .	4 times
Code <u>4</u> :	Working toward solution	. .	1 time
Code <u>5</u> :	Continuing concern	. .	2 times
Code <u>6</u> :	Program shows growth	. .	1 time
Code <u>8</u> :	Program planning phase	. .	3 times
Code <u>9</u> :	Request for additional information	. .	4 times
Code <u>10</u> :	Difficulty identified - no recommended action	. .	1 time
Code <u>11</u> :	Difficulty identified - possible solutions discussed	. .	5 times
Code <u>12</u> :	Discussed - no basis for coding	. .	28 times

In 175 Consultation Reports the subject "Role of the COTA, OTR, OTC" was reported 54 times (31% of the reports). The information was coded ten different ways.

"Professional Ethics"

Code <u>2</u> :	Perceived as a problem by the OTC	. .	3 times
Code <u>3</u> :	Perceived as a problem by all concerned	. .	1 time
Code <u>4</u> :	Working toward a solution	. .	4 times
Code <u>5</u> :	Continuing concern	. .	1 time
Code <u>7</u> :	Program maintaining adequate level of function.	. .	2 times
Code <u>10</u> :	Difficulty identified - no recommended action	. .	2 times
Code <u>11</u> :	Difficulty identified - possible solutions discussed	. .	1 time
Code <u>12</u> :	Discussed - no basis for coding	. .	4 times

In 175 Consultation Reports the subject "Professional Ethics" was reported

18 times (10% of the reports). The information was coded eight different ways.

This analysis of information from the Consultation Reports provided data for comparison with the curriculum content.

COMPARISON WITH COURSE CURRICULUM

The foregoing analysis of information from the Consultation Reports provided data for comparison with the curriculum content. These data seem to give some indication as to the adequacy of the curriculum for preparing the students to function as Activity Directors. An examination of the chart reveals that several curriculum subjects were coded more frequently as a perceived problem or a difficulty identified than were others.

High on the list of those curriculum subjects which were coded most frequently were six topics from Unit VIII on Organizational Skills including program analysis, schedules, record keeping, budget, planning physical plant and volunteers. Judging from this, this unit should be strengthened by adding a sufficient number of hours to allow for more thorough coverage and discussion of these subjects.

Although to a somewhat lesser degree, three other curriculum subjects were among those frequently discussed or perceived as a problem. These were interpersonal relationships and group dynamics, Unit III, selection of activity, Unit V, and relationships with administration and other staff members which combined information from Units VII and VIII.

The other curriculum subjects although discussed, did not seem to present a particular problem or difficulty to the COTA.

SECTION III: REMARKS, GENERAL COMMENTS, QUESTIONS

The remarks in this section were based on the personal observations and feelings of the Consultants. The first group of comments were extracted from consultation reports made from a sequence of visits to individual homes. This is followed by representative comments selected from the 175 reports.

- Visit 1: Curriculum outline was requested by the Administrator
 Visit 2: Administrator requested information about some of the skills taught in the course. The COTA seemed reluctant to attempt to utilize some of the skills. Administrator was seeking insights or reasons for the reluctance.
 Visit 4: The COTA seems to be functioning adequately.
 Visit 5-6: The COTA needs continuing support from the Occupational Therapy Consultant and the Administrator.

- - -

- Visit 2: The COTA needs support periodically from the Consultant but with guidance the COTA is able to identify and solve problems.
 Visit 4: The COTA is growing in self confidence.

- - -

- Visit 1: The COTA is having difficulty adjusting to her new role.
 Visit 2: The COTA is still not confident in her new role.
 Visit 3: The COTA is showing more self assurance.

- - -

- Visit 1: The COTA was very concerned with two problems. These were the change of role from a nurse's aide to a COTA (Activity Director) and how to establish relationships with the staff.

- - -

- Visit 1: The COTA seemed very insecure in changing to a new role.
 Visit 4-5: The COTA is still very insecure.

- - -

- Visit 1: The COTA needs considerable guidance at the present time.
- Visit 5: The Occupational Therapy Consultant commented on the maturity of the COTA and the marked improvement in performance on the job.

- - -

- Visit 1: The COTA is "unsure" in her new role.
- Visit 2: The COTA is having difficulty with organizing her own time and the schedule for the Activity Program.
- Visit 4: The Occupational Therapy Consultant sees the need for more frequent visits.

- - -

The Occupational Therapy Consultant observes that the COTA seems to feel very adequate in her role as Activity Director and in starting a program in this new home. The COTA is pleased with her achievements.

- - -

The Occupational Therapy Consultant observes that the COTA is making a cautious, careful program beginning in this home. Time is set aside for a three way conference, COTA - Administrator - Occupational Therapy Consultant, at each visit.

- - -

The Occupational Therapy Consultant observes that there seems to be a difference in activity program perception between the Occupational Therapy Consultant and the COTA. After several visits with no change in attitude on the part of the COTA, the Occupational Therapy Consultant questions whether there are other approaches to discussion which might be used.

- - -

The Administrator of the Nursing Home stated that the COTA was doing very well in her new role as Activity Director. The COTA had established good relationships with the staff.

- - -

The COTA was discouraged and questioned her ability to function in her role. The Occupational Therapy Consultant feels that the existing problems center around administrative relationships.

- - -

The Occupational Therapy Consultant commented that during the visit she felt that the COTA was rejecting most of the suggestions being offered by the Consultant.

- - -

The Occupational Therapy Consultant commented that the COTA was unhappy in the work situation and administration of the home was not completely satisfied with the work of the COTA.

- - -

The Occupational Therapy Consultant commented that a problem existed because of the limited insight of the role of the COTA by the administration of the home. The Consultant felt that she had experienced some difficulty in interpreting the role of the COTA to administration.

- - -

The Occupational Therapy Consultant commented that although she did not feel that the COTA was functioning adequately, the administration of the home seemed satisfied with the program the COTA had established.

- - -

A quotation from one of the Occupational Therapy Consultants:
"Wow! What an excellent Activity Director!"

SECTION IV

CERTIFIED OCCUPATIONAL THERAPY ASSISTANT
ON-THE-JOB RATING FORMDEVELOPMENT OF FORM

At the completion of the first year of the project, the Staff reviewed the established procedures for obtaining data related to on-the-job performance of the Certified Occupational Therapy Assistant. It became apparent that with the existing procedures no follow-up evaluation of on-the-job performance was being obtained for one group of graduates, namely, those employed in institutions and working with supervision from a Registered Occupational Therapist. For this reason, the on-the-job rating form was developed by the Staff at the beginning of the second year of the project. Initially the form was used only for rating on-the-job performance of those COTA's working with supervision from a Registered Occupational Therapist. Later the use of the form was expanded to include an on-the-job rating for all COTA's working in activity programs.

The seventy-six items on the form (Exhibit B, page 648) were selected as being observable functions and skills of the COTA. They were organized under nine

Sections:

- A. Planning for Patient
- B. Planning for Program
- C. Relationships with Patients
- D. Relationship with Staff
- E. Supervision
- F. Volunteers
- G. Organizing and Implementing Activity
- H. Reporting
- I. General Performance

Also included on the form were three sections with specific questions to be answered relating to:

Job responsibilities of the COTA
 Changes made if the individual returned to a
 previous position following completion of the course
 Activity skills being used

The method of scoring the form SECTION A through SECTION I was as follows:

<u>RATING</u>	<u>POINTS</u>
Rarely	1
Part of the time	2
Most of the time	3
No basis for judgment	0

The range of possible points was from 76, the poorest possible rating, to 228, the best possible rating.

USE OF THE RATING FORM

Six months after an individual had completed the course, the performance rating for the COTA working with the supervision of a Registered Occupational Therapist was obtained. The rating form and the purpose of the evaluation was interpreted to the rater through a letter accompanying the form or by a personal contact made with the Registered Occupational Therapist by an Occupational Therapy Consultant from the Board of Health.

Near the completion of the third year of the project, performance ratings were obtained for all of the COTA's then employed in activity programs, with the exception of the group described in the previous paragraph. Occupational Therapy Consultants from the Board of Health explained the rating form and the purpose of the evaluation during visits to the employing agencies. The evaluations were completed by the

individual to whom the COTA was directly responsible within the agency such as the administrator or a registered nurse. This was done with the expectation that valid observations could be made of the performance of these other COTA's by those to whom they were directly responsible in the agency. It was hoped that these ratings would be at the same level of validity as those obtained from the Registered Occupational Therapist. However, it was the observation of the Occupational Therapy Consultant who interpreted this form to the COTA's immediate supervisor that in a large majority of cases these supervisors were unable to make valid judgments on many of the items on the form. This seemed to be due to the fact supervision had not been close enough or was of such a nature that there were few opportunities for observing specific functions of the COTA. This was frankly admitted in several instances by the individual who completed the rating. In addition, it was found that many of the supervisors had not yet gained a clear idea of the role and function of the COTA. Completion of the form therefore, however invalid, did serve the function of furthering the supervisor's understanding of the COTA's function as an activity director. For these reasons it was felt that a detailed analysis of each item in SECTION A through SECTION I could be misleading. It was decided to summarize the responses for all 70 COTA's section by section. A summary of the data for SECTION A through SECTION I as well as a summary of the tabulated responses for SECTION J and SECTION K follow.

SUMMARY OF DATA

On-the-job performance ratings were obtained for 70 COTA's employed in activity programs. The ratings were made by the individual to whom the COTA was

575
 CHART XXVI
 C. O. T. A. -- ON THE JOB RATING
 SUMMARY OF RATINGS RECEIVED BY
 70 C. O. T. A. 'S EMPLOYED IN ACTIVITY PROGRAMS

SECTION	PERCENT OF RATINGS EACH CATEGORY					
	1	2	3	0	No Response	Total Percent
A. Planning for Patient	4.7	15.0	67.3	10.3	2.7	100
B. Planning for Program	3.9	15.9	62.5	17.7	0.0	100
C. Relationship with Patients	1.7	12.7	85.5	.06	.04	100
D. Relationship with Staff	2.5	12.8	72.6	9.6	2.5	100
E. Supervision	7.1	15.2	73.1	4.3	.3	100
F. Volunteers	3.2	12.0	48.0	36.6	0.0	100
G. Organizing & Implementing Activity	.7	13.5	81.4	4.2	.2	100
H. Reporting	3.2	15.0	74.6	7.2	0.0	100
I. General Performance	3.6	16.2	78.1	1.9	.2	100

SCORING: 1-rarely, 2-part of the time, 3-most of the time, 0-no basis for judgment

directly responsible within the agency. These included administrators, assistant administrators, registered occupational therapists and registered nurses.

The information from SECTION A through SECTION I of the rating form was transferred to punch cards for computer programming. The answers to the questions in SECTION J and SECTION K were hand tabulated. The information relating to activity skills in SECTION L was transferred to punch cards for analysis.

SECTION A through SECTION I of the form.

The possible range of scores for the performance rating was from a low of

76 (poorest possible rating) to a high of 228 (best possible rating). The scores achieved by COTA's employed in activity programs ranged from a low of 98 to a high of 228. As mentioned earlier, no attempt was made to analyze the data for individual items on the performance ratings. However, an analysis was completed of the percent of ratings in each of the categories for SECTION A through SECTION I of the form. This was done by adding the number of responses in each of the scoring categories by section for each of the COTA's. These totals for each student were then added together to provide a profile for all 70 COTA's for that section. These totals were then converted to percents. The percent of ratings in each category for SECTION A through SECTION I of the form is shown on the chart on page 575. It will be noted that in addition to the Categories "1 - 2 - 3 - 0", a category "no response" was added to the summary.

The ratings in Category 1 (rarely) ranged from .7 percent for "Section G, Organizing and Implementing Activity", to 7.1 percent for "Section E, Supervision." In Category 2 (part of the time) the ratings ranged from 12.0 percent for "Section F, Volunteers," to 16.2 percent for "Section I, General Performance." A considerably wider range of ratings occurred in Category 3 (most of the time), with 48.0 percent for "Section F, Volunteers," being the low, and 85.5 percent for "Section C, Relationships with Patients," the high. In Category 0 (no basis for judgment) the range was from .06 percent in "Section C, Relationships to Patients," to 36.6 percent for "Section F, Volunteers." The range in the Category "no response" was from 0 percent for "Section F, Volunteers" and "Section H, Reporting," to 2.7 percent for "Section A, Planning for the Patient."

In comparing the percent of the ratings in each of the three categories it seems significant to note that the performance of the COTA's as viewed by their immediate supervisors, who for the most part were not Registered Occupational Therapists, falls within the most favorable rating Category 3 (most of the time). With the exception of "Section F, Volunteers", the section ratings in all of the sections fell in Category 3 over 60.0 percent of the time. Although no clear explanation was available from the data, the 36.6 percent rating in Category 0 (no basis for judgment) for "Section F, Volunteers", may be due to the fact that either they did not have volunteers or the COTA did not work with the volunteers.

SECTION J through SECTION K of the form.

The open-ended questions in SECTION J and SECTION K provided the immediate supervisor of the COTA the opportunity of stating some of the ways in which the position of Activity Director was being developed in the agency. It seemed significant with this new category of employed persons, that is a COTA as Activity Director, to obtain the employer's view of the job.

Summaries of the responses to the questions in SECTION J and SECTION K of the form follow. Numerical totals, if included, do not necessarily total 70. There were multiple answers given to some questions, or the question was not answered by everyone, or the question was not answered because it was not applicable to the situation.

QUESTION J -- 1. WHAT SPECIFIC RESPONSIBILITIES DOES THE COTA HAVE? LIST.

The chart on pages 578 and 579 lists the responses to this question. Itemized are the specific responsibilities of the COTA's as identified by their immediate

CHART XXVII

QUESTION J-1

WHAT SPECIFIC RESPONSIBILITIES DOES THE C. O. T. A. HAVE?
LIST

RESPONSIBILITIES	C. O. T. A. 'S FUNCTIONING	
	INDEPENDENTLY	UNDER O. T. R.
Assess patients' physical and mental ability	6	3
Assess patients' interests	8	2
Plan program of activities	17	8
Carry out program of activities	11	5
Plan group activities, i. e. recreation	9	8
Organize and conduct remotivation	5	3
Organize activities for special events, i. e. holidays, birthday parties	6	1
Encourage patients to participate in program	2	2
Schedule patient activities for department	4	3
Post activity schedules	3	0
Organize activities of home, i. e. chapel	3	0
Evaluate program (individual or group) and make changes when necessary	4	0
Assist in above evaluation program	0	1
Communication with other staff at meetings or informally	6	5
Supervise aides or staff in department	3	1
Supervise volunteers	15	9
Maintain public relations (newspaper articles)	2	0
Charge of community sponsored activities	4	1

continued - next page

QUESTION J-1
(continued)

RESPONSIBILITIES	C.O.T.A.'S FUNCTIONING	
	INDEPENDENTLY	UNDER O.T.R.
Observes patients and writes reports/notes on observations	3	0
Keeps records	18	11
Attendance	3	7
Expenses	4	2
Progress notes	4	2
Inventory of supplies	0	3
Order supplies and equipment	18	2
Assist in ordering supplies and equipment	0	1
Charge of donations	1	0
Maintain area in order	8	3
Responsible for repair and maintenance of equipment	5	5
Special favors for patients, i. e. shop	4	0
Responsibility for sale of projects	1	0
Transport patients	1	2
Full responsibility of program	13	1
Assist in program	0	7
Assist in specific treatment program	0	7
Exercise for patients (individual or group)	1	3
Assist with ADL activities	0	3
Assist patients with projects	0	6
Preparation for patients	0	3
Charge of program in absence of O.T.R.	0	2

supervisors. The information was divided into two categories: those COTA's functioning independently in an activity program with a periodic consultation from a Registered Occupational Therapist and those COTA's working with full or part-time supervision of a Registered Occupational Therapist. Information is also provided as to whether the item was identified as a responsibility by a Registered Occupational Therapist (COTA under supervision) or a non Registered Occupational Therapist (COTA functioning independently) rater and the number of times this occurred. Although no real significance can be attached to the division in the listing, it is hoped that it might stimulate further study of the relationship between the Registered Occupational Therapist and the Certified Occupational Therapy Assistant in different types of settings or work situations.

QUESTION J -- 2. WHAT RESPONSIBILITIES REQUIRE SUPERVISION AND HOW MUCH?

The majority of responses to this question listed general areas of the activity program which required supervision rather than identifying specific responsibilities which required supervision. Because of the non-specific nature of the responses with regard to the amount of supervision required, no attempt was made to record this. The activities which were listed by the raters as requiring supervision are summarized under headings as follows:

ACTIVITY PLANNING

Planning and carrying out a program of activities
 Planning group activities such as recreation
 Organizing and conducting remotivation
 Evaluating program (individual or group) and making
 changes when necessary

PATIENT RELATED ACTIVITIES

Assessing patients' physical and mental ability
 Observing patients and writing notes from observations
 Assisting patient with Activities of Daily Living
 Assisting in a specific treatment program
 Assisting patients with projects
 Assisting patients (individual or group) with exercise program

DEPARTMENTAL PROCEDURES

Record keeping (attendance, inventory, expense)
 Ordering of supplies and equipment
 Repair and maintenance of equipment
 Maintenance of the activity area
 Scheduling of activities for the department
 Preparation of projects for patients

ALSO LISTED AS REQUIRING SUPERVISION

Relationships with volunteers
 Communication with other staff at meetings or informally
 Organization of community sponsored activities

It was interesting to note that although it did not occur in all cases, in a significant number in which the COTA was working with the supervision of a Registered Occupational Therapist, the Registered Occupational Therapist identified the functions in which the COTA "assisted" as opposed to "having responsibility for." Here again, this may be indicative of the relationship between the Registered Occupational Therapist and the COTA in different types of agencies or work situations.

QUESTION J - 3. WHAT CHANGES IN THE PROGRAM HAVE BEEN IMPLEMENTED SINCE EMPLOYMENT OF A CERTIFIED OCCUPATIONAL THERAPY ASSISTANT?

Several different types of changes in the program were listed by the majority of those responding to this question. These items have been tabulated and are summarized under six main headings.

PATIENT/RESIDENT INVOLVEMENT IN ACTIVITY

Program for geriatric patients added
 Ward programs added
 More contact with patients confined to rooms
 Program for men has been expanded
 Entire program on the extended care facility has been implemented since the COTA returned
 Expanded program to encompass all patients
 Increased activity program for infirmary patients
 Daily instead of weekly group exercises
 Activities of Daily Living practice with individual patients expanded
 Program has expanded with more activities, more varied programs and the interest of more patients
 Program is planned with organized activities involving individuals and groups of patients
 Maintenance program for adults has been assigned to the COTA
 Rehabilitation program has been expanded since the COTA was added
 Amount and depth of patient involvement in activity has been upgraded considerably and noticeably
 Although the COTA has kept the ambulatory residents active and interested, she needs to do more with people who do not come to activity

ACTIVITY PROGRAM DEVELOPMENT

The program was organized and developed after the individual returned from taking the training course/or
 The program was initiated with the employment of a COTA
 Remotivation groups added
 Wider variety of activities in the program
 More recreational activities such as games and socializing
 Discussion groups added
 Implemented group recreation activities
 Activity program is organized on a daily basis
 New crafts added
 More activity in the department
 More diversified and therapeutic program has been implemented
 More interesting activities for residents

CHANGES IN OTR RESPONSIBILITIES

Relieved the OTR of general shop supervision
OTR was freed from routine Activities of Daily Living
training following evaluation of the patient

VOLUNTEERS

Volunteer program developed
Volunteers being used differently

FACILITIES

Moved to larger area
Improved use of supplies

CHANGES IN THE PERFORMANCE OF THE INDIVIDUAL

Individual more effective in work with residents
Not many changes but better organized and more
work being done
New ideas of observation, activities, record keeping
More interest in participation in activity by residents
through her constant encouragement
At staff meeting the COTA has brought up new ideas
for total patient care
Greatly expanded program of goal directed activity
More professional approach
Better depth of understanding of resident needs
Plans that had been made for changes have not been
put into effect because of the inadequacies of the
individual

The total number of responses was less in section K since the questions
did not apply unless the individual had been an employee of the institution before
taking the training course.

QUESTION K -- 1. WHAT CHANGES IN THE ASSISTANT'S JOB RESPONSIBILITIES HAVE BEEN MADE SINCE THE TRAINING PROGRAM?

Responsible for a new geriatric program
In charge of activities as Activity Director with

appropriate responsibilities
 Responsibilities are better defined as related to
 activity program
 Complete responsibility for activity programming
 Greater responsibility for providing activity for the
 physically handicapped patients
 Responsibility for initiating activity for maintenance
 patients
 Entire program of responsibilities has changed
 (individual was a nurse's aide before taking course)
 Activities of Daily Living training for individual patients
 after evaluation by the Registered Occupational Therapist
 Freedom in planning and implementing program
 Supervisory responsibility for two COTA's
 Responsibilities are approximately the same as was
 expected prior to the course, however, performance
 is greatly improved
 Responsibilities are the same, but the training course
 has brought a new dimension
 Responsible for routine preparation
 Attempting to remove responsibility for recruiting
 and orienting volunteers

**QUESTION K -- 2. WHAT CHANGES IN THE ASSISTANT'S PERFORMANCE
 ARE EVIDENT SINCE COMPLETION OF THE TRAINING
 PROGRAM?**

**UNDERSTANDINGS RELATED TO ACTIVITY PROGRAM DEVELOPMENT FOR
 PATIENTS/RESIDENTS**

Better understanding of how to meet individual and
 group needs through activity
 Sensitivity to the part activity plays in the total patient plan
 More aware of psychological approach to patient
 More understanding of and concern for progress or
 regression of patients
 More insight into medical and psychological problems of
 patients
 More understanding of medical histories and the importance
 of them
 More knowledge of occupational therapy in general
 More understanding of aging
 More acceptance of therapeutic goals as opposed to craft
 skills in and for themselves
 More interest in total patient care and happiness

Better understanding of diseases and the importance of activity
 More knowledgeable with respect to occupational therapy and patient problems
 Better organization of program both with groups and individuals

CHANGES IN GENERAL PERFORMANCE

Growth in self confidence
 More initiative
 More enthusiasm
 Does better planning
 Attitude and understanding of residents' needs reveals deep love for her work
 Greater sense of competency
 Able to function more independently and assume more responsibility

Improved ability to follow through on assignments
 More comfortable using craft media
 Performs more professionally
 More understanding as to the technique to employ in carrying out activities with each resident
 Ability to work with patients more effectively
 Feels more secure
 Takes initiative in suggesting new activities
 More poise and confidence as a COTA after first month
 More self assurance - requires less guidance
 Has more confidence, but has much improvement to make
 This individual functioned more effectively as a nurse's aide than as a COTA

NEW KNOWLEDGE/SKILLS

Knows more crafts
 Knows remotivation technique
 Increased knowledge of craft skills
 Increased knowledge of hospital ethics

QUESTION K -- 3. WHAT CHANGES IN JOB CLASSIFICATION AND SALARY HAVE BEEN MADE SINCE COMPLETION OF THE TRAINING PROGRAM?

Change in JOB CLASSIFICATION

Change in SALARY

Called Director of Activity

Salary above that of an aide. Further adjustments to be made

Changed to COTA

\$4800 yearly

Hospital Attendant I to O. T. Assistant

Salary increase

Nursing Service (Aide) to COTA

Increase in pay

Therapy Assistant I to Therapy Assistant II

Corresponding salary increase

Activity Assistant to COTA

\$260/month to \$325 month

Activity Director

No change

Nurse assistant to COTA

Hourly wage to monthly salary. Salary increase. Separate classification Comparable to licensed practical nurse

Activity Director

Immediate 7.5% raise. Six months later 15% additional raise

Nurse's aide to COTA

Pay increase

Officially COTA

Salary increase accordingly

O. T. Aide to O. T. Assistant

\$261.00 to \$303.00 monthly

Classified as a COTA

Upgraded to level of licensed practical nurse \$320 per month

Change in JOB
CLASSIFICATION

Change in SALARY

Aide to COTA	Increase in salary by 60¢ per hour
Housekeeper to COTA	No change
Nursing assistant to COTA	\$315 to \$340 to \$375 at intervals
O. T. Assistant	\$1.61 per hour to \$1.89 per hour
Recreation Director	\$1.30 to \$1.50 per hour
No change in classification	\$250 to \$325
Dining - kitchen helper to COTA (New job description being written)	No comment
Unchanged	Cost of living increase
No comment	Salary increase
No comment	50¢ per hour increase
No comment	Salary of practical nurse
Unpaid volunteer to O. T. Assistant	Paid staff member
No comment	Completion of course - one step pay increase
No change. Employee with hospital long enough to have reached maximum. Hospital union does not permit change in job classification	Salary range must remain same
Supervisory responsibilities	Salary raise and other privileges associated with it
No comment	\$240 to \$300 per month

Change in JOB
CLASSIFICATION

None (civil service)

No comment

No comment

Change in SALARY

Unlikely that changes in civil service salary range or job description will occur until the training course is available on much larger scale

Hired back at same rate

One raise 25¢ per hour. Would have been double but performance not up to expectations

SECTION L, SECTION M of the form.

The data reported in section L of the form relating to the activity skills used by the COTA were transferred to punch cards and summaries were obtained. The graphs of activity skills used are not included in this report since they were similar to those reported in the Follow-up Institute for course graduates as shown on page 612 of this chapter.

There was an insufficient number of additional comments in Section M to warrant tabulation.

SALIENT OBSERVATION

The on-the-job rating form was one of the tools developed as a part of the Demonstration Project. The analysis of the data from the initial use of the form indicates that it provides a good basis for making evaluative observations of the performance of the Certified Occupational Therapy Assistant. It is the opinion of the Project Staff that the form has potential and its use should be further explored.

SECTION V
FOLLOW-UP WORKSHOP

Twelve months after the completion of each course the graduates were invited to attend a one-day FOLLOW-UP WORKSHOP. The workshop was planned and coordinated by the course staff and was held in the city in which the particular course had been located. Besides the Course Director, the Assistant Course Director and the graduates of the course, the workshop was attended by the Occupational Therapy Consultant from the area of the state in which the course was conducted and a psychologist who served as observer, resource person, and discussion leader.

The agenda for the day was as follows:

MORNING

- | | |
|--------------|---|
| 9:00 - 9:15 | Coffee |
| 9:15 - 9:30 | Report of current information
about Demonstration Project |
| 9:30 - 11:30 | Sharing of ideas
Each Certified Occupational
Therapy Assistant was given
<u>six to eight</u> minutes to present:
A. One major <u>achievement or
success</u> during the past
twelve months.
B. One <u>problem or area of
concern</u> during the past
twelve months. |

AFTERNOON

1:00 - 3:00

Group discussion with the psychologist as the leader. The afternoon discussion was developed from achievements and problems mentioned in Points A and B in the morning session. Other subject matter was included as it was appropriate.

3:00 - 4:00

Project evaluation procedures. One-year follow-up examination, and Certified Occupational Therapy Assistant twelve-month evaluation of the training course.

The follow-up workshop provided an excellent opportunity to acquaint the Certified Occupational Therapy Assistants with current and new information about geriatrics, occupational therapy and activity programs. A display included recently published books, articles from periodicals, suggestions for activities, bulletin board ideas and poems or other information for use with discussion groups or remotivation sessions. Sufficient copies of many of the items were available for distribution to each of the Certified Occupational Therapy Assistants. A bulletin board emphasizing the "local scene" was also a part of the display and included newspaper articles about Certified Occupational Therapy Assistants and/or activity programs, news releases about the training course and photographs taken during the training course.

REPORT OF FOLLOW-UP WORKSHOPS

Follow-up workshops were held for Course I through Course IV. Insufficient time had elapsed since completion of the training to include follow-up workshops for Course V and VI in the demonstration project. Forty-seven of the 59 graduates of the first four courses attended the workshops.

<u>COURSE</u>	<u>NUMBER OF GRADUATES</u>	<u>NUMBER ATTENDING</u>
I	10	7
II	16	14
III	16	11
IV	<u>17</u>	<u>15</u>
TOTAL	59	47

Each of the psychologists invited to attend the workshop had been a guest lecturer in psychology for the course and was, therefore, familiar with the objectives of the project, the course curriculum, and the role of the Certified Occupational Therapy Assistant. Attending the first three follow-up workshops was Herman P. Epstein, M.A., Clinical Psychologist, Mt. Sinai Hospital, Milwaukee, Wisconsin. Attending the Course IV follow-up workshop were James J. Benning, Ed.D., Professor of Psychology, Wisconsin State University, Eau Claire, Wisconsin and John R. Thurston, Ph.D., Professor of Psychology, Wisconsin State University, Eau Claire, Wisconsin.

MORNING SESSION REPORTS

Notes on the reports by the Certified Occupational Therapy Assistants at the four workshops were compiled and are presented under the headings **SUCSESSES OR ACHIEVEMENTS** and **CONCERNS OR PROBLEMS**.

SUCSESSES OR ACHIEVEMENTS

The summary of successes or achievements is divided into four sections, namely, patient/resident involvement in activity, activity program development, administration of department and interpersonal relationships.

Successes or Achievements (Cont.)

PATIENT/RESIDENT INVOLVEMENT IN ACTIVITY

Several types of group activities have been initiated in different institutions:

Group projects

The program was started with \$10.00. Residents work on activities as a group, assembly line fashion. Activity is broken down into steps so that residents with different capabilities can participate. Residents are eager to receive credit for their accomplishments. This is done by means of a special bulletin board. Completed projects are sold and the money earned stays in the Activity Department fund. The residents insist on using the money they have earned. It has been used for resident activities such as chartering a bus for a trip or to purchase equipment for the activity program. To date two power tools, a saw and a sander, have been purchased so that wood-working can be added to the activity program.

A special Christmas project was organized to make toys for underprivileged children. This was primarily an activity for men.

The publishing of the home newspaper was taken over entirely by a group of residents with the COTA being the liaison person.

Group recreation

One COTA commented, "Initially this was tough to get started because of the resistance to activity by the patients."

Active recreation is held once a week.

Card tournament. The COTA initiated and organized the first tournament. The residents requested a second tournament.

Successes or Achievements (Cont.)

Remotivation sessions

Since taking the course the COTA has been very successful in organizing remotivation sessions with regressed patients. These are held at scheduled times twice weekly.

Remotivation sessions were initiated with a group of patients. Many of the patients have progressed to a more active discussion group.

Discussion groups

The idea of a discussion group was initiated by the COTA but now is primarily planned and carried out by residents.

In one home an "all men" discussion group is very active.

In some homes the discussion group is combined with a "social hour."

A number of the COTA's commented on the successess they felt they had had through contacts with individual patients/residents:

Each resident is now provided a calendar of events each month.

The COTA has interviewed each patient to determine his interests. The diagnosis for each patient has been obtained from the director of nurses.

The COTA inverviews each new patient who is admitted to the home.

There has been a great challenge in trying to provide activities for patients who are partially paralyzed and have the use of only one hand.

There has been success in getting patients involved in activity after they had seemingly lost all interest. One patient started coming to activity after the COTA had talked to him almost every day for four months.

Successes or Achievements (Cont.)

- The COTA's expressed limited success in
- a. getting men involved in activities
 - b. getting all residents in the home involved in some type of activity
 - c. getting the patients to come out of their rooms for activity

One successful activity looked forward to by the residents is a tape recorded interview with one of the residents which is broadcast over the home intercom system.

Perhaps closely related to the successes experienced by the COTA's are personal comments made by two individuals:

One COTA stated that she felt that since she had taken the course she had a better understanding of people.

Another COTA commented that since taking the course she had the courage to go ahead.

ACTIVITY PROGRAM DEVELOPMENT

Many of the COTA's commented on the success they had experienced in establishing an activity program in a home which had not had one previously:

The activity program was started in a newly opened facility. The first activities organized were group recreation and chapel.

The program was started with the major accomplishment being just getting the residents interested.

One COTA, employed twenty hours a week in each of two nursing homes, has initiated and organized an activity program for the two homes.

The activity program was developed in the nursing home with an OTR part-time and a COTA full-time.

Successes or Achievements (Cont.)

The activity program was developed in a new facility. The families of the residents were interested in watching the residents become involved in activity. Comment from the COTA, "This is the most happy department in the home."

The cost of the activity program in the nursing home was underwritten by one of the service clubs in the community.

Comments were made by other COTA's regarding accomplishments or changes in established activity programs:

A program of talking books for the blind was initiated.

Activities on the ward were further developed and increased from one time weekly to one time daily.

A group activity, mission work, was initiated with the patients on a one time weekly basis.

New and different activities were initiated with the patients.

Activities at the bedside and in the patients' rooms were initiated.

The department (space and personnel) was enlarged and the budget was increased.

An activity program was initiated on the geriatric ward.

Activity areas were established on each floor.

Some of the achievements were related to community and volunteer involvement in the activity program:

Each month a birthday party is held with the residents of the home inviting a friend from outside the home.

Volunteers assist with the monthly birthday party.

Boy Scouts come to the home every Saturday morning and participate in recreational activities with the residents.

Successes or Achievements (Cont.)

In a newly opened home the people in the community were interested in the development of the activity program. Many organizations were very cooperative in bringing activities to the home.

Groups of residents from the home use community recreation facilities. Volunteers assist with regularly scheduled events such as twice weekly bowling.

ADMINISTRATION OF DEPARTMENT

Several of the COTA's felt that one of their accomplishments was the establishment of departmental records. Those that were mentioned included:

- Physician's referral for activity
- Attendance records
- Monthly report
- Notes on patient's chart at nursing station
- Periodic note on each patient
- Progress notes on patients

Other accomplishments which the COTA's felt were important were:

- Participation in staff meeting
- Continuing development of the activity program during several administrative changes during one year
- Development of a job description for the activity director.

INTERPERSONAL RELATIONSHIPS

The establishment of interpersonal relationships seemed important to the COTA's:

One COTA changed from the role of a volunteer to that of COTA (paid staff) without experiencing any difficulties.

One COTA who had been an aide experienced skepticism on the part of the aides when she returned -- quote, "You get paid for playing games?" The COTA now has the aides involved with helping her with activity.

Success or Achievements (Cont.)

Other COTA's reported having established good interpersonal relations with the staff. Several also mentioned having good communication with the staff.

One COTA who had been a nurse's aide mentioned how well she was accepted by the aides when she returned.

CONCERNS OR PROBLEMS

The summary of concerns or problems is divided into four sections, including, patient/resident involvement in activity, understanding the purpose of the activity program and the role of the COTA, use of volunteers, and administration of department.

PATIENT/RESIDENT INVOLVEMENT IN ACTIVITY

Many of the concerns or problems expressed by the COTA's were related to the involvement of residents/patients in an activity program:

What is the best way to approach patients?

How do you get patients to accept you? and How long does it or should it take? (Note: the COTA stated that in her experience it took at least two months to get the patients to accept you.)

How do you motivate patients who have not done anything for as much as ten years?

How do you motivate men to come to a group activity such as a birthday party? The COTA also commented "Men have many excuses for not coming to an activity."

What can you do initially to get the patients interested in participating in activity?

The residents were interested in participating in the activity at the home, but how do you motivate residents to participate in activities that are off the grounds of the home?

Concerns or Problems (Cont.)

What can be done to establish group activities as opposed to individual patient activities?

What can be done to make it easier for the hard of hearing people to become active in the program?

There was concern on the part of one COTA because of her inability to communicate with foreign speaking residents in the home.

There was concern expressed for needing more knowledge to:

Understand the reactions of patients receiving medication
 Understand how to adapt activities for different disabilities
 Understand how to evaluate and select the most suitable activity for the patient

UNDERSTANDING THE PURPOSE OF THE ACTIVITY PROGRAM AND THE ROLE OF THE COTA

There was feeling of concern expressed by a COTA about what happened when the program was first initiated. The attitude of most of the residents was one of non-acceptance of an activity program and non-acceptance of the COTA as a person. With administrative and staff support of the program and the COTA and with gradual development of the program over a period of time this feeling has changed to one of enthusiasm, interest and acceptance by all of the residents. The COTA feels well accepted.

The COTA's expressed concern with regard to interpersonal relationships with the staff of the institution. These seem to result from:

Lack of insight and cooperation on the part of the staff in scheduling patients for activity.

Lack of understanding of the role of the COTA and the purpose of the activity program. In one institution this improved when an OTR was employed full time.

Concerns or Problems (Cont.)

Lack of understanding of the need for and support of an activity program by the administration and staff of the home. The attitude seemed to be that an activity program was something "to be tolerated" rather than something that would contribute to total patient care.

Lack of acceptance of the individual in the change of role from nurse's aide to COTA. The nurse's aides the individual had previously worked with did not readily accept the change.

USE OF VOLUNTEERS

The COTA's expressed concern for needing additional information about several aspects of a volunteer program such as:

- How to develop a volunteer program
- How to get a volunteer program started
- Ways of recruiting volunteers
- Information to include in a volunteer orientation program
- Supervision of volunteers
- Recognition of volunteers
- Ways of using volunteers (job description)
- Ways of recruiting volunteers when it is a proprietary nursing home and it is not possible to draw volunteers from a central volunteer bureau

ADMINISTRATION OF DEPARTMENT

The concerns expressed by the COTA's with regard to administration of the department seemed to relate to six areas:

Referral for activity. There was a need for a more definitive referral for activity rather than the vague "anyone can go - do anything you want with them." There was also a need for obtaining signed referrals.

Space for activity. The designated space was inadequate to conduct an activity program.

Concerns or Problems (Cont.)

The arrangement of shared space, that is, conducting the activity program in the dining area, was unsatisfactory in some homes.

In some programs in group activities it was impossible for the COTA to provide adequate attention for patients because of crowded conditions. There were too many patients for the size of the space for activity.

Use of time. There was insufficient time provided for seeing patients on an individual basis.

There was insufficient time scheduled for record keeping and writing of notes pertaining to patients.

Supervision. The COTA's were concerned about working with the OTR's. In some situations with more than one OTR supervising, confusion existed because each therapist had different methods and ideas of ways to do activities and each expected the COTA to know her methods.

The COTA's were concerned in situations in which no job description had been developed.

There was little or no communication with other staff members in some homes because the COTA did not attend staff meeting or no arrangements had been made for exchange of information.

Communication with administrator. There was little or no opportunity to communicate with the administrator of the institution because he was always too busy.

Budget. No budget was provided for the activity program. The administrator felt that scrap materials should be used to conduct the program.

AFTERNOON SESSION

The afternoon session of the workshop focused on the functioning of the Certified Occupational Therapy Assistants "on-the-job." With the psychologist as the leader, the group directed its attention toward a discussion of the previously

identified achievements and concerns as well as toward an exploration of other topics related to the role of the Certified Occupational Therapy Assistant. Because of their previous association in the course, the group members quickly felt at ease to freely discuss problems, ask questions and share ideas. To one observer this appeared to be a "re-creation of the group in the classroom setting following an interruption of twelve months." Many of the Certified Occupational Therapy Assistants felt that the group discussion was a vital part of the workshop and provided an excellent opportunity for problem solving and exchange of information.

COMMENTS FROM PSYCHOLOGIST

After each workshop, a conference was held with the psychologist to discuss his impressions of the Certified Occupational Therapy Assistants and his reaction to the workshop. It seems particularly significant to include here the recorded impressions made by Mr. Epstein following the workshop for Course I.

COURSE I - FOLLOW-UP WORKSHOP, April 11, 1966

IMPRESSIONS:

My major reaction was one of surprise and gratification at the growth in self-esteem and maturity shown by the group as contrasted with their projections of a year ago. Even those individuals who worked only one day per week showed observable strengths and a sense of integration and authority that was there only as a potential during their student experiences.

This type of focusing of personality motivation and direction is a usual development and concomitant of a satisfying and successful experience in a position of authority. What seemed particularly significant to me was that almost every report reflected the motivation to initiate new ideas, programs, and techniques. In working with an aging population whose only remaining defense against a rejecting world is withdrawal and "waiting for death," this quality of aggressive ability to initiate and follow through, in the face of

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initial disinterest, is of prime importance. The development and reinforcement of this personality trait should be an important objective of the Occupational Therapy Assistant training program. That the selection process and training of the first group should have had such success in this direction is probably not due to chance as much as to the direct exposure to teachers and Registered Occupational Therapists who had this quality in abundance. The contact in classes and field observation was sufficiently prolonged for learning by contagion to take place.

Fortunately (or unfortunately) the amount of supervision available to the newly placed graduates was not great enough to put the lid on this initiating tendency. This process was apparently helped along and reinforced by the ceremonials involved in certification, wearing of emblems, maintaining group identity, uniforms, titles, and other insignia of authority.

Their new identities seem to have had an impact on their personal and family lives as well as on the people they work with.

In an administrative position, I would tend to give this creative drive as much freedom as possible. As it becomes a significant factor in the Occupational Therapy field, it may serve as a lever and liberating force to push the Registered Occupational Therapist on to new levels of professional awareness.

Herman P. Epstein
Clinical Psychologist

SUMMARY OF COMMENTS BY PSYCHOLOGISTS

After the workshops for Courses II and III a conference was held with Mr. Epstein. A summary of his comments follows.

He was particularly impressed with the sincerity, altruism and professional spirit of the Certified Occupational Therapy Assistants.

From the reports, he felt that communication was a problem for some of the Certified Occupational Therapy Assistants and that poor communication was the basis for many of the problems in interpersonal relationships. He suggested that additional hours be assigned in the curriculum for improving communication skills.

Mr. Epstein felt the reports indicated that there was a need for provision for more frequent consultation with an OTR for the Certified Occupational Therapy Assistant, especially during the beginning phase of an activity program. He also felt that many times the Certified Occupational Therapy Assistant did not know when to ask for consultation. Mr. Epstein made a strong point of the fact that the more consultation that was available, the more effective the Certified Occupational Therapy Assistant would be.

In response to a question relative to qualities to look for in selecting students for a training course, Mr. Epstein listed three important attributes: altruism, administrative ability and verbal ability, and in that order.

A summary of comments by Dr. Benning and Dr. Thurston after the Course

IV workshop follows:

They felt that much of the success of the Certified Occupational Therapy Assistants and the training course itself was due to the selection process. They felt the mortality rate would have been rather high if the course had been on a "Come one, come all" basis. Contributing to the success also was the fact that all of these people were motivated to take the course.

They questioned the "many roles" some of the Certified Occupational Therapy Assistants had to assume once they were on the job.

Dr. Thurston thought that there might be a change in attitude in some of the Certified Occupational Therapy Assistants to more callousness since they had been working a year. He thought this might be true particularly in relation to the dying patient, but he found it was not so, as he saw none of this.

Both of the psychologists felt that the Certified Occupational Therapy Assistants freely expressed and discussed problem areas but that no one appeared to have a negative attitude toward his present working situation. They felt that all of the Certified Occupational Therapy Assistants had maintained their sense of humor.

EVALUATION -- ONE-YEAR FOLLOW-UP EXAMINATION

A one-year follow-up examination was one of several procedures planned for evaluating the course curriculum. It was designed to provide data about the amount of information the former students (Certified Occupational Therapy Assistants) had retained one year after the course, as well as providing information on the effectiveness of the curriculum and indicating areas needing change and revision.

At the follow-up workshop, the Certified Occupational Therapy Assistants were asked to participate in this evaluation procedure. One hour was devoted to the follow-up examination which was composed of a representative selection of questions from five sections of the course final examination, including body structure and function, medical lectures, organizational skills, activity goals and skills (Unit VI). The scores attained by the Certified Occupational Therapy Assistants on the five sections of the final examination given at the end of the course were compared with the scores attained on the follow-up examination given one year later. Because there was a difference in the final and follow-up examinations given for each of the six courses, making a difference in the total possible score, the raw scores were converted to percentages for the purpose of comparison among the courses. A mean score was then calculated for each of the sections of the "end of course final examination" and the "one-year follow-up examination." The graphs on pages 606 and 607 are a comparison of the composite of the mean scores on tests on three sections of

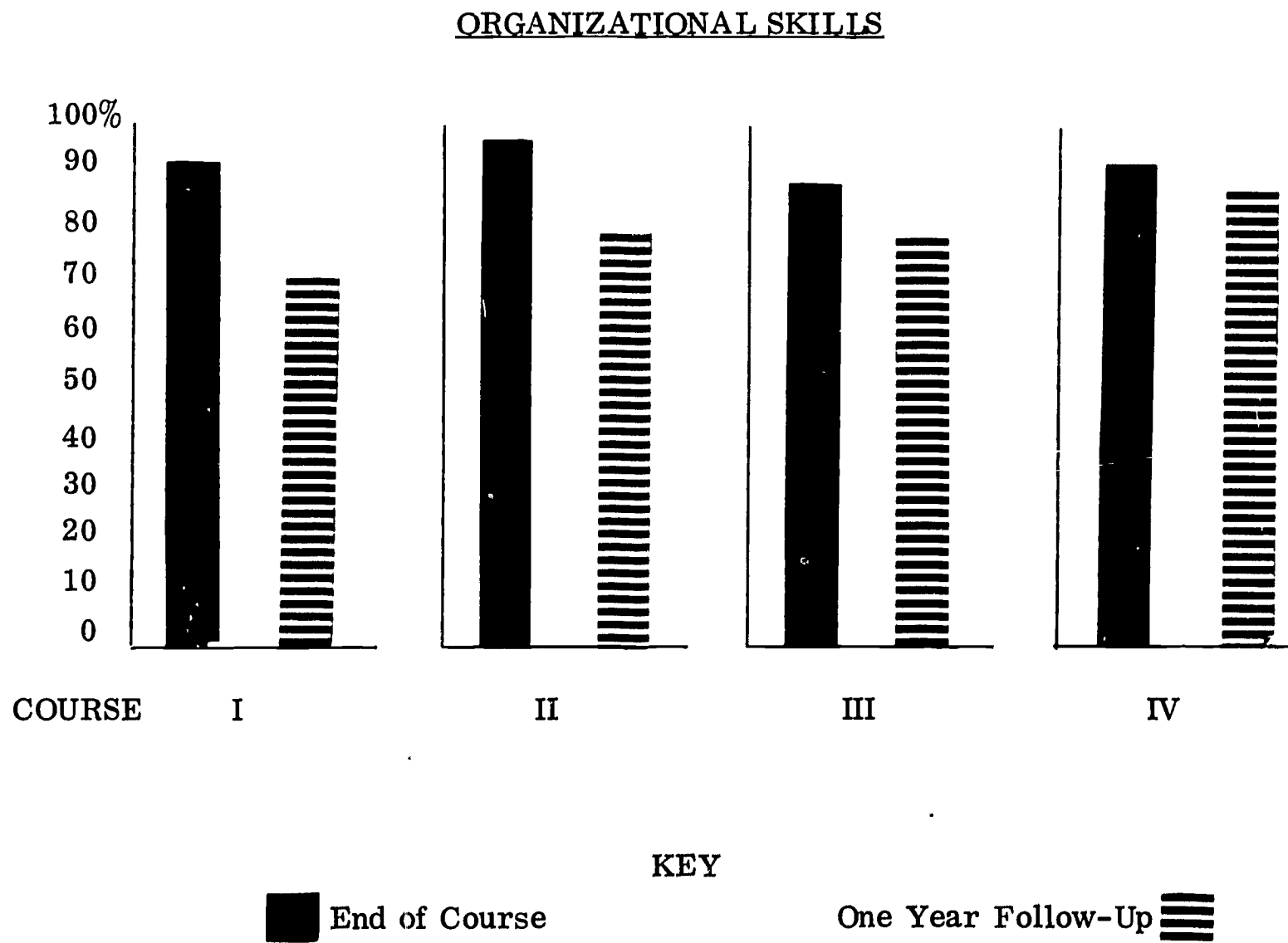
the curriculum given to students in Course I through Course IV at the end of the course and one year later. It may be seen from the graphs that for all four courses for two of the test sections, Body Structure and Function and Organizational Skills, there was a lower mean score for the one-year follow-up than at the end of the course. Perhaps of greatest significance is the fact that for three of the four courses the mean scores for Medical Lectures were higher at the one-year follow-up than at the end of the course.

Shown on the graphs on page 608 is a comparison of mean scores on tests taken at the end of Course III and one year later on five sections of the curriculum. A similar comparison for Course IV is shown on page 609 . In all five parts of the examination the mean scores for the one-year follow-up were lower than the end of the course with the exception of Medical Lectures, which was higher for the one-year follow-up.

The graphs on page 610 provide a comparison of the composite mean scores on the tests on the five sections of the curriculum given students in Course I through Course IV at the end of the course and one year later. Also included is the range in scores for the end of the course and the one-year follow-up.

FIGURE 19

COMPARISON OF THE COMPOSITE OF THE MEAN SCORES
ON TESTS ON THREE SECTIONS OF THE CURRICULUM
(Organizational Skills, Body Structure and Function, Medical Lectures)
GIVEN TO STUDENTS COURSES I THROUGH IV
AT THE END OF THE COURSE AND ONE YEAR LATER

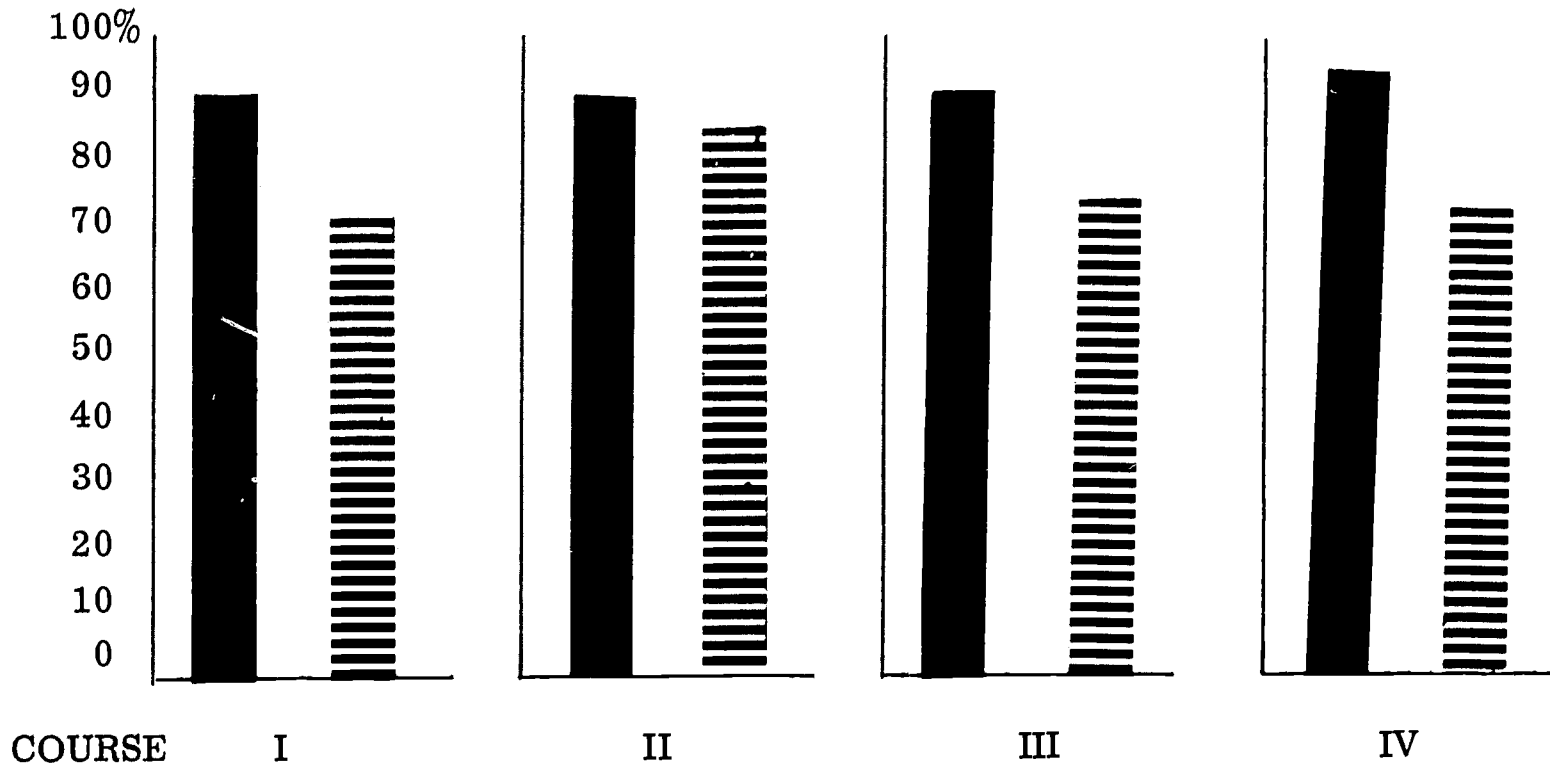


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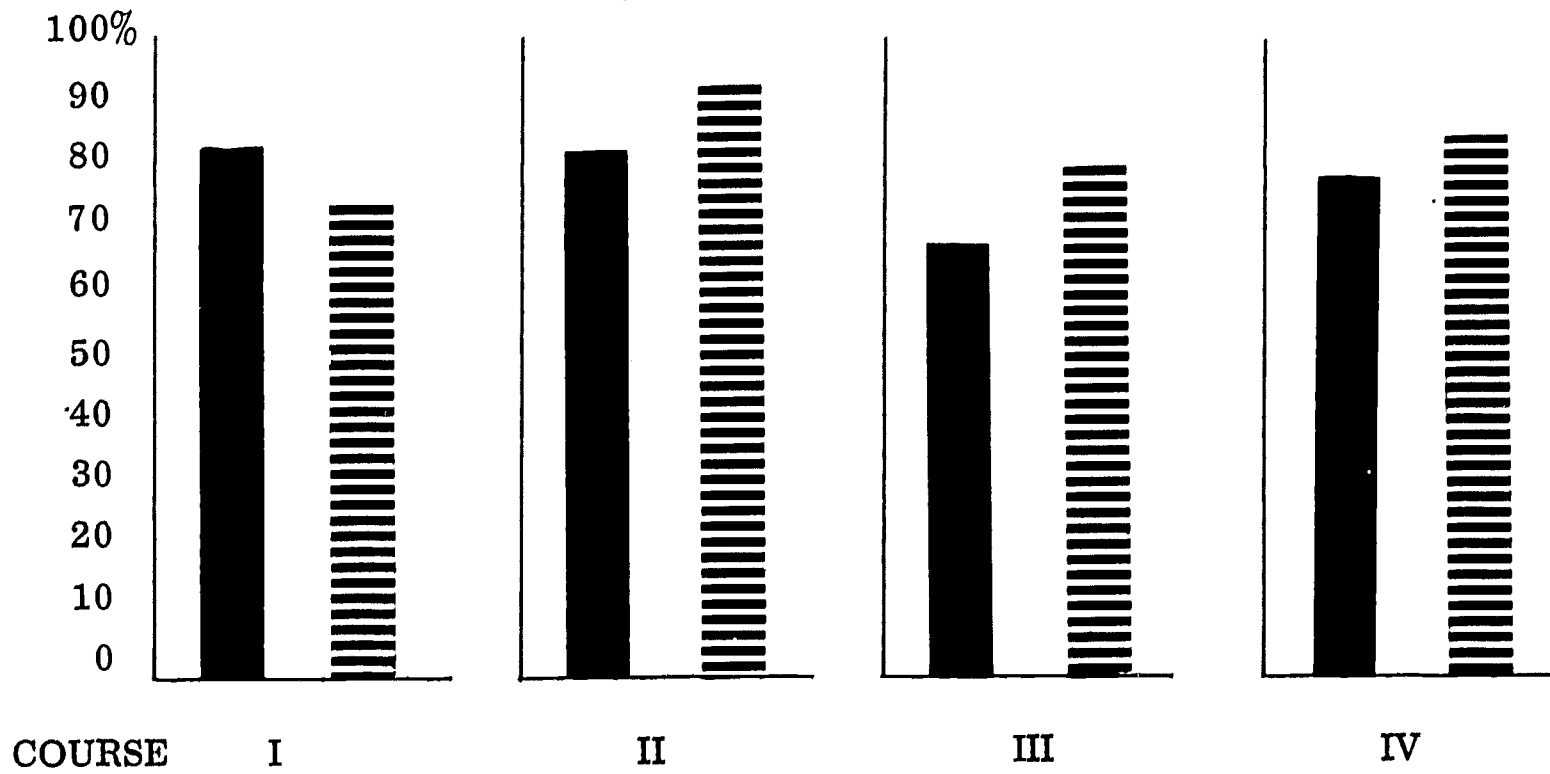
FIGURE 20

COMPARISON OF THE COMPOSITE OF THE MEAN SCORES (Continued)

BODY STRUCTURE AND FUNCTION



MEDICAL LECTURES



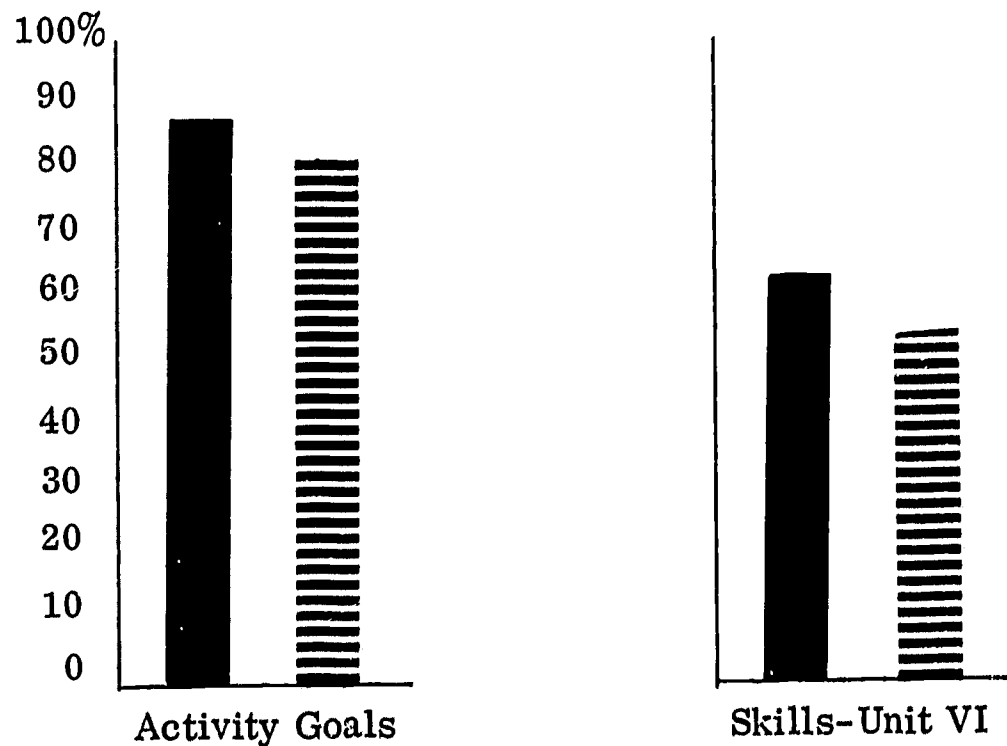
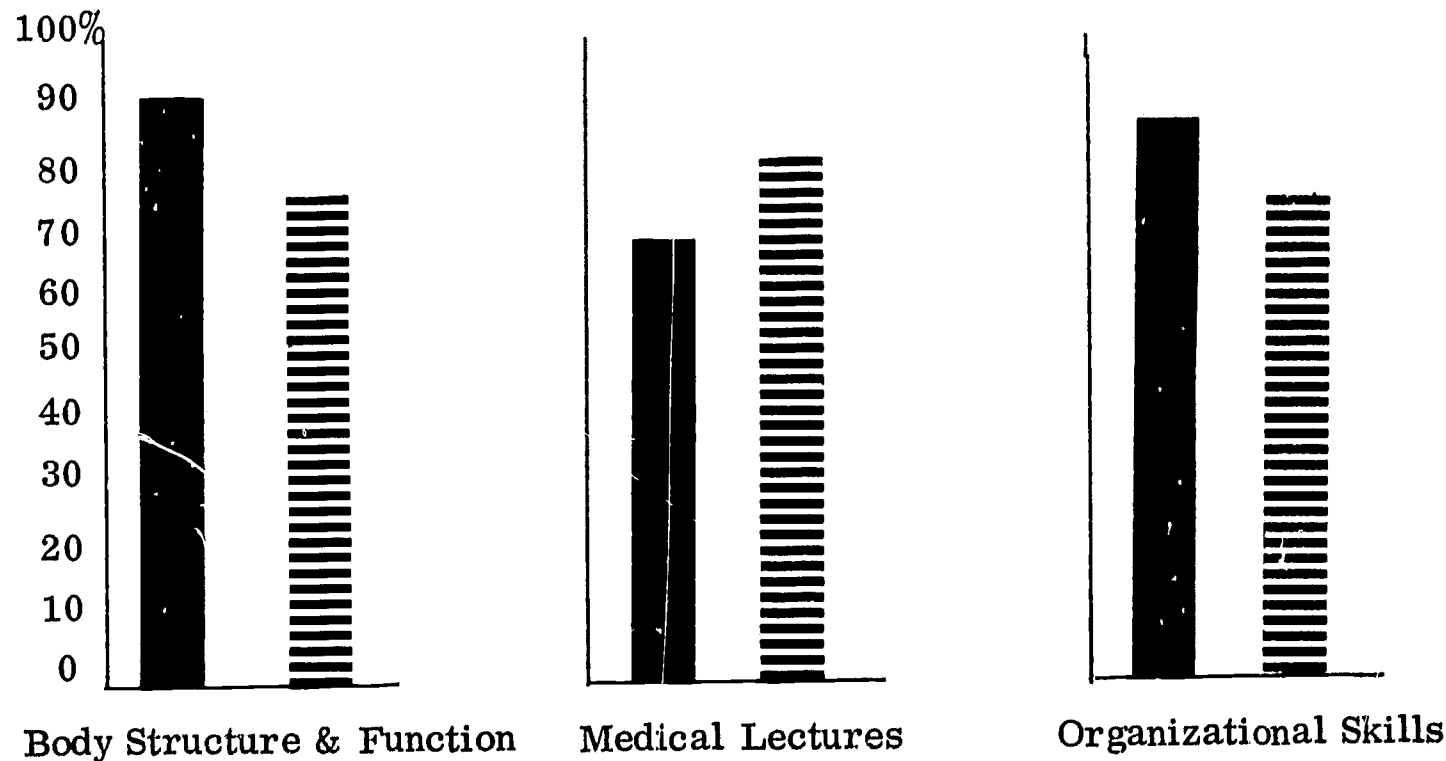
KEY

■ End of Course

▨ One Year Follow-Up

FIGURE 21

COMPARISON OF MEAN SCORES ON TESTS
 TAKEN AT THE END OF COURSE III AND ONE YEAR LATER
 ON FIVE SECTIONS OF THE CURRICULUM

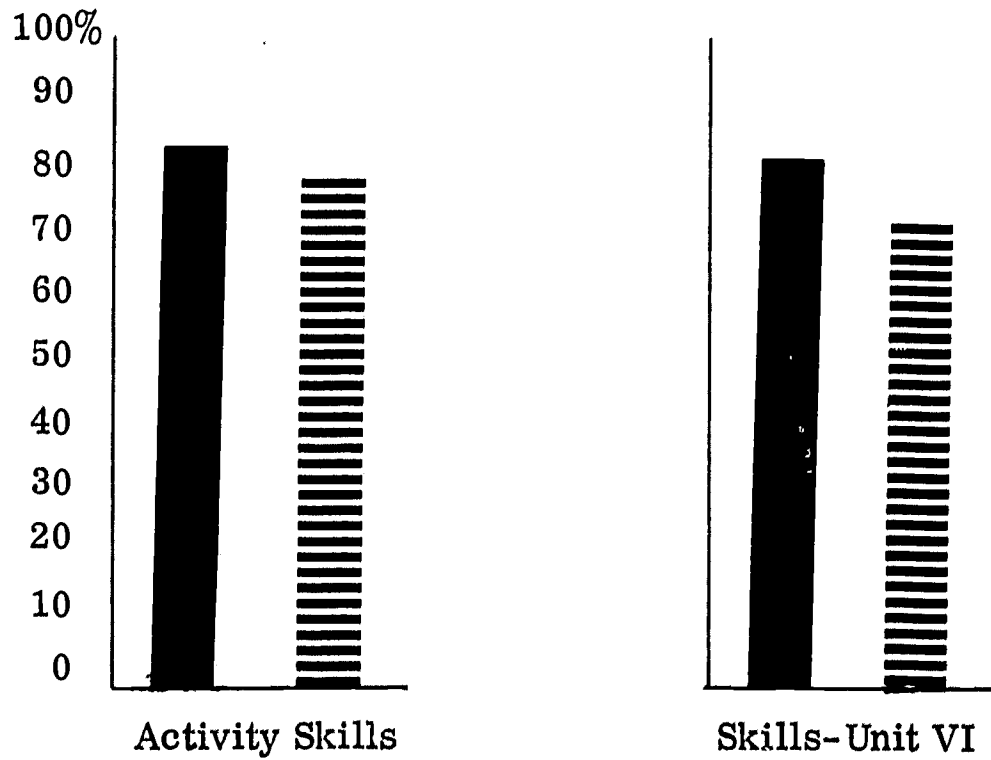
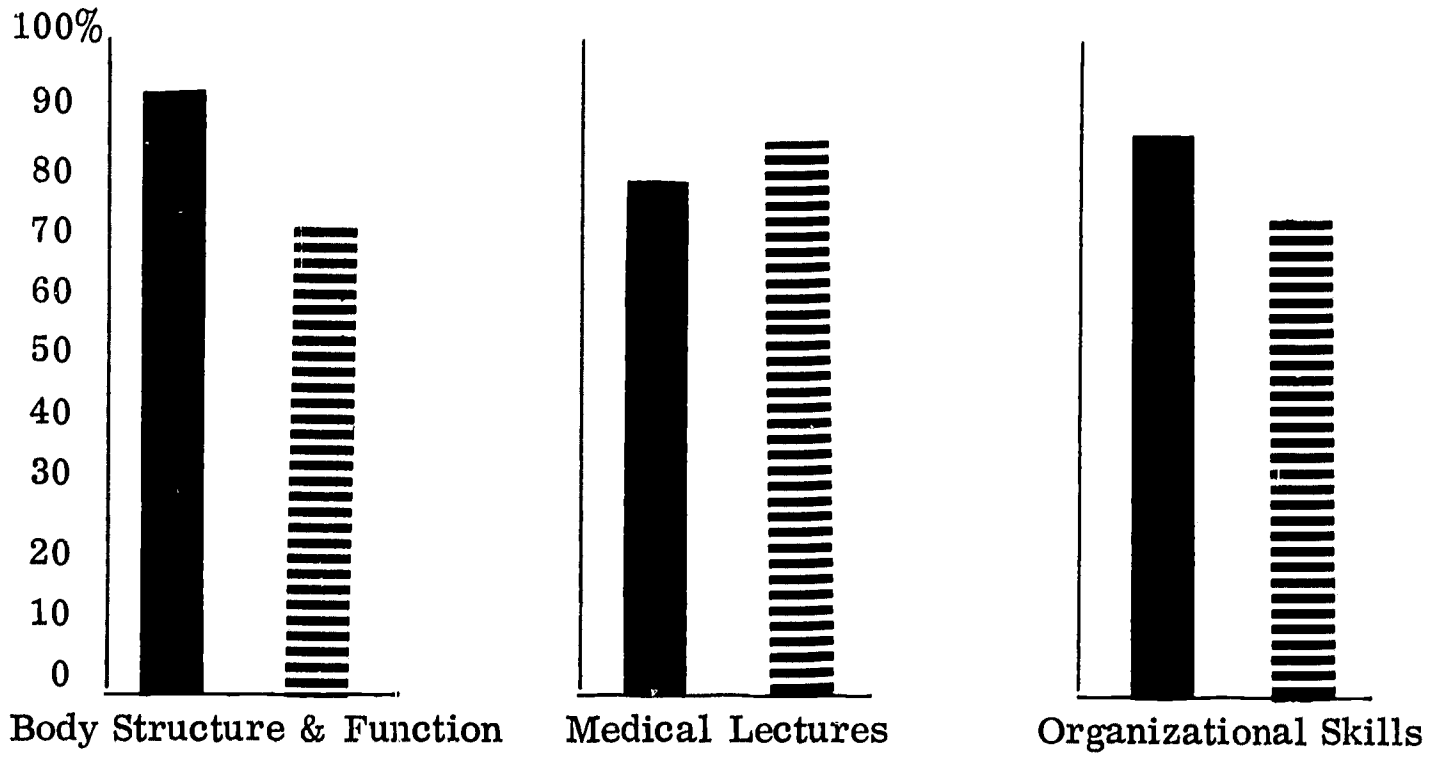


KEY

■ End of Course

▨ One Year Follow-Up

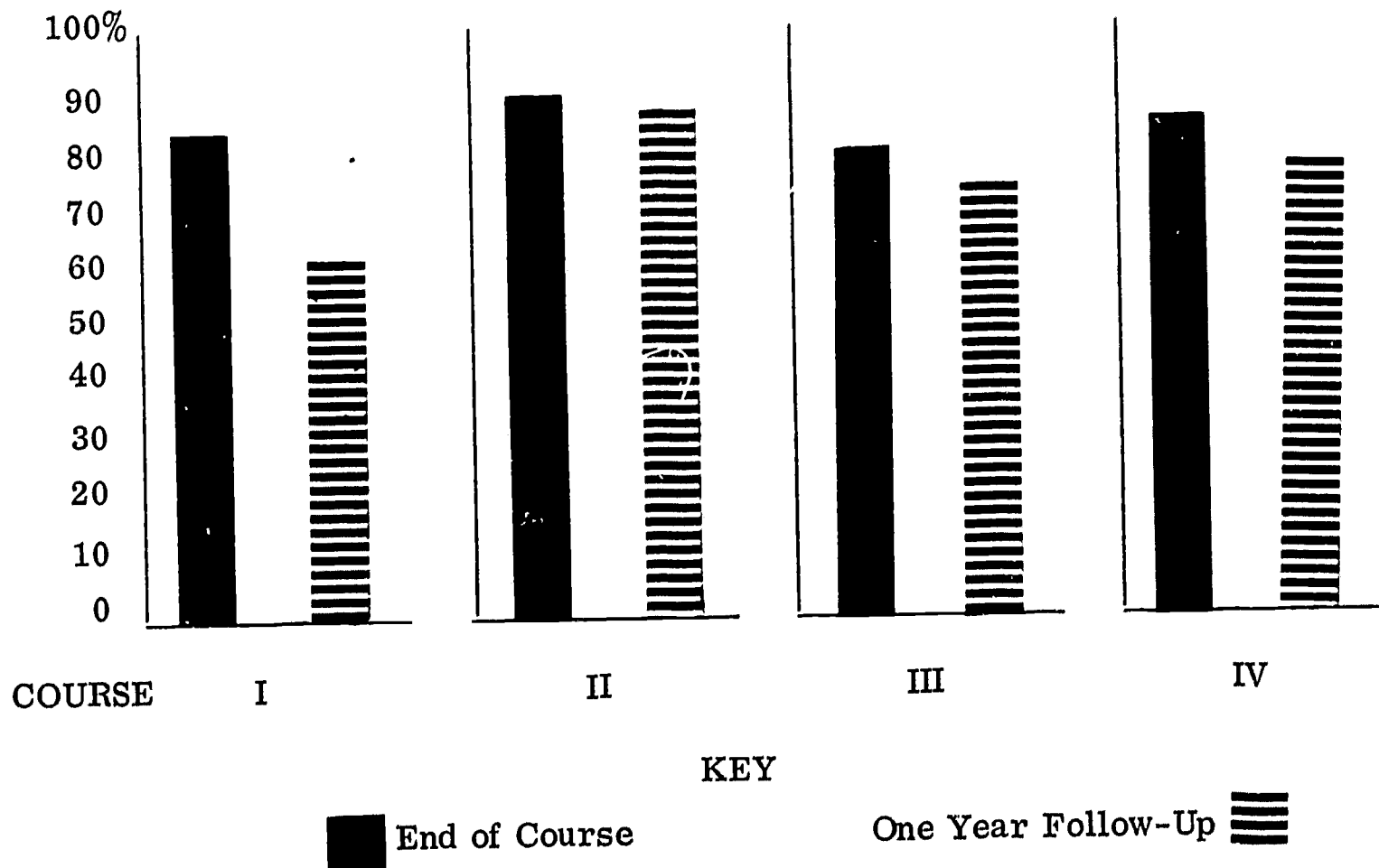
COMPARISON OF MEAN SCORES ON TESTS
TAKEN AT THE END OF COURSE IV AND ONE YEAR LATER
ON FIVE SECTIONS OF THE CURRICULUM



KEY
■ End of Course ▨ One Year Follow-Up

FIGURE 23

COMPARISON OF THE COMPOSITE MEAN SCORES
ON TESTS ON FIVE SECTIONS OF THE CURRICULUM
GIVEN TO STUDENTS COURSES I THROUGH IV
AT THE END OF COURSE AND ONE YEAR LATER



RANGE IN SCORES
(0 - 100)

<u>Course</u>	<u>End of Course</u>	<u>One Year Follow-Up</u>
I	77 - 95	48 - 88
II	88 - 96	79 - 96
III	65 - 90	60 - 88
IV	77 - 98	67 - 88

COTA EVALUATION OF THE COURSE

At the Follow-Up Workshop the graduates of the course were given the opportunity to complete a "COTA Evaluation of the Four Month Occupational Therapy Assistants Training Course", Exhibit C, page 655.

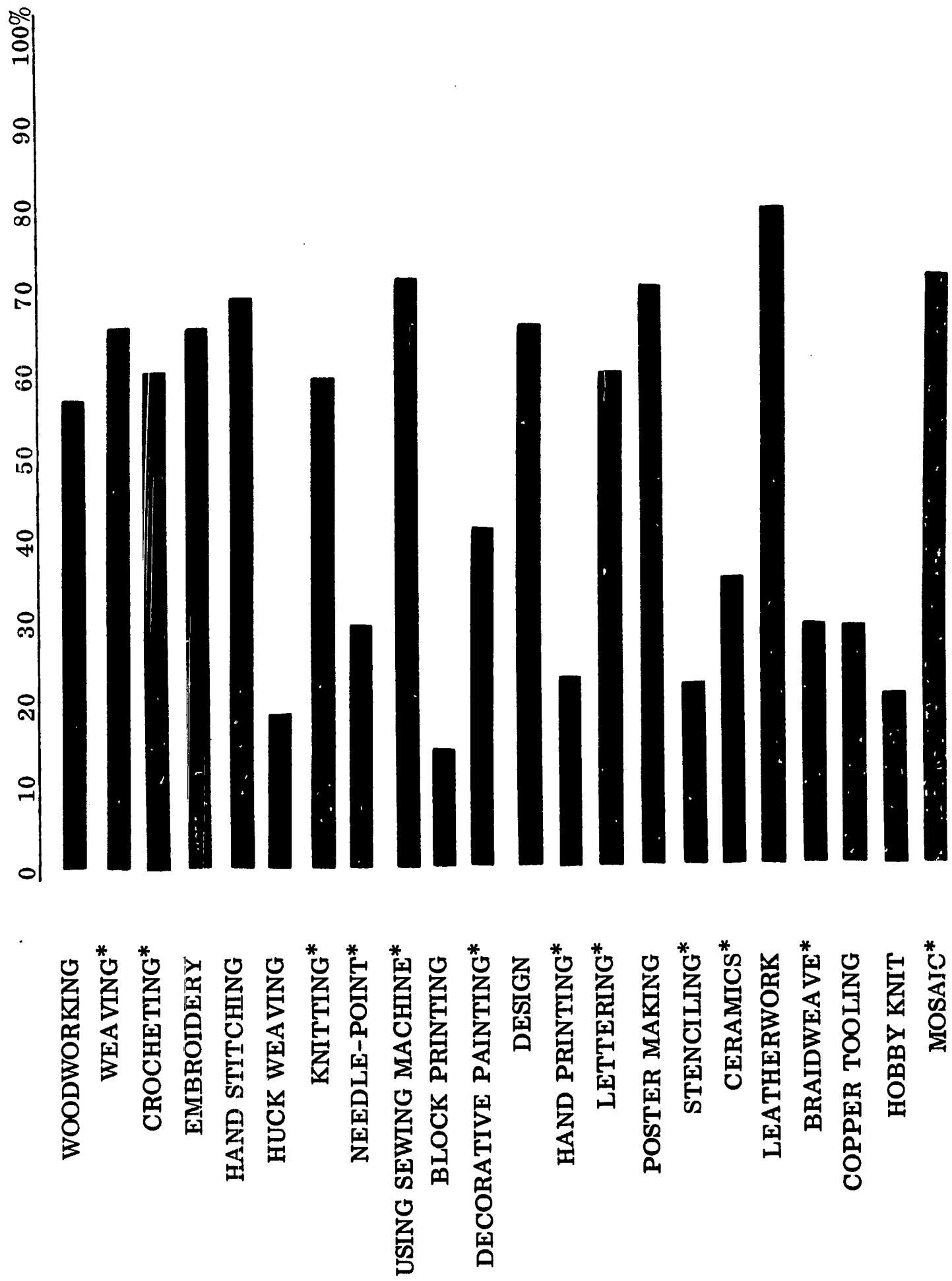
The questionnaires were mailed to the COTA one week in advance of the Workshop. The information which follows is a summary of the responses to the questions by 43 COTA's who were graduates of Course I through Course IV. Because it has not been one year since the Course V and VI graduates completed their training, Follow-Up Workshops have not been conducted with these two groups as a part of the demonstration project.

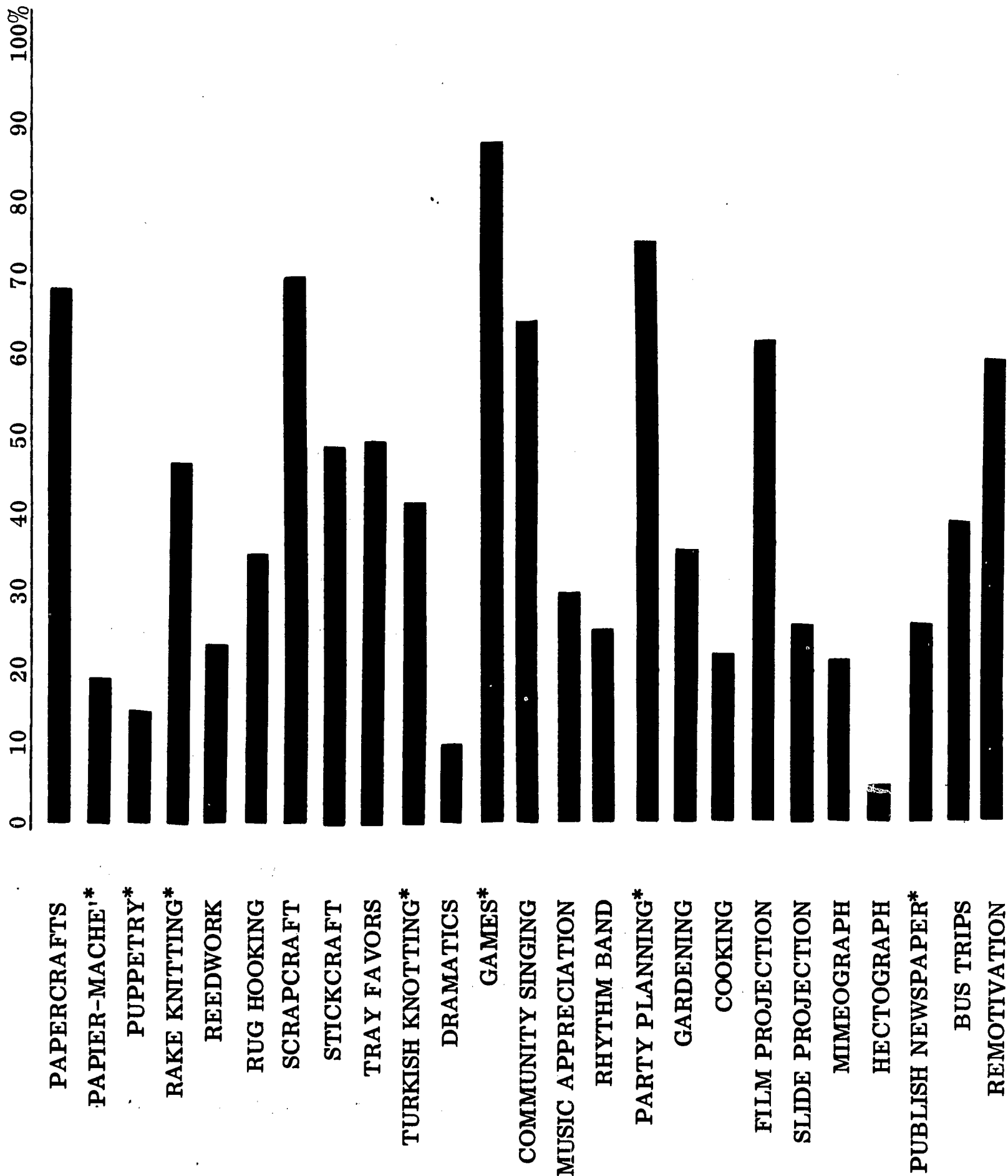
In Question I, Part A, the COTA's were asked to check x the activity skills used during the year since completing the training course. They were also requested to circle the (x) if they did not feel they knew enough about the activity to use it effectively with patients. The activity skills were those which had been included in the curriculum for the academic three months of the course with the list being identical to that which the students had checked at the end of the course (Chapter III pages 376 and 377. To obtain a summary, three categories were set up to facilitate transfer of the information to punch cards:

- 0 - not used
- 1 - used
- 2 - used, but not confident

The total number of responses in each of the three categories was obtained for each of the 47 activity skills. These numerical totals provided data about the number of COTA's who had used the activity, the number who had used the activity but were not confident in using it with patients, and the number who had not used the activity.

FIGURE 24
 ACTIVITY SKILLS USED BY GRADUATES AS REPORTED ONE YEAR FOLLOWING COMPLETION OF COURSE
 (Number in Sample: 43)





The number of responses in the category USED was converted to percents. The graphs for each activity skill on pages 612 and 613 show the percent of COTA's who indicated they had used the activity during the year since completing the training course.

From the graphs it may be seen that the percent of COTA's using the various activity skills since completing the course ranged from less than 10% for two activities (hctograph and dramatics) to more than 80% for two activities (leatherwork and games). Activities such as huck weaving, block print, handprinting, papier-mache' and puppetry were used by 10% to 20% of the COTA's. The majority of activity skills were in the categories of being used by 20% to 50% of the COTA's or 50% to 70% of the COTA's. The activities which were indicated as being used by more than 70% of the COTA's were poster making, using sewing machine, mosaic, scrapcraft, and party planning.

Activities marked with an asterisk on the graphs are those which the COTA's indicated they did not feel confident enough to use effectively with patients. Since the totals were small, these numbers were not converted to percentages. Eight COTA's indicated lack of confidence in using weaving with patients. All other activities in which COTA's did not feel confident were so indicated by five or less COTA's

Part B of Question I asked for activity skills, other than those listed, which had been used or had been learned since completing the course. Sixteen of the COTA's did not respond to Part B and three COTA's responded "none". Many of the COTA's listed specific activities which they had used or had learned. These are summarized under the following general headings:

<u>Recreation:</u>	card games, jig saw puzzles wheel chair dancing.
<u>Arts and Crafts:</u>	glass painting, charcoal drawing, sketching, making Christmas candles, making artificial flowers, art foam dolls, ribbon dolls, macaroni art, plaster of Paris figurines, driftwood art, rug making, shell craft, chair caning, upholstering, toy making.
<u>Outings:</u>	Resident attendance at community parade.
<u>Miscellaneous:</u>	Flower arranging, tearing carpet strips, rosary making.

A similar graphic chart of the activity skills used by the students during the one month of practical experience may be found in the Curriculum Chapter of this report on pages 376 and 377.

The responses to Questions II, III and IV (Exhibit C, page 656) were hand tabulated and a summary is presented. Numerical totals are not included since many of the COTA's listed several items in answering each question.

In response to Question II-A, "Considering the whole four month training course, what parts do you feel were the most valuable?", the COTA's indicated that the subjects in the course which they felt had been most valuable were medical lectures, psychology, application of activity (Unit V of the curriculum), body structure and function, activity skills including remotivation, organizational skills and practical experience. Some of the COTA's indicated that they felt "all parts" of the course were valuable and, therefore, did not itemize any specific subjects.

To the question, "In the three months of classroom work on what parts do you think you would like to see more time spent?", ranking highest on the list of subjects were psychology, psychiatry, application of activity and organizational skills (Question II - B). The COTA's also felt they would like to spend more time on some of the activity skills and mentioned specifically weaving, leatherwork, minor crafts and recreation.

A majority of the COTA's indicated there was nothing in the course on which they would spend less time (Question II - C). A few COTA's indicated a specific subject or skill on which they felt less time could be spent. These included body structure and function, needlework, woodwork and music.

For the most part, the COTA's responded "No" to the question of whether any subjects should be omitted from the course (Question II - D).

In response to Question II - E, "Do you think you would add anything to the course that was not previously included?", the COTA's indicated they would not add anything to the course but would "add to" many of the subjects presently included in the curriculum. The one topic frequently mentioned specifically by the COTA's for "adding to" was organizational skills (Unit VIII of curriculum).

In answer to Question III - A, "How do you feel about the length of the course - - - four months?", twenty-seven COTA's replied "Too short", while fifteen COTA's replied "Just right." There was one "Too long" response.

In checking the responses to Question IV - A, "Are there any other comments you care to make?", there seemed to be two types of comments being made frequently by the COTA's. The one comment related to a feeling of personal growth by the

individual with a typical answer being, "I feel I can proceed with confidence instead of by trial and error method and I get better results with patients." The second type of comment reflected the COTA's feelings about having been afforded the opportunity to take the training course and the value the knowledge gained has been in their work as activity directors. Some of the responses were "Being a COTA has opened a new field of employment for me." or "Just about every day I use something I learned from the course." or "When the need arises, the reference notes which we have from the course are very valuable."

SECTION VI

ACTIVITY PROGRAM DEVELOPMENT

One of the four defined objectives of the demonstration project was "To develop effective activity programs in nursing homes and other long-term care facilities and agencies by training Certified Occupational Therapy Assistants as activity directors." In order to identify changes which occurred in an institution's activity program it was determined that it would be necessary to design and develop a procedure for evaluating the program before the employment of a COTA and after a designated term of employment. Consultation and guidance in the design and development of the procedure was provided by Lawrence Fisher, Ph.D., Office of Research in Medical Education, College of Medicine, University of Illinois. The implementation of the procedure was the responsibility of the Project Coordinator.

THE PROCEDURE

The procedure developed by the Project Staff for evaluating activity programs was as follows:

1. Before the COTA returned from the training course and after twelve months of employment, an interview was conducted with the administrator and/or other key personnel of the institution to seek answers to specific questions about the essential components of an activity program. This included patient census, activities, kinds of patient participation in programs, personnel, budget, records, area and equipment. An **ACTIVITY PROGRAM QUESTIONNAIRE** was developed for use in conducting the interviews and for recording data obtained. The study was limited to identifying changes which might have occurred as a result of the employing of a COTA as activity director. No attempt was made to identify changes which might have occurred in the patients or in the personnel of the institution as the result of the development of an activity program.

2. A disinterested third person was employed to conduct the interviews with the administrators of the institutions. This procedure was followed in order to assure the collection of objective data for the project.

THE ACTIVITY PROGRAM QUESTIONNAIRE

The ACTIVITY PROGRAM QUESTIONNAIRE (Exhibit D, pages 658-66) was the tool used for gathering information while conducting the interview and recording the data obtained. An attached cover sheet "Directions to Interviewers" provided an explanation of the use of the questionnaire. Additional explanation and clarification of the use of the questionnaire was given by the Project Coordinator during an individual appointment with each of the interviewers.

The activity program questionnaire was organized into TEN sections each of which related to an aspect of the activity program. These TEN sections were:

<u>SECTION</u>	<u>ASPECT OF PROGRAM</u>
I	Institutional Census
II	Activity Participation
III	Personnel
IV	Assistants (other employees, volunteers)
V	Budget
VI	Records
VII	Area

(There was a total of 57 questions in Sections I through VII.)

VIII Inventory check list for determining what, if any, equipment was available for an activity program. The list, 17 items, was not all inclusive and its intended use was to serve only as a guide.

IX Chart listing 11 kinds of activities with space for recording the responses to questions 1 through 4 of Section II of the questionnaire.

(SECTION and ASPECT OF PROGRAM continued)

X	Chart for recording information about community groups providing volunteers for the institution.
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Two ACTIVITY PROGRAM QUESTIONNAIRES were completed for each participating institution. The first was completed before the COTA returned from the training course or in some instances when the COTA was first employed. The second questionnaire was completed after the COTA had been employed by the institution for twelve months.

THE INTERVIEWERS

Important to the obtaining of a valid objective evaluation of the activity program of an institution was the interviewer, that is, a disinterested third person. Retired or unemployed registered occupational therapists were selected as the group from which to recruit interviewers. It was felt that selection of these individuals would be advantageous because they would be familiar with activity programs and would be aware of what to observe while conducting the interviews. One or two interviewers were selected for each area of the state in which the course was being conducted. Whenever possible, the same interviewer conducted both the first and the twelve months later interview. The interviewers were provided with an orientation to the procedure by the Project Coordinator.

THE PARTICIPATING INSTITUTIONS (AGENCIES)

Institutions participating in the evaluation of the activity program were those employing a COTA (graduate of the course) full- or part-time as an Activity Director, with periodic supervision or consultation from a Registered Occupational Therapist.

The therapist could either be one employed by the institution or by the State Board of Health. Not included in the study were those institutions in which the COTA was working under full-time supervision of a Registered Occupational Therapist.

DATA FOR THIS REPORT

The information for this report was obtained from evaluations of the activity program in 28 INSTITUTIONS employing COTA's who were graduates of COURSE I through COURSE IV. The interviews in the institutions in the different areas of the state were conducted by 9 Registered Occupational Therapists. Additional information about the institutions, the COTA's and the interviewers follows:

THE INSTITUTIONS

28 Participating Institutions

25 Nursing Homes

13 Non-Profit

11 Proprietary

1 Extended Care Facility

2 Governmental Institutions

2 County

1 Hospital

1 General Hospital

The BED CAPACITY of the institutions was as follows:

<u>BED CAPACITY</u>	<u>NUMBER OF INSTITUTIONS</u>
0 - 50	10
51 - 100	5
101 - 150	8
151 - 200	1
201 - 250	2
451 - 500	1
501 - 550	<u>1</u>
Total	28

THE COTA'S

There were 28 COTA's who were graduates of COURSE I through COURSE IV who were employed in the institutions in which the activity programs were evaluated.

<u>COURSE</u>	<u>NUMBER OF COTA'S</u>
I	4
II	6
III	9
IV	<u>9</u>
Total	28

<u>PRIORITY GROUP</u>	<u>NUMBER OF COTA'S</u>
1	14
2	10
3	4
Out-of-state	<u>0</u>
Total	28

<u>AGE GROUPS</u>	<u>NUMBER OF COTA'S</u>
18 - 19	1
20 - 24	5
25 - 29	3
30 - 34	0
35 - 39	4
40 - 44	3
45 - 49	4
50 - 54	4
55 - 59	<u>4</u>
Total	28

Of the 28 COTA's

23 returned to the PREVIOUS PLACES OF EMPLOYMENT as activity directors.

5 accepted NEW POSITIONS as activity directors.

20 were employed FULL-TIME as activity directors.

8 were employed on a PART-TIME basis as activity directors.

- 26 received periodic CONSULTATION VISITS from the State Board of Health Occupational Therapy Consultants.
- 2 received CONSULTATION from a Registered Occupational Therapist employed part-time by the institution.

THE INTERVIEWERS

To conduct the interviews in the various areas of the state, nine different Registered Occupational Therapists were used. Whenever it was possible to arrange, the same interviewer was used for the two interviews at the institution (before the COTA returned and twelve months later).

There was a total of 56 interviews conducted in the 28 institutions. In 23 of the institutions (46 interviews) the same interviewer conducted the two interviews. In 5 of the institutions (10 interviews) one individual conducted the first interview and a second individual conducted the twelve months interview.

In arranging for the interviewers, one factor considered was the location (home base) of the therapists in relation to the institutions in which the interviews were to be conducted. For all of the different interviewers, the distance in miles traveled one way from home to the institution ranged from a minimum of 15 miles to a maximum of 120 miles. To 18 of the institutions the distance traveled was less than 25 miles one way. To 6 of the institutions the distance was 26 to 50 miles. To 2 institutions the distance was 51 to 100 miles and to 2 institutions the distance was 120 miles.

An analysis of the information obtained by using the ACTIVITY PROGRAM QUESTIONNAIRE for evaluating the activity program at the 28 institutions follows.

ACTIVITY PROGRAM QUESTIONNAIRE

ANALYSIS OF INFORMATION

In an attempt to identify changes which occurred in an agency during the Certified Occupational Therapy Assistant's first year on the job a sampling of the types of answers given to each question was taken from both the first and second agency reports. Categories were then set up for the responses to all questions. The number of categories per question ranged from 3 to 12 with an average of 6. An example of the types of categories set up for a question are the 8 categories set up for the question, "Who determines a resident's eligibility for participation in activity?". The categories established were: residents decide for themselves; nursing personnel; physician; staff meetings; Certified Occupational Therapy Assistant; Certified Occupational Therapy Assistant and nurse; other; and no answer.

After categories were set up for the responses to all questions, the course staff went through each questionnaire together and categorized the answers to all questions. More categories were added when needed. The information from each questionnaire was then put on punch cards for computer programming. The information was returned in two forms. In one form, the information about each agency was printed out giving the categorical responses to each question on the first and second reports side by side. Comparison of agencies' first and second reports was then facilitated. Secondly, totals for all agencies on the categorical response to each question were obtained for the first and second reports. This made clear any change between the first and second reports on all 28 agencies.

In the next section on the summary of information, the responses to most of the questions on the activity program questionnaire are presented. Though all of the questions are relevant to patient activities, only those questions are discussed which are pertinent to the organized activity program in the home.

SUMMARY OF INFORMATION

ACTIVITY PARTICIPATION

Under Section II, Activity Participation, much valuable information has been gathered on questions 1 through 4. The responses to these questions were recorded in Section IX of the activity program questionnaire. These data are not being presented because the variety of ways in which they were recorded, and the insufficient information on some agency reports made it difficult to identify change. This information will continue to be evaluated. The responses to question 6d, "Is there any other form of mass communication among or with the residents?", and question 8, "What small tasks do residents do around the home?", are not discussed because they do not seem to be particularly pertinent to the activity program.

A summary of responses to questions five through nine in Section II, Activity Participation, follows. The categorical responses of the 28 agencies on both the first and second reports are given to question five:

WHAT IS YOUR BASIS FOR GROUPING PATIENTS?

	<u>1st report</u>	<u>2nd report</u>
Mental capabilities	5	7
Physical capabilities	0	1
Mental and physical capabilities	5	3
Individual's interest	10	6
Physical setting of the home	1	1
None	2	3
Other	2	3
No answer	<u>3</u>	<u>4</u>
TOTAL	28	28

Ten agencies on the first report grouped patients according to the individual's interest while only six agencies did so a year later. Five agencies on the first report grouped patients according to mental capabilities. Seven agencies did so on the second report. This might imply that in the past there was a tendency to include in activities only those individuals who were able to demonstrate an interest in activity. This shift toward evaluating a patient's mental capabilities might indicate an awareness on the part of the activity director that individuals should be included in activities even though they may not be able to demonstrate an interest. Hopefully, the course helped instill in the students the importance of involving the less capable individual in activity.

During the one-year period the number of agencies with a home newspaper increased by two, from 7 to 9. It is apparent from the data that the residents in those homes contribute to the home newspaper on a regular basis by reporting or writing and being involved in the mechanics of publishing. Three of these homes indicated that the home newspaper was mainly a resident project.

Initially, seventeen out of the twenty-eight agencies had a resident bulletin board while a year later twenty-five reported having a resident bulletin board.

Thirteen agencies on the first report and twenty-one agencies on the second report stated that they had some means of reaching withdrawn residents. This finding is of particular importance because of the large proportion of residents in nursing homes who had been reported as being confused all or part of the time. The number of homes reporting involvement of residents in organized activities increased from 4 to 11. In addition, personal contact with the residents and encouragement of them by the staff was identified as a program activity in eleven agencies on the first report and eight agencies on the second report. It can be assumed that this indicated that

there were more homes, on the second report, having organized activities for the withdrawn resident.

Significantly, the number of agencies holding remotivation classes increased from 4 to 14 out of the twenty-eight agencies. Undoubtedly this was directly related to the fact that a 30-hour remotivation course was included as part of the Occupational Therapy Assistants training program.

Categorical responses to question 9a under Activity Participation are as follows:

WHO ORIENTS THE RESIDENTS TO THE ACTIVITY PROGRAM?

	<u>1st report</u>	<u>2nd report</u>
Administrator	1	0
Nursing personnel	2	0
Certified Occupational Therapy Assistant	17	22
Volunteers	2	0
Other residents	0	1
Others	1	4
No one assigned	<u>5</u>	<u>1</u>
TOTAL	28	28

The information on the second report revealed that orientation to the activity program was carried out by personal contact with the Certified Occupational Therapy Assistant, through an interest inventory and through participation by the Certified Occupational Therapy Assistant in resident staffing.

PERSONNEL

In Section III, Personnel, of the activity program questionnaire, information was gathered with regard to the person responsible for the activity program, his place in the organizational structure of the agency, the time he devoted to the activity program and the kind of training he had. The data revealed that the instances where one person assumed the entire responsibility for the activity program increased from

20 to 23 during the one year period. In the other five instances the responsibility for the activity program was shared among two or more people. In all 28 reports, the person was an employee of the agency. In addition, 25 out of the 28 on the second report had a title such as Certified Occupational Therapy Assistant; activity or program director; whereas, 12 months previously only 17 carried such a title.

During the year following the employment of the Certified Occupational Therapy Assistant there was an increase in the number of agencies in which the Certified Occupational Therapy Assistant was directly responsible to the administrator (20 to 23) and a concomitant decrease in agencies in which the activity director was responsible to others such as the nursing supervisor or other personnel. It would appear that the Certified Occupational Therapy Assistant achieved recognized status in the organizational structure of the agency.

Supervision of the activity director was carried out by individual conferences and/or observations by the administrator, staff meetings and other means. Importantly though, fewer persons functioned independently a year later (4 cf 1).

The responses to question 3 on salary are particularly interesting. The following chart gives each of the twenty-eight agencies' categorical responses to the question on both the first and second reports.

WHAT OTHER JOB CLASSIFICATIONS IN YOUR INSTITUTION HAVE THE SAME SALARY RANGE AS THIS PERSON?

Categories

A	Aide
A-LPN	Between Aide and L. P. N.
LPN	Licensed Practical Nurse
LPN-RN	Between L. P. N. and R. N.

Categories Continued

RN	Registered Nurse
O	Other (secretary, recreation worker, dietary, housekeeping)
UNDET.	Undetermined
NA	No answer

CHART XXVIII

FIRST AND SECOND REPORT RESPONSES BY 28 AGENCIES
REGARDING SALARY RANGE (QUESTION 3)

Second Report (read down)

First Report (read across)	Second Report (read down)								TOTAL
	A	A - LPN	LPN	LPN - RN	RN	O	UNDET.	NA	
A	1							1	2
A - LPN	1		1	1					3
LPN		1	4		1		1		7
LPN - RN					1		1		2
RN			1			3	1		5
O				1	1				2
UNDET.	1		2				1		4
NA	2			1					3
TOTAL	5	1	8	3	3	3	4	1	28

The above chart reflects the changes in salary range which occurred during the year following the return of the Certified Occupational Therapy Assistant to the agency. It also tells us where these people are located in the agencies' salary schedule in relation to other job classifications. On the second report, eight of these people were at the L. P. N. level. This showed an increase of one over the first report. One-sixth of the people were at the aide level on the second report. Three of these people were in the undetermined or no answer category on the first report. On the second report, three people were reported at the R. N. level. This compares with five people at the R. N. level a year earlier.

Responses to questions 4a and 4b of Section III, Personnel, are shown in the following chart:

CHART XXIX
RESPONSES TO QUESTIONS 4a AND 4b, SECTION III, PERSONNEL

QUESTION	NONE		1 - 20 HRS.		21 - 40 HRS.		OFF DUTY TIME		OTHER	
	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
4a Time per week devoted to other duties	19	21	2	4	4	1			3	2
4b Time per week devoted to activity program	1	0	5	3	12	18	1	3	9	4
4b (1) Time devoted to activity leadership	3	0	11	8	7	19			7	1
4b (2) Time devoted to preparation and planning	3	1	13	21	2	1	3	3	7	2
4b (3) Time devoted to record keeping	7	2	11	20	0	0	2	3	8	3

Responses which fell in the "other" category include: Not yet determined, varies according to the patient load and no answer. The first two questions on the data show that there was a decrease in the amount of time per week devoted to other duties with a concomitant increase in the time per week devoted to the activity program.

The last three questions on the chart show the amount of time per week devoted to three important functions of the activity director. There was a decrease in the number of activity directors spending from one to twenty hours in activity leadership (11 to 8) but a marked increase in the number of activity directors

spending 21 to 40 hours in activity leadership (7 to 19). The number devoting 1 to 20 hours for preparation and planning increased from 11 to 21; while the number of activity directors devoting the same number of hours to record keeping increased from 11 to 20.

It is obvious from the data that an increased recognition of the need for a greater amount of time for preparation, planning and record keeping occurred during the one-year period. This could be due largely to the emphasis and training placed on these functions during the course, as well as to the attention given this by the Occupational Therapy Consultant.

Question 5, "What kind of training has this person had?", is worded so that it was possible to check more than one category. Therefore, the responses to this question are not reported.

ASSISTANTS

In Section IV, Assistants, information was gathered concerning the number of employees (in addition to the person responsible for the activity program) and the number of volunteers participating in the activity program; the orientation plan for volunteers; and the recruiting, assigning and supervising of volunteers. In response to question one, "How many other ^{employees} _{volunteers} participate in the activity program?", there was an increase in the number of employees who participated in the agency's activity program over the one-year period. Eighteen agencies on the first report did not answer the question or had no additional employees involved in activity. The remaining ten agencies had a range of 1 to 10 people with an average of two. On the second report eighteen agencies had additional employees. Of these, four agencies

had an aide part time; five agencies had 1 additional person; four agencies had 2 additional people; three agencies had from 5 to 10 additional people; two agencies gave the responses "occasional help" and "everyone on staff". Four agencies showed a decrease over the one year period in the number of staff participating in the activity program.

Apparently, little distinction was made in several cases between question 1 and question 3, "How many individuals volunteer?". This resulted in the same response being given to both of these questions or a response being given to one question and not the other. Any revision of the questionnaire might well address one question to employees and one question to volunteers. On the first report, seven agencies gave a range of 1 to 25 individuals volunteering; while a year later thirteen agencies reported a range of 1 to 25 volunteers. Three agencies, on the first report gave a range of 26 to 100 individuals volunteering. This was increased by one on the second report, giving a total of four agencies having 26 to 100 volunteers. One agency on the first report had over 100 individuals volunteering as compared with two agencies on the second report. Twelve agencies gave no answer or reported no volunteers on the first report. This was decreased to seven agencies on the second report. On the first report, five agencies reported having volunteers, but did not specify number as compared with two agencies on the second report.

To the question, "How many community groups provide volunteers?", agencies on the first report gave a range from 0 to 10. On the second report the range was 0 to 15. Nine agencies showed an increase over a period of one year in the number of community groups providing volunteers. Six agencies showed a decrease.

During the one year period, there did not seem to be a significant change in the kinds of groups providing volunteers. On both the first and second reports these groups included:

Red Cross
 Church groups
 Guild members
 Hospital Auxiliary, Grey Ladies
 Fraternity, Sorority groups
 Scouts
 Golden Agers Club
 Musicians Union
 4-H
 V. F. W.
 Masons
 Dancing groups

Information concerning the orientation plan for volunteers is presented in the following two charts:

WHAT ORIENTATION PLAN DO YOU HAVE FOR VOLUNTEERS?

	<u>1st report</u>	<u>2nd report</u>
No plan	12	10
Some plan	6	10
Well organized plan	1	6
Others	2	0
No answer	7	2
TOTAL	28	28

BY WHOM IS IT GIVEN?

	<u>1st report</u>	<u>2nd report</u>
Certified Occupational Therapy Ass't.	3	13
Nursing personnel	0	0
Administrator	2	1
Other	4	5
No answer	17	6
All staff participating	2	3
TOTAL	28	28

From the responses to the above two questions it is clear that there was an increase in the number of organized plans, 7 to 16 (even though there was a decrease of only two agencies having no orientation plan). At the same time there was an

increase from 3 to 13 in the number of agencies in which the Certified Occupational Therapy Assistant carried out the orientation plan by herself.

Focusing on the recruiting, assigning and supervising of volunteers, it is apparent from the following data that these are the responsibilities of the Certified Occupational Therapy Assistant:

WHO IS RESPONSIBLE FOR RECRUITING VOLUNTEERS?

	<u>1st report</u>	<u>2nd report</u>
No one	7	4
Volunteers themselves	2	6
Administrator	0	1
Certified Occupational Therapy Ass't.	3	10
Other	4	4
No answer	<u>12</u>	<u>3</u>
TOTAL	28	28

WHO IS RESPONSIBLE FOR ASSIGNING VOLUNTEERS?

	<u>1st report</u>	<u>2nd report</u>
No one	1	1
Volunteers themselves	3	5
Administrator	3	3
Certified Occupational Therapy Ass't.	7	13
Other	1	4
No answer	<u>13</u>	<u>2</u>
TOTAL	28	28

WHO IS RESPONSIBLE FOR SUPERVISING VOLUNTEERS?

	<u>1st report</u>	<u>2nd report</u>
No one	1	1
Volunteers themselves	3	3
Administrator	2	2
Certified Occupational Therapy Ass't.	7	15
Other	3	5
No answer	11	2
Nursing personnel	<u>1</u>	<u>0</u>
TOTAL	28	28

It is significant to note that on the second report a large proportion of agencies assigned these responsibilities to the Certified Occupational Therapy Assistant. This is in marked contrast to the responses in the first report. In

addition, in response to the question, "To whom do volunteers report?", over half of the agencies assigned the Certified Occupational Therapy Assistant this responsibility. This can be compared with 8 in the first report.

BUDGET

Section V, Budget, presents information concerning the amount of money set aside for the activity program, the sources of funds and who determines how the budget is used. On the first report, 10 agencies had no set budget and 7 had no budget at all as compared with 6 agencies, on the second report, having no set budget and 4 agencies having no budget at all. The amounts for budgets reported on the first and second reports are as follows:

HOW MUCH PER MONTH DO YOU FIND IT POSSIBLE TO BUDGET FOR THE ACTIVITY PROGRAM?

	<u>1st report</u>	<u>2nd report</u>
No set budget	10	6
Under \$9.00	0	1
\$ 10.00 to \$ 24.00	2	2
\$ 25.00 to \$ 49.00	4	6
\$ 50.00 to \$100.00	1	4
\$101.00 to \$200.00	2	2
\$201.00 - -	2	1
No budget	7	4
Other	<u>0</u>	<u>2</u>
TOTAL	28	28

Responses to "WHAT SOURCES OF FUNDS DO YOU HAVE?" fell in the following categories:

	<u>1st report</u>	<u>2nd report</u>
General operating budget	14	15
Patient fees	1	0
Sales	1	2
Donations	4	0
Combination of sources	5	10
Other	2	1
No answer	<u>1</u>	<u>0</u>
TOTAL	28	28

From the following chart, it is important to note the increase in the number of instances in which the Certified Occupational Therapy Assistant was solely responsible for determining how the budget was used or participated with the administrator in making this decision.

WHO DETERMINES HOW THE BUDGET IS USED?

	<u>1st report</u>	<u>2nd report</u>
Administrator	12	5
Certified Occupational Therapy Assistant	2	11
Administrator and C. O. T. A.	4	8
Other	8	4
No answer	<u>2</u>	<u>0</u>
TOTAL	28	28

RECORDS

In Section VI, Records, information is presented on the types of records kept on each resident, who keeps the records, where they are located and how often they are reviewed. Over a period of one year not only did the number of agencies keeping records increase but the types of records kept also increased. Types of records included attendance, interest sheet, ability form, progress notes and a general record on each patient. For the most part the activity records were kept by the Certified Occupational Therapy Assistant. At the end of one year, twice as many agencies reported that the Certified Occupational Therapy Assistant kept the records (13 of 26). These records were more frequently located in the activity area (11 of 18). The activity records were more frequently reviewed at the end of the one-year period as compared with the first report. The following information indicates the frequency with which the administrator reviewed the records.

HOW OFTEN DO YOU FIND YOU HAVE TO REVIEW THESE?

	<u>1st report</u>	<u>2nd report</u>
Have not been reviewed	5	5
Seldom reviewed	3	0
Occasionally reviewed	3	6
Frequently reviewed	2	11
No answer	12	3
Other	<u>3</u>	<u>3</u>
TOTAL	28	28

Also included in Section VI, Records, was information pertaining to residents' referral to the activity programs. The following chart gives the range of responses to the question:

WHO DETERMINES A RESIDENT'S ELIGIBILITY FOR PARTICIPATION IN ACTIVITY?

	<u>1st report</u>	<u>2nd report</u>
Residents decide for themselves	5	0
Nursing personnel	6	2
Physician	8	8
Staff meetings	4	5
C. O. T. A.	1	4
C. O. T. A. and nurse	2	6
Other	0	3
No answer	<u>2</u>	<u>0</u>
TOTAL	28	28

It can be seen from the above chart that there was no clear pattern for who decided whether or not a resident participated in the activity program. There was a significant increase in the number of agencies in which Certified Occupational Therapy Assistants decided or helped to decide a resident's eligibility (3 to 10). One might have expected an increase in the number of physicians who would make this decision, but this did not occur. A resident's eligibility was determined by a variety of methods, including written or verbal referral by the physician and through staff meetings.

AREA

In Section VII, Area, information was gathered on the designated areas for activity, times available, size of area and storage space. In response to the question, "What are the designated areas for activity?", eight agencies, on the first report had a definite area set aside for activity. This was increased to fourteen a year later. On the first report there were ten agencies having a shared area. This decreased to five on the second report as shown in the following categories:

	<u>1st report</u>	<u>2nd report</u>
Activity area	8	14
Dining area	4	4
Dayroom	2	3
Outdoor area	2	0
Patient's room	1	1
Shared area (with P. T. , auditorium)	10	5
Other	<u>1</u>	<u>1</u>
TOTAL	28	28

In general, the areas were available at all times with the exception of the dining area. The responses to the question "What is the size of the area?", did not change significantly from the first to the second report. It was difficult to make pertinent observations on this question as some agencies responded in the categories of adequate or inadequate while other agencies reported the approximate size of the room. Because of the variety of answers given to the question "How much storage space is available?", no significant observations can be made. Twenty-seven agencies on both the first and second reports responded affirmatively to the question "Is the room one which gives a cheerful pleasant feeling?".

EQUIPMENT

Section VIII, Equipment, presents information concerning the availability of seventeen items of equipment for use in the planned activity program. The following chart summarizes information from the first and second reports indicating the number of agencies having each item available. On the first and second reports one item, chairs, was available in all twenty-eight agencies. In comparing the first and second reports, for all the items other than chairs there was an increase in the number of agencies having the equipment available for the activity program. Five of the items were available in the twenty-eight agencies; an additional eight items were available in twenty-one to twenty-seven of the agencies; four items were available in fewer than twenty of the agencies.

ARE THE FOLLOWING ITEMS IN THE HOME, AND AVAILABLE FOR USE IN THE PLANNED ACTIVITY PROGRAM WHEN NEEDED?

<u>Equipment</u>	<u>1st report</u> Have Available (number of Agencies)	<u>2nd report</u> Have Available (number of Agencies)
Piano	24	26
Card Tables	25	27
Work Tables	26	28
Chairs	28	28
Movie Projector	22	26
Slide Projector	23	25
Screen	22	27
Record Player	27	28
Records	25	28
Rhythm Band Instruments	3	10
Floor Looms	7	11
Table Looms	11	16
Rug Frames	14	21
Rake Knit Frames	13	21
Looper Frames	24	28
Jig Saw	7	14
Hand Tools	18	23

KINDS OF ACTIVITIES

The form in Section IX for Kinds of Activities was used to record the responses to questions 1 through 4, Section II of the questionnaire. As stated in the summary of information on page 625, these data are not included as a part of this report.

COMMUNITY GROUPS PROVIDING VOLUNTEERS

Section X, Community Groups Providing Volunteers, was used to record the responses to question 2, Section IV. In the summary of information this is reported on pages 631 and 632.

CHAPTER IV

RESUME OF SALIENT POINTS

FOLLOW-UP ACTIVITIES

The follow-up phase was an integral part of the three-year project with several component parts directed toward

interpreting the role of the COTA to prospective employers, providing periodic consultation and guidance for the COTA from Registered Occupational Therapists, evaluating the on-the-job performance of the COTA, providing the COTA with continuing education, and evaluating the activity programs developed by the COTA.

EMPLOYMENT STATUS OF GRADUATES

Since completing the training course:

82 of the graduates have been employed as COTA's
10 of the graduates have not been employed as COTA's

On February 1, 1968:

71 of the graduates were employed as COTA's
21 of the graduates were not employed as COTA's

A comprehensive summary of the employment status of the graduates of the course appears on pages 533 through 551.

INSTITUTE FOR PROSPECTIVE EMPLOYERS

A one-day institute for prospective employers, conducted during the fourth month of each course, was considered to be an excellent way of increasing the understanding of the role of a relatively new job classification, that is, the Certified Occupational Therapy Assistant as Activity Director in a nursing home.

CONSULTATION FROM REGISTERED OCCUPATIONAL THERAPISTS FOR COTA's

The preparation and training of the Occupational Therapy Assistant qualifies him to function in general activity and supportive or maintenance programs for patients with guidance or consultation from a Registered Occupational Therapist.

When the demonstration project was planned, there was an already existing structure to provide consultation. Available to each COTA upon request and without charge was consultation from the Board of Health Occupational Therapy Consultants assigned to districts in the state.

Information from an analysis of 175 reports by Occupational Therapy Consultants following visits to COTA's appears in Section III, pages 556 through 571. From the analysis, some of the significant facts about the consultative visits are summarized:

When it became evident that as the students completed the course and returned to their jobs and for various reasons frequently did not initiate a first visit, the Occupational Therapy Consultants decided to initiate the first visit. The consultative relationship did not seem to suffer because of this departure from the accepted practice of consultation.

A number of factors influenced the frequency of visits which ranged from about once every two weeks to once every five months.

The length of visits varied considerably, ranging from brief telephone conversations to a full eight hour day. The average length of the visits was almost four hours.

During the visits, the topics most frequently discussed and perceived as a problem or difficulty were those related to the organization and administration of an activity program. When this information was studied in relation to the course curriculum, there was an indication that Unit VIII, Organizational Skills, should be strengthened to better prepare the students to function as Activity Directors.

ON-THE-JOB PERFORMANCE RATING

The on-the-job performance rating was one of the tools developed as a part of the Demonstration Project. The seventy-six items in the first section of the form were selected as being observable functions and skills of the COTA. The open ended questions in the second section of the form provided the immediate supervisor of the COTA the opportunity of stating some of the ways in which the position of Activity Director was being developed in the agency. A summary of the data from on-the-job performance ratings for 70 COTA's employed in activity programs may be found in Section IV, pages 572 through 588.

An analysis of the data from the initial use of the form indicates that it provides a good basis for making evaluative observations of the performance of the Certified Occupational Therapy Assistant. It is the opinion of the Project Staff that the form has potential and its use should be further explored.

FOLLOW-UP WORKSHOP

Twelve months after the completion of each course the graduates were invited to attend a one-day follow-up workshop. Forty-seven of the fifty-nine graduates of courses I through IV attended the workshops. Summarized in Section V, pages 589 through 617 are reports by the Certified Occupational Therapy Assistants of successes or achievements and concerns or problems during their first year of work, comments and observations by the psychologist following the workshop, results of the one-year follow-up examination, and the Certified Occupational Therapy Assistants' evaluation of the training course after having been employed for twelve months.

ACTIVITY PROGRAM DEVELOPMENT

One of the objectives of the demonstration project was to develop effective activity programs in nursing homes and other long-term care facilities and agencies by training Certified Occupational Therapy Assistants as activity directors. In order to identify changes which occurred in an institution's activity program, the following procedure was designed and developed:

Before the COTA returned from the training course and after twelve months of employment, an interview was conducted with the administrator and/or other key personnel of the institution to seek answers to specific questions about the essential components of an activity program.

An activity program questionnaire was developed. It was used for gathering information while conducting the interview and for recording the data obtained.

A disinterested third person was employed to conduct the interviews in order to assure the collection of objective data.

Information about activity programs obtained from interviews at twenty-eight agencies is summarized in Section VI, pages 618 through 640 and includes information about activity participation, personnel, assistants (employees, volunteers), budget, records, activity area, equipment, and community groups providing volunteers.

A P P E N D I X I V

WISCONSIN STATE BOARD OF HEALTH
STATEMENT REGARDING
SUPERVISION OF OCCUPATIONAL THERAPY ASSISTANTS

To fulfill the requirements of the American Occupational Therapy Association as stated in the "Functions of the Occupational Therapy Assistant" it is necessary for the Certified Occupational Therapy Assistant to work with supervision or consultation from a graduate Registered Occupational Therapist. This requirement can be met in one of two ways:

1. The institution can employ a graduate Registered Occupational Therapist on a full or part-time basis to supervise the activities of the Certified Occupational Therapy Assistant. In this event the State Board of Health Occupational Therapy Consultant is available to provide consultation to the Registered Occupational Therapist.
2. If a graduate Registered Occupational Therapist is not employed by the institution, consultation will be provided by the State Board of Health Occupational Therapy Consultant. A minimum of four consultative visits annually is anticipated. It is expected a greater number of visits will be indicated in the first months of program development.

Consultation requests can be initiated by the Occupational Therapy Assistant, the graduate Registered Occupational Therapist, the Administrator or Occupational Therapy Consultant. It is hoped that an initial consultative visit would be planned before the Occupational Therapy Assistant leaves the training program.

**CERTIFIED OCCUPATIONAL THERAPY ASSISTANT
ON THE JOB RATING FORM**

NAME OF COTA _____ NAME OF RATER _____

INSTITUTION _____ POSITION _____

DATES OF EMPLOYMENT _____ DATE _____

		SCORE			
		1	2	3	N
A. <u>PLANNING FOR PATIENT</u>					
1.	Considers mental ability by accurately observing:				
	a) Attention span				
	b) Orientation to time, place and person				
	c) Ability to follow oral and written directions				
	d) Ability to remember				
2.	Considers physical ability by performing simple tests and accurately observing:				
	a) Range of motion				
	b) Muscle strength				
	c) Coordination				
	d) Tolerance				
	e) Sitting and standing balance				
	f) Vision				
	g) Hearing				
	h) Sensation				
	i) Walking ability				
3.	Considers social-emotional area by accurately observing:				
	a) Behavior				
	b) Interest				
	c) Attitude				
	d) Motivation				
4.	<u>Establishes realistic goals with patient.</u>				
5.	Selects appropriate activities. (Appropriateness is based on established goals, patient's interests and abilities to carry out the activities)				

SCORING: 1 point - rarely; 2 points - part of the time; 3 points - most of the time; N - no basis for judgment. Do not leave any items unscored.

Exhibit B. (Continued)

		SCORE			
		1	2	3	N
6.	<u>Observes patient's response to activities and makes appropriate adjustment in goals and activities</u>				
B.	<u>PLANNING FOR PROGRAM</u>				
1.	<u>Plans effective total program for institution. (Based on time and resources available to meet individual needs)</u>				
2.	<u>Evaluates program periodically.</u>				
3.	<u>Makes appropriate adjustment in program goals and activities based on evaluation.</u>				
C.	<u>RELATIONSHIPS WITH PATIENTS</u>				
1.	<u>Can interest patients in an activity</u>				
2.	<u>Demonstrates an understanding of individual patient needs.</u>				
3.	<u>Talks with and listens to patients.</u>				
4.	<u>Adjusts approach to different patients.</u>				
5.	<u>Deals effectively with patient attitudes and behavior, such as negativism, sympathy, hostility, aggressiveness, depression.</u>				
6.	<u>Is tactful with patients.</u>				
7.	<u>Respects patients.</u>				
8.	<u>Patients accept direction from COTA</u>				
9.	<u>Maintains effective relationships with patients.</u>				

SCORING: 1 point - rarely; 2 points - part of the time; 3 points - most of the time; N - no basis for judgment. Do not leave any items unscored.

Exhibit B. (Continued)

		SCORE			
		1	2	3	N
D.	<u>RELATIONSHIP WITH STAFF</u>				
1.	<u>Shares information with others.</u>				
2.	<u>Is willing to work with others.</u>				
3.	<u>Maintains effective working relationships with other departments.</u>				
4.	<u>Maintains effective working relationships with O. T. staff members.</u>				
E.	<u>SUPERVISION</u>				
1.	<u>Accepts periodic review of work.</u>				
2.	<u>Asks for periodic review of work.</u>				
3.	<u>Accepts and profits from suggestions.</u>				
4.	<u>Asks for and profits from suggestions.</u>				
5.	<u>Accepts direction.</u>				
6.	<u>Asks for direction.</u>				
F.	<u>VOLUNTEERS</u>				
1.	<u>Can establish and maintain relationships with volunteers.</u>				
2.	<u>Selects appropriate tasks for volunteers.</u>				
3.	<u>Orients volunteers to program.</u>				
4.	<u>Trains volunteers for specific tasks.</u>				
5.	<u>Gives adequate supervision to volunteers.</u>				

SCORING: 1 point - rarely; 2 points - part of the time; 3 points - most of the time; N - no basis for judgment. Do not leave any items unscored.

Exhibit B. (Continued)

		SCORE			
		1	2	3	N
G. <u>ORGANIZING AND IMPLEMENTING ACTIVITY</u>					
1.	When COTA has responsibility for an activity with an individual:				
	a) Plans in advance				
	b) Adjusts teaching to individual				
	c) Adapts activity when indicated				
	d) Provides continuing assistance to patient				
2.	When COTA has responsibility for a group activity:				
	a) Plans in advance				
	b) Adjusts teaching to group				
	c) Provides continuing assistance				
	d) Adapts activity when indicated				
3.	<u>Positions patients properly for activity.</u>				
4.	<u>Provides good lighting for patient activity.</u>				
5.	<u>Observes safety precautions.</u>				
H. <u>REPORTING</u>					
1.	<u>Reports changes in patient's physical condition.</u>				
2.	<u>Reports changes in patient's performance.</u>				
3.	<u>Reports changes in patient's behavior.</u>				
4.	<u>Keeps accurate written records.</u>				
5.	<u>Uses terminology appropriately.</u>				

SCORING: 1 point - rarely; 2 points - part of the time; 3 points - most of the time; N - no basis for judgment. Do not leave any item unscored.

Exhibit B. (Continued)

		SCORE			
		1	2	3	N
I.	<u>GENERAL PERFORMANCE</u>				
1.	<u>Follows written or oral directions to carry out an assignment.</u>				
2.	<u>Completes assignments.</u>				
3.	<u>Develops new ideas.</u>				
4.	<u>Does work in addition to that assigned.</u>				
5.	<u>Gives constructive suggestions.</u>				
6.	<u>Plans own time wisely.</u>				
7.	<u>Plans use of equipment and supplies effectively.</u>				
8.	<u>Maintains area in good order.</u>				
9.	<u>Maintains equipment in good order.</u>				
10.	<u>Personal appearance and dress is appropriate.</u>				
11.	<u>Observes departmental rules and regulations.</u>				
12.	<u>Uses appropriate channels of communication.</u>				
13.	<u>Respects confidential information.</u>				

SCORING: 1 point - rarely; 2 points - part of the time; 3 points - most of the time; N - no basis for judgment. Do not leave any item unscored.

Exhibit B. (Continued)

J. GENERAL INFORMATION

1. What specific responsibilities does the Certified Occupational Therapy Assistant have? List.

2. What responsibilities require supervision and how much?

3. What changes in program have been implemented since employment of a Certified Occupational Therapy Assistant?

K. IF ASSISTANT WAS ON YOUR STAFF BEFORE ENTERING THE OCCUPATIONAL THERAPY ASSISTANTS PROGRAM, PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What changes in assistant's job responsibilities have been made since the training program?

2. What changes in assistant's performance are evident since completion of training program?

3. What changes in job classification and salary have been made since completion of the training program?

Exhibit B. (Continued)

L. ACTIVITY SKILLS:

1. Please check activity skills Certified Occupational Therapy Assistant has used while in your employ and indicate whether or not they could function independently in this activity.

<input type="checkbox"/>	Woodworking	<input type="checkbox"/>	Stickcraft
<input type="checkbox"/>	Weaving	<input type="checkbox"/>	Hobbycraft
<input type="checkbox"/>	Using sewing machine	<input type="checkbox"/>	Turkish knitting
<input type="checkbox"/>	Hand stitching	<input type="checkbox"/>	Braidweave
<input type="checkbox"/>	Knitting	<input type="checkbox"/>	Rug hooking
<input type="checkbox"/>	Crocheting	<input type="checkbox"/>	Puppetry
<input type="checkbox"/>	Embroidery	<input type="checkbox"/>	Papier-mache'
<input type="checkbox"/>	Huck weaving	<input type="checkbox"/>	Mosaic
<input type="checkbox"/>	Needle-point	<input type="checkbox"/>	Dramatics
<input type="checkbox"/>	Design	<input type="checkbox"/>	Games
<input type="checkbox"/>	Lettering	<input type="checkbox"/>	Community Singing
<input type="checkbox"/>	Poster making	<input type="checkbox"/>	Rhythm band
<input type="checkbox"/>	Decorative painting	<input type="checkbox"/>	Music appreciation
<input type="checkbox"/>	Stenciling	<input type="checkbox"/>	Party planning
<input type="checkbox"/>	Block printing	<input type="checkbox"/>	Gardening
<input type="checkbox"/>	Hand printing	<input type="checkbox"/>	Cooking
<input type="checkbox"/>	Ceramics	<input type="checkbox"/>	Remotivation
<input type="checkbox"/>	Leatherwork	<input type="checkbox"/>	Film Projection
<input type="checkbox"/>	Rake knitting	<input type="checkbox"/>	Slide projection
<input type="checkbox"/>	Copper tooling	<input type="checkbox"/>	Mimeograph
<input type="checkbox"/>	Scrapcraft	<input type="checkbox"/>	Hectograph
<input type="checkbox"/>	Papercrafts	<input type="checkbox"/>	Publishing a newspaper
<input type="checkbox"/>	Reedwork	<input type="checkbox"/>	Bus trips

2. Has Certified Occupational Therapy Assistant been required to teach a skill not listed above? If so, please list other skills not listed above which Certified Occupational Therapy Assistant has been required to teach.

M. ADDITIONAL COMMENTS:

CERTIFIED OCCUPATIONAL THERAPY ASSISTANT EVALUATION

FOUR MONTH OCCUPATIONAL THERAPY ASSISTANTS TRAINING COURSE

I.

- A. Please check x the activity skills you have used since completing the Occupational Therapy Assistants Course. Circle the (x) if you did not feel you knew enough about the activity to use it effectively with patients (residents).

- | | |
|---|---|
| <input type="checkbox"/> Woodworking | <input type="checkbox"/> Stickcraft |
| <input type="checkbox"/> Weaving | <input type="checkbox"/> Hobbyknit |
| <input type="checkbox"/> Using sewing machine | <input type="checkbox"/> Turkish knotting |
| <input type="checkbox"/> Hand stitching | <input type="checkbox"/> Braidweave |
| <input type="checkbox"/> Knitting | <input type="checkbox"/> Rug hooking |
| <input type="checkbox"/> Crocheting | <input type="checkbox"/> Puppetry |
| <input type="checkbox"/> Embroidery | <input type="checkbox"/> Papier-mache' |
| <input type="checkbox"/> Huck weaving | <input type="checkbox"/> Mosaic |
| <input type="checkbox"/> Needle-point | <input type="checkbox"/> Dramatics |
| <input type="checkbox"/> Design | <input type="checkbox"/> Games |
| <input type="checkbox"/> Lettering | <input type="checkbox"/> Community singing |
| <input type="checkbox"/> Poster making | <input type="checkbox"/> Rhythm band |
| <input type="checkbox"/> Decorative painting | <input type="checkbox"/> Music appreciation |
| <input type="checkbox"/> Stenciling | <input type="checkbox"/> Party planning |
| <input type="checkbox"/> Block printing | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Hand printing | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Ceramics | <input type="checkbox"/> Remotivation |
| <input type="checkbox"/> Leatherwork | <input type="checkbox"/> Film projection |
| <input type="checkbox"/> Rake knitting | <input type="checkbox"/> Slide projection |
| <input type="checkbox"/> Copper tooling | <input type="checkbox"/> Mimeograph |
| <input type="checkbox"/> Scrapcraft | <input type="checkbox"/> Hectograph |
| <input type="checkbox"/> Papercrafts | <input type="checkbox"/> Publishing a newspaper |
| <input type="checkbox"/> Tray favors | <input type="checkbox"/> Bus trips |
| <input type="checkbox"/> Reedwork | |

- B. Are there other activity skills not listed above that you have used or have learned? Please list.

Exhibit C. (Continued)

Now that it has been twelve months since you had the Occupational Therapy Assistants Course, would you please answer the following questions:

II.

A. Considering the whole four-month training course, what parts do you feel were the most valuable? Why?

B. In the three months' classroom work, on what parts do you think you would like to see more time spent?

D. In the three months' classroom work, on what parts do you think you would like to see less time spent?

Exhibit C. (Continued)

D. Do you think you would leave anything out of the course completely?

E. Do you think you would add anything to the course that was not previously included?

III.

A. How do you feel now about the length of the training course -- four months?

IV.

A. Are there any other comments you care to make?

ACTIVITY PROGRAM QUESTIONNAIRE

DIRECTIONS TO INTERVIEWER

1. Arrange an appointment for interview with administrator. Allow one-half day for travel and interview.
2. On arriving at home and meeting administrator, it will be important first to establish rapport with home before beginning interview questions.
3. Explain purpose of the interview. Since the Occupational Therapy Assistants Program is a special grant project, it is important to measure the project's effectiveness. One measure of the effectiveness of the project is to determine what changes occur in the activity program as a result of having a director trained as a Certified Occupational Therapy Assistant.
4. In interviewing administrator, interviewer should follow attached questionnaire. At times administrator may seek answers from other persons within the institution. This is acceptable, but be sure to record who supplied the information (for example, R.N., aide).
5. Some of the questions as printed are rather direct and as a result could have a belligerent tone. It is important that during the entire interview a casual tone be maintained.
6. In Section II, record answers to questions 1 through 4 on chart, Section IX. Number should be recorded for the 11 major categories. Place check marks beside specific activities which are available.
7. In Section V, if home does not have a budget for the program, if possible, determine how much is spent on the program.
8. In Section VI, request samples of all forms used by activity program director.
9. In Section VII regarding area, ask to see the area and determine for yourself the answers to VII 3, 4 and 5.
10. When you have completed the interviews, please mail a list of your expenses and mileage, the completed forms and any additional comments to the Wisconsin State Board of Health, P. O. Box 309, Madison, Wisconsin 53702.

Exhibit D. (Continued)

ACTIVITY PROGRAM QUESTIONNAIRE

GUIDELINES FOR INTERVIEWERS

Name of Institution: _____

Address: _____

Sources of Information: _____
(names and positions)

Interviewer: _____

Date of Interview: _____

I. INSTITUTIONAL CENSUS

1. What is your present bed capacity?
2. How many residents are there in the home?
3. How many residents are:

ambulatory and alert _____	ambulatory and confused _____
in wheelchair and alert _____	in wheelchair and confused _____
in bed and alert _____	in bed and confused _____

II. ACTIVITY PARTICIPATION (list answers to questions 1 through 4 on Chart, Section IX)

1. What kinds of activities are provided for residents?
2. How often are they held?
3. How long does each activity last?
4. How many residents participate in each of the eleven major activity categories listed?
5. What is your basis for grouping patients?

Exhibit D. (Continued)

6.
 - a. Do you have a home newspaper?
 - b. Do residents contribute to the paper on a regular basis?
If yes, in what way?
 - c. Is there a resident bulletin board?
 - d. Is there any other form of mass communication among or with residents?
7.
 - a. Do you have any means of reaching withdrawn residents?
If yes, pursue to determine if these patients are involved in a program.
 - b. Do you have remotivation classes?
8. What small tasks do residents do around the home?
9.
 - a. Who orients the residents to the activity program?
 - b. What is the procedure?

III. PERSONNEL

1.
 - a. Does one person assume responsibility for the activity program?
 - b. Is this person an employee or a volunteer?
 - c. What is her title?
2.
 - a. To whom is this person responsible in your organizational plan?
 - b. How is the supervision of this person carried out?
3. What other job classifications in your institution have the same salary range as this person?

Exhibit D. (Continued)

4.
 - a. How much time per week is devoted by this person to other duties?
 - b. How much time per week is devoted to the activity program?
 - (1) In activity leadership?
 - (2) In preparation and planning?
 - (3) In record keeping?
 5. What kind of training has this person had?
 R. N. ___ L. P. N. ___ Aide ___ Other (specify) _____
-

IV. ASSISTANTS

employees

1. How many other volunteers participate in the activity program?
2. How many community groups provide volunteers? (List on Chart, Section X)
3. How many individuals volunteer?
4.
 - a. What orientation plan do you have for volunteers? (Pursue to determine length, content)
 - b. By whom is it given?
5.
 - a. Who is responsible for recruiting volunteers?
 - b. Who is responsible for assigning volunteers?
 - c. Who is responsible for supervising volunteers?
 - d. To whom do volunteers report?

Exhibit D. (Continued)

V. BUDGET

1. How much per month do you find it possible to budget for the activity program?
 2. What sources of funds do you have?
 3. Who determines how the budget is used?
-
-

VI. RECORDS

1. What records does your institution keep on each resident's abilities, interest, participation? (Request sample forms)
 2. Who keeps the records?
 3. Where are the records located (nurse's chart, activity area, et cetera)?
 4. How often do you find you have to review these?
 5.
 - a. Who determines a resident's eligibility for participation in activity?
 - b. How is this done? (Have administrator describe this procedure)
-
-

VII. AREA

1. What are the designated areas for activity?
2. At what time are they available?
3. What is the size of the area?
4. Is the room one which gives a cheerful, pleasant feeling?
5. How much storage space is available?

Exhibit D. (Continued)

VIII. EQUIPMENT

Are the following items in the home, and available for use in the planned activity program when needed?

<u>Number</u>	<u>Equipment</u>
_____	piano
_____	card tables
_____	work tables
_____	chairs
_____	movie projector)
_____	slide projector) -----)If not available, is one available for
_____	screen) use from another agency?
_____	record player
_____	records
_____	rhythm band instruments
_____	floor looms
_____	table looms
_____	rug frames
_____	rake knitting frames
_____	looper frames
_____	jig saw
_____	hand tools

Exhibit D. (Continued)

IX. KINDS OF ACTIVITIES		Frequency Per Week	Duration Per Hours	Total Number of Residents	Ambulatory and alert	Wheel Chair and alert	In bed and alert	Ambulatory and confused	Wheel Chair and confused	In Bed and confused	Basis for Grouping
1.	PARTIES										
	<u> </u> Birthday										
	<u> </u> Holiday										
	<u> </u> Other										
2.	MUSICAL ACTIVITIES										
	<u> </u> Community singing										
	<u> </u> Listening to music										
	<u> </u> Dancing										
	<u> </u> Rhythm Band										
3.	GAMES										
	<u> </u> Checkers										
	<u> </u> Bingo										
	<u> </u> Shuffleboard										
	<u> </u> Pinochle										
	<u> </u> Cribbage										
	<u> </u> Bridge										
	<u> </u> Canasta										
	<u> </u> Billiards										
	<u> </u> Adaptive Bowling										
	<u> </u> Other Games										
	Games of Low Organization										
	SPECIFY:										

4.	INFORMAL DRAMA										
	<u> </u> Skits										
	<u> </u> Shows										
	<u> </u> Story Telling										
5.	ENTERTAINMENT										
	<u> </u> Movies										
	<u> </u> Slides										
	<u> </u> Programs										

Exhibit D. (Continued)

IX. KINDS OF ACTIVITIES	Frequency Per Week	Duration Per Hours	Total Number of Residents	Ambulatory and alert	Wheel Chair and alert	In Bed and alert	Ambulatory and confused	In Bed and confused	Basis for Grouping
6. <u>OUTINGS</u> <u>Picnics</u> <u>Ball Games</u> <u>Sightseeing</u> <u>Other</u>									
7. <u>EDUCATIONAL ACTIVITIES</u> <u>Discussion Group</u> <u>Reading Group</u> <u>Classes</u>									
8. <u>GARDENING</u> <u>Window Boxes</u> <u>Large Gardens</u> <u>Flower Arranging</u>									
9. <u>LIBRARY</u>									
10. <u>ARTS AND CRAFTS</u> <u>Rug Making</u> <u>Rake Knitting</u> <u>Knitting</u> <u>Needlepoint</u> <u>Quilting</u> <u>Leather</u> <u>Woodwork</u> <u>Ceramics</u> <u>Painting</u> <u>Jewelry</u> <u>Textile Painting</u> <u>Model Construction</u> <u>Copper Tooling</u> <u>Mosaic</u> <u>Weaving</u> <u>Other Crafts Done</u> <u>SPECIFY:</u> _____ _____ _____									

Exhibit D. (Continued)

IX. KINDS OF ACTIVITIES	Frequency Per Week	Duration Per Hours	Total Number of Residents	Ambulatory and alert	Wheel Chair and alert	In Bed and alert	Ambulatory and confused	Wheel Chair and Confused	In Bed and Confused	Basis for Grouping
11. SPECIAL INTERESTS										
<u>Coin Collecting</u>										
<u>Stamp Collecting</u>										
<u>Bird Raising</u>										
<u>Aquariums</u>										
Other SPECIFY:										

X. COMMUNITY GROUPS PROVIDING VOLUNTEERS

NAME OF GROUP	FREQUENCY	KIND OF ACTIVITY